

Ilminster And District (Opw) Housing Society Limited

Vaughan Lee House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 30 August 2016

Vaughan Lee House is owned by Ilminster and District (OPW) Housing Society Limited which is a non-profit making charity run by a committee. It is registered to provide care and accommodation for up to 30 people. It specialises in the care of older people.

The last inspection of the home was carried out in August 2015. At that inspection the service was rated as Requires Improvement. We found that improvements were needed because some records were not easily available and others, such as care plans, were not always up to date and reflective of people's current needs. We also found that staff were not clear about how to make decisions when people lacked the mental capacity to make decisions for themselves.

At this inspection we found improvements had been made.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had only been in post about 8 months but had already started to make improvements. Systems had been put in place to make sure records were available and up to date. A new care plan system had been implemented and the registered manager informed us they planned to expand on this to make sure care plans were comprehensive and person centred.

The provider was committed to continually improving the service offered to people and carried out regular monitoring visits. The registered manager sought people's views by informal chats and resident's meetings. Suggestions made by people were acted upon where appropriate.

There were procedures in place to help to keep people safe. These included a robust recruitment process and training for all staff to make sure they were able to recognise and report any suspicions of abuse. People told us they felt safe at the home.

Staff were kind and caring and treated people with respect and dignity. One person said "Kindness is everything and you cannot fault them." Another person told us "They help me to have a bath and they are so gentle and kind."

New systems had been put in place to make sure staff had the training they needed to safely and effectively support people. One person said "Staff are properly trained about how to speak to people and how to treat people."

People had their needs assessed and received care and support in accordance with their needs and wishes. People said they were able to make choices about their day to day lives and were involved in decisions about their care and support.

People received meals in accordance with their needs and preferences. Where people required support to eat and drink this was provided in a discreet and dignified manner.

Staff monitored people's health and sought advice from healthcare professionals to meet people's specific needs. People had access to equipment to assist them to maintain their independence and to ensure their comfort.

Staff assisted people to administer their own medicines if they wished to. If people chose not to take responsibility for their medicines they were safely administered by staff who had received specific training.

People were able to take part in activities both at the home and in the local community. There was a mini bus which enabled people to get out and about on a regular basis. One person said "We are very lucky to get out so much. It's nice to be able to do a bit of shopping and go for a coffee."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff to safely meet their needs.

There were policies and procedures which ensured people received their medicines safely.

Risks of abuse to people were minimised because the provider checked all new staff and made sure they knew how to recognise and report abuse.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

People had access to healthcare professionals according to their specific needs.

Food was served in accordance with people's dietary needs and preferences.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and patient.

People felt involved in decisions about their care and treatment.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was responsive to their needs and enabled them to make choices.

People were able to take part in activities at the home and the local community.

There was a complaints procedure and people said they would be comfortable to complain.

Is the service well-led?

Good ●

The service was well led.

Improvements had been made in the record keeping at the home which ensured the smooth running of the service for people.

People benefitted from a registered manager and provider who audited the service and had a commitment to ongoing improvements.

Vaughan Lee House

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 30 August 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in August 2015 we found that some records were not always easily available and others, such as care plans, were not always up to date and reflective of people's current needs.

During the inspection we spoke with eight people who lived at the home and six members of staff. We spoke with the registered manager and the nominated individual for the service.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served in both dining rooms. We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, medication administration records and records relating to the quality monitoring within the home.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "No one here has ever said anything to hurt me. I do feel totally safe." Another person told us "I am very safe here. If anything happened the staff would be here in a minute. It's good peace of mind."

There was a robust recruitment procedure which helped to minimise the risks of abuse to people. New staff did not commence work until the provider had carried out checks. These included seeking references from previous employers and undertaking a Disclosure and Barring Service (DBS) check. The DBS checks staff's criminal record and their suitability to work with vulnerable people. Once the staff member had commenced work there were regular supervisions to monitor their work.

