

Partnerships in Care (Vancouver) Limited

Vancouver House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Vancouver House is a care home providing personal and nursing care for up to 32 adults with learning disabilities, autism and mental health conditions. The accommodation is in four units over two floors. At the time of the inspection there were 31 people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a purpose-built property. Despite the size of the building exceeding best practice guidelines, it was evident that people received person centred support. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

During our last inspection, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulated Activities 2014. These breaches related to consent and to quality processes. This meant that Vancouver House was not providing effective care to people in line with their consent, and was poorly led and managed.

At this inspection, although we found significant improvements had been made and the breaches had been met, the service required further time to embed safe and effective practices and to demonstrate consistency of those practices.

People's consent and capacity were managed appropriately. This meant that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Since the last inspection, a new registered manager had been appointed. People, relatives and staff spoke positively about the registered manager. They told us how the culture and atmosphere of the service had improved since the manager's arrival.

The new manager was taking appropriate and proactive action to uncover and address the issues which had developed at the service. Governance processes had been stripped back and re-developed. More appropriate systems had been introduced which helped to monitor the safety and quality of care being

provided.

The registered manager had also introduced robust systems to identify and analyse any risks and potentially unsafe practices.

Staff had received additional training in safeguarding and were knowledgeable about how to recognise and report on any abusive practices. This helped keep people safe from harm.

Safe recruitment practices were in place for staff. The service ensured that any potential employees were safe to work with vulnerable people.

We observed positive and warm interactions between staff and people living at the service. It was clear that staff knew the needs of the people they supported. People were encouraged and supported to be a part of both their local and wider community.

Medicines were managed in a safe way. Infection prevention control practices were practised by staff and the service appeared clean and well maintained.

People were able to decorate their room to their own tastes meaning that each room was unique. New kitchens had recently been installed to aid people's independence. The registered manager informed us that there were plans in place to improve the service to make the environment more stimulating and homely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection (and update)

The last rating for this service was Requires improvement (published March 2019) and there were breaches of regulation.

During our last inspection, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulated Activities 2014 in respect of Regulation 11 and 17 of the Health and Social Care Act 2014 Regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found that although significant improvements had been made and the provider was no longer in breach of regulation, a longer period was required to demonstrate continuity of good practice.

Why we inspected

Although the service was due to be inspected, the inspection was also prompted in part by notification of safeguarding concerns, following which people using the service allegedly sustained abuse. These incidents are subject to investigation by the Local Authority. As a result, this inspection did not examine the circumstances of those incidents.

The information CQC received about the incidents indicated concerns about the management of safeguarding incidents.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe section of this full report.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vancouver House on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will monitor the progress of the registered provider's action plan to mitigate risk and improve practices. We will work with the local authority to monitor progress.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may return sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Vancouver House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection took place on 2 and 6 March 2020. The team consisted of three inspectors and one assistant inspector.

Service and service type

Vancouver House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day.

What we did

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service.

The provider completed a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people living at the service and four care staff. We also spoke with the registered manager, deputy manager, a registered nurse and a representative for the provider. We looked at records in relation to people who used the service including eight care plans and multiple medication records. We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided. We also observed the delivery of care and support throughout the day.

After the inspection

We spoke with three relatives over the telephone to provide us with their views of their loved one's care and support at Vancouver House.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Information we held about the service prior to the inspection demonstrated that systems in place to identify, record and analyse any incidents of abuse were not sufficiently robust. The service had appointed a new registered manager who had prioritised this and had implemented measures to improve the systems. This also provided greater oversight of any incidents recorded.
- Staff had received refresher training in safeguarding. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- People and their relatives told us they felt the care provided by staff was safe. One person told us, "Yes, it's safe here." A relative commented, "I would say it's a very safe environment."
- The registered manager sent us appropriate statutory notifications to inform us of any events that placed people at risk and had retrospectively safeguarded any previous incidents since his appointment.
- Staff had received training in managing behaviours that challenge, meaning that alternative and more effective techniques were used as opposed to any restraint measures/restrictive practices.

Learning lessons when things go wrong

- Systems were in place to monitor any incidents or accidents. The registered manager had introduced a new system meaning that the recording and oversight of information was more effective at identifying and monitoring any trends to prevent any future risk and reoccurrence.
- Daily 'flash' meetings were held which provided an opportunity for staff to reflect and learn from any incidents.

Staffing and recruitment

- Recruitment procedures ensured the recruitment of new staff was safe with pre-employment checks being completed.
- Since the last inspection, the service had reduced the number of agency staff it used. The service took care to use the same agency staff and had an induction process in place for those staff. This helped to ensure that people were cared for by staff who were familiar with their routines and needs.
- We observed there were sufficient numbers of staff to meet people's needs. The deployment of staff, such as increased numbers of staff during meal times and activities, meant that people's needs were met in a timely way.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place. Care records contained guidance for staff on how to manage and mitigate any identified risks to people. People were not prevented from doing anything that

was deemed 'too risky,' instead measures were put in place to help people achieve their goals with appropriate support and in the least restrictive way possible.