To make sure staff knew how to recognise and report abuse all received training on safeguarding adults during their induction period. This training was then refreshed on an annual basis. Staff we spoke with were clear about how to report concerns and said they were confident action would always be taken to keep people safe. There were posters in the home giving people and staff details of who to contact if they felt unable to raise their concerns within the home.

One person told us about a situation where they had not felt comfortable or safe because of another person who lived at the home. They told us they had talked to the registered manager who had taken action to address their concerns. They said "[Registered manager's name] came to see me and it was sorted out the same day. There's been no re-occurrence of the situation."

Risk assessments were carried out to make sure people received care safely and risks to people were minimised. One person had been assessed as being at risk of developing pressure sores and action had been taken to minimise the risks. They had been provided with a pressure relieving mattress and cushion. The person told us both helped them to be comfortable. Although action had been taken to minimise the risks for the person the equipment in place had not been recorded in the risk assessment. The registered manager told us they would rectify this. Another person had been assessed as being at high risk of falls and with their agreement a pressure mat had been provided. This was a floor mat linked to the call bell system which alerted staff when the person was moving around. It enabled staff to quickly attend to the person to minimise the risk of falls.

Some people chose to manage their own medicines and risk assessments had been carried out to support people to do so. One person said "I used to have to lock my bedroom door but the new manager has got me a cabinet to keep all my tablets in." Another person said "I do my own tablets. Every month they do a check to make sure I'm taking them properly which of course I am."

There were policies and procedures which helped to make sure all medicines were correctly and safely administered to people. People's medicines were administered by staff who had received specific training and supervision to carry out the task. All medicines entering the home were checked and signed in, when medicines were administered or refused staff signed the medication administration record. Where people

were prescribed a variable dose, for example take one or two tablets, staff recorded the number of tablets given. This meant there was a clear audit trail which enabled staff to know what medicines were on the premises at any time.

Some medicines, such as pain relief, were prescribed on an 'as required' basis. People were offered these medicines regularly to maintain their comfort. Where people were prescribed pain relieving patches the staff recorded on a body map where the patch had been applied to enable them to rotate the site of administration.

A number of people were prescribed lotions and creams which needed to be regularly applied. Care staff helped some people to apply these when they assisted them with personal care. There were body maps showing where creams and lotions should be applied located discreetly inside wardrobe doors. This meant that staff had information about how to support the person but the personal information was not on show.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Throughout the inspection we saw staff supported people when they requested help and did not rush them. One person told us "Staff make time for you." Another person said "Always staff when you need them." The registered manager told us they monitored people's needs to make sure there were sufficient staff to appropriately care for everybody. One member of staff said "There's always enough staff. Things have been a bit difficult recently but they get agency if we need it." One person said "I think one of the best things the new manager has done is reduce the number of agency staff."

There was a plan which gave details of the support people would need to be safely evacuated from the building in an emergency situation. Arrangements had been made with a local facility to provide a short term place of safety for people if the building could not be used.

Is the service effective?

Our findings

At our last inspection we found that although the majority of people were able to make decisions about their care and support, it was not clear how decisions were made when people lacked the mental capacity to make a decision for themselves. We recommended that the service seek support and appropriate training for all staff to increase their knowledge of the Mental Capacity Act 2005. Since the last inspection staff had received training and information to increase their knowledge of the Act.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person said "They ask you if you want them to help, never just tell you."

The Mental Capacity Act 2005 provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. One person had a specific healthcare condition that required staff to respond to them in a particular way. The person had been assessed as not having the capacity to make a decision about the care needed in this area. In order to ensure decisions were made in the person's best interests a meeting was held with staff from the home, the person's GP and their family representative. From the meeting a plan of care was developed which was considered to be in the person's best interests. This showed staff were working in accordance with the law to make sure people's rights were protected.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). No one living at the home required this level of support to keep them safe but the registered manager was aware of the process to follow if required.

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said "Staff are properly trained about how to speak to people and how to treat people." Another person told us "I just can't fault the staff. They are taught how to do things right."