- We also saw guidance for staff on how best to support people when displaying anxiety or a behaviour that challenged. The guidance was person centred and detailed the most effective way of helping to calm the person down in times of distress.
- Checks to monitor the safety and quality of the environment had been completed.

Using medicines safely

- The management of medicines was safe. Staff had completed their medicines training competency assessments.
- There was guidance for staff on how to safely administer medicines prescribed to people. This included medicines to be given 'as required' (PRN). Where people were prescribed medication for agitation, there was guidance for staff to follow to help calm them down, meaning that medication was used as a last resort. This was good practice.
- Important information such as people's allergies were recorded on their medication administration records (MAR) charts.

Preventing and controlling infection

- Infection control measures were in place and staff had received training in infection prevention.
- Staff had access to protective personal equipment (PPE). We saw staff utilise gloves and aprons throughout the day, such as at meal times and when delivering personal care.
- The service appeared clean and well maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider failed to ensure people's consent was effectively sought and capacity was not being assessed in accordance with the Mental Capacity Act 2005.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

- Mental capacity assessments had been completed for people when needed. There was evidence that best interests decision meetings had taken place for some people who had been assessed as not having capacity. Where best interest decisions had been made, there was evidence of relevant others such as family members and health care professionals having been involved.
- People's records showed evidence of how people had been communicated with when making best interest decisions or assessing people's capacity. There were pictorial versions of mental capacity assessments which evidenced people had been involved in decisions around their care and support.
- Our observations showed that staff ensured people were involved in decisions about their support. Staff told us they always asked and explained to people before giving care and support. One person told us, "Staff ask if it's OK before helping me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff

working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before admission to the service. Care plans had been developed from these assessments
- Care records were in the process of being revised to ensure that the most relevant and up to date information was available for staff to follow.
- The service worked with other health and social care professionals to help ensure people's healthcare needs were met. Feedback from external professionals was mixed with a 'lack of rigour in recording, investigation and reporting incidents' being reported by some. The new manager was currently addressing these issues and working towards more robust practices.
- More positive comments from professionals included, "I have visited a number of times and have found the staff helpful and supportive. The two people I have been involved with have had good relationships with all the staff" and "Since being at Vancouver House [Person] is now independent and only requires supervision/prompts from staff, thus improving [Person's] quality of life significantly. I have never had any worries about Vancouver House as a service or witnessed anything of concern."
- Advice from external health care professionals had been incorporated within people's care records appropriately.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles and care for people effectively. Although there were some gaps in staff training records, this had been identified by the registered manager and both training and refresher training had been booked for every member of staff. This included more specialist training such as learning disability awareness courses.
- People were supported by staff who were familiar to them and knew their needs. One member of staff told us, "We have a lot more staff now."
- Although not all staff had received supervision in the past, the new manager had planned supervision for every staff member. Staff told us they felt supported in their role. One told us, "I feel well trained and well equipped, there has been improvement since [New manager] has been here."

Supporting people to eat and drink enough to maintain a balanced diet

- Information regarding people's nutrition and hydration needs was recorded in their care records. There was guidance for staff on how to support people with their dietary requirements, for example, people who required a diabetic diet.
- The service currently used an external catering company to supply people's meals. Although we received mostly negative feedback about the food, the service had recently recruited two chefs to replace the external catering company. It was intended that all meals would be home cooked on the premises. People had already begun to devise menu plans with the chefs and told us they were looking forward to the change.

Adapting service, design, decoration to meet people's needs

- The environment appeared clean and well maintained. People had a say in how they wanted their bedroom to look so each room was unique to the person. A relative told us, "[Person's] room is truly their own. There's a nice calm environment throughout the home."
- A new kitchen had recently been installed on each unit. People had access to the kitchen to prepare drinks, snacks and enjoy baking sessions. There were plans to introduce cookery sessions to help equip people with essential life skills.
- There were also plans to renovate the garden and make it a sensory space where people could enjoy spending time and planting shrubs and plants if they wished.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed positive interactions between people and staff throughout the day. Staff addressed people by name and explained before any care and support was carried out. People told us, "Yes, they [Staff] are nice" and "Staff are brilliant, all nice and friendly. No faults against them." Relatives comments included, "The staff do a great job," and "Without a doubt staff are caring, they always make time for people."
- During the inspection, a staff member responded to a distressed person who required some support. The staff member immediately prioritised the person and responded to their needs.
- People and their relatives told us staff knew people's needs and personalities well. People's care records contained information detailing their background, family members and preferences. One person told us, "Yes, they [Staff] know my routine." A relative commented, "They know [Person] well."
- The service observed people's diverse needs and observed people's equality. People's unique characteristics were promoted and respected and were not seen as a barrier to people achieving their full potential.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us communication between them and the service was good, one told us, "I am always kept updated."
- People's feedback was sought via resident meetings. Action was taken based on this.
- A service user guide was available to people in different formats. This provided information about the service and what people could expect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. Staff were able to describe how they protected people's dignity and privacy when providing personal support.
- Records regarding people's care and treatment were stored securely.
- Staff supported people to remain independent by offering them choices at every opportunity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation

- Since the last inspection, many people's support plans had been re-written and updated. This was an ongoing process. Plans reflected people's current needs. Advice from external health care professionals was appropriately incorporated into people's care plans. However, guidance for staff around reduction in the use of restraint needed to be more robust in people's care records. The registered manager confirmed this was in the process of being reviewed.
- Although it was evident that people were taking part in activities, people's activity schedules did not always reflect this. We spoke to the registered manager about this who confirmed schedules were in the process of being updated to better reflect people's preferences in how they wished to spend their time. The service had its own vehicles and people were supported to access the local community. One person had a passion for trains, staff supported them to use public transport to Southport where they enjoyed spending the day watching the trains.
- Care plans contained person-centred information such as people's preferences, to help ensure people received support in line with their wishes and preferences. People told us, "I watch my television and go out with my one to one staff" and "I like to go to 'Liverpool One' shopping."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated and used appropriate methods when communicating, such as Makaton and sign language.
- Important information such as the complaints policy was provided in alternative formats and presented in a way that the person was able to understand.

End of life care and support

- At the last inspection we found that people's end of life wishes were not always recorded in their care plans. At this inspection, we found people's end of life wishes were recorded in a sensitive way and in accordance with their wishes.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. People and their relatives knew how to raise a complaint and felt confident any concerns would be acted upon. One person told us, "I would say

if something wasn't right."

- The registered manager used any complaints received as opportunities to make improvements to the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements high-quality care and support

At our last inspection we found that some quality processes were not being followed and some processes were not being audited at all. These included care plans and DoLS. More recently, records of incidents were not being appropriately analysed by the former registered manager.

This meant that, due to poor governance, people were put at risk of harm. The provider failed to assess, monitor and mitigate risks to people and others. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Since our last inspection, the service had a new registered manager in post. In the short time they had been at the service, they had identified key areas for improvement and had started to make significant changes to address those areas. Governance processes had been stripped back and re-developed. The new manager was taking appropriate and proactive action to uncover and address issues which had developed at the service. This included involving a positive behaviour support specialist to review and improve all care plans with a view to improving both staff approach and practices.
- Incidents which constituted a safeguarding issue had not been analysed. The new registered manager had introduced more robust governance systems to identify any risks and potentially unsafe practices. This made it easier to identify risk to people. Full analysis of any incidents were conducted and findings were shared with staff.
- Audits carried out by the new registered manager had identified issues with documentation and record keeping. As a result, people's care records had been re-written, and staff provided with guidance on how to maintain people's records more effectively.
- The registered manager had introduced daily walk rounds of all four units of the service. This helped keep the lines of communication open with staff to ensure the manager had a comprehensive and current oversight of the service.
- Improvements to the décor had been made with new satellite kitchens on each unit. The registered manager had identified opportunities to make improvements to the outside space and introduce a fully equipped sensory room.

Continuous learning and improving care

- The registered provider responded to our findings at the last inspection and introduced an action plan to address concerns. At this inspection, we checked on the progress of the action plan. It was not evident that sufficient and improved practices had been fully implemented.
- The newly appointed registered manager had identified and prioritised the more serious concerns and had already completed/made positive progress towards completion of those actions. For example, significant changes had been made to the way in which any incidents constituted a safeguarding concern were recognised and reported on. Daily calls with the provider's quality director had been implemented to discuss what had been achieved that day.
- Improvements had been made to the oversight of accidents and incidents making it easier to identify any trends and themes. Appropriate measures were then put in place to help prevent reoccurrence and further drive improvement to help deliver more effective and safer care.
- Whilst it was evident that improvements had been made, further time was required to demonstrate the effectiveness of those improvements and consistency of improved practices.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager were instrumental in promoting a renewed culture at the service which focused on the provision of high standards of care for people, and were not averse to challenge any staff whose practices fell short of this. Presentations, such as 'Positive culture roadshows' and training was also being delivered to staff to further improve the culture of the home. One member of staff told us, "There is a nice culture here now." We received positive feedback about the manager from people, their relatives and staff. A relative told us, "[Manager] is approachable, very nice."
- Since arriving at the service, the registered manager had transferred the main office from the top of the building to the ground floor, adjacent to the front doors. They were keen to be accessible to both people and staff and wanted to be a part of daily life at the service. The manager was eager to operate an 'open door policy.' A staff member told us, "The manager is approachable. I would recommend the home, it's a really nice place to work."
- Meetings were held for both people and their relatives as a way of obtaining feedback. For anyone who was unable to attend, minutes of the meetings were made available.
- In the short time they had been at the service, the registered manager had worked in partnership with others such as commissioners, safeguarding teams and health and social care professionals to ensure better outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service. Our review of those notifications demonstrated that the registered manager had notified CQC of incidents appropriately and understood their responsibilities to be open and honest when things had gone wrong.