Since the last inspection the home had appointed a training manager. This person had created a training matrix to identify what training staff had completed and to highlight when refresher training was due. This helped to make sure people received care from staff who had up to date knowledge about current best practice and legislation. The training manager used inventive ways to help staff to learn and understand the training delivered. These included practical sessions and quizzes. One member of staff said "Training here is much more organised now."

The training manager had attended a conference about the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. All new staff underwent

a basic induction programme to make sure they had the skills required to safely support people. They also had opportunities to shadow other more experienced staff and to spend time getting to know people who lived at the home. Following on from the home's induction programme new staff were able to undertake the Care Certificate which helped them to enhance their skills and knowledge.

The staff arranged for people to see health care professionals to treat on-going health care needs and periods of acute illness. A number of staff had first aid training which meant they had the skills required to respond to health emergencies. People said that the staff were quick to contact their GP or community nurses if they were unwell. One person said "They always get the doctor to you." Another person told us "They help you with appointments."

Staff monitored people's health to make sure they received the support and treatment they required. One person told us the staff had arranged for a physiotherapist to see them to help with their mobility. They said "They are helping me with the things the physio suggested." Another person said "They keep a close eye on you."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where people required a specific diet this was provided. One person said they had a very small appetite and often did not want anything that was on the menu. On the day of the inspection they told us they had requested a meal that had not been on the menu and we saw this was provided. Another person said "There are lots of things I can't eat. They ask if there's anything I fancy and they do special things."

At lunch time people were able to choose where they ate their meal. There was a choice of two dining rooms and some people chose to eat in their rooms. Where people required assistance to eat their meal this was provided in a dignified and discreet manner. One person told us they did not feel very sociable and had asked staff to bring their meal to their room. They said "They never complain. They will do anything to please you." People were complimentary about the food and said there was always ample to eat and drink.

Is the service caring?

Our findings

People told us the staff who supported them were always kind and caring. One person said "Kindness is everything and you cannot fault them." Another person told us "Staff here are absolutely lovely."

People felt that staff went out of their way to make sure they were comfortable and often did extra things to help them. One person said "They are so good they will do anything for you. Probably things they are not supposed to do but it makes a difference." Another person said "Staff are so helpful. They will do anything for you."

People had built relationships with other people who lived at the home and with staff. We heard some people laughing and joking together and there was friendly banter between some people and the staff supporting them. One person said "Most [staff] are easy to get on with. They are really interested in you as a person."

During the inspection we noticed people were treated kindly and staff showed patience and understanding. Staff reassured people using gentle touch and some people put their arms around staff to show their appreciation. One person said "They make such an effort and treat you with real affection. Sometimes all you want is a hug and that makes your day. For the first time in years I feel I belong and that's a lovely feeling."

Staff knew people well and were able to converse with them about their likes and interests. One member of staff said "Everyone is different, some people would not appreciate a joke but others love it. You get to know how people like to be treated." Another member of staff said they had time to chat and find out about people which helped them to develop relationships.

People were treated with respect and dignity and people told us they felt staff were extremely sensitive when supporting them with personal care. One person who had a specific personal care need said "Without exception they are all very sensitive to my situation. I get the care I need and they are all so kind." Another person told us "They help me to have a bath and they are so gentle and kind."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People said they were able to have visitors at any time and their visitors were always made welcome. Throughout the inspection we noted people were able to choose where and how they spent their time. Some people socialised whilst others preferred the privacy of their rooms.

People had been able to personalise their rooms in accordance with their tastes and needs. One person said "I bought home with me. It so nice to have my things around me." Staff were respectful of people's private rooms and their possessions. One person said "Even the cleaner asks if I'm happy for them to move things."

People felt involved in decisions about their care and treatment and said staff always asked how they wanted to be supported. One person told us how they liked to be independent and staff respected this but were always available to assist if they asked for help. One person said when they first moved in they had been unsure about things and had asked staff what was expected of them. They told us "They just said you're the boss you tell me what you want. Since then everything has been my decision."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person told us "You choose when you get up and when you go to bed. There are no strict rules." Another person told us "It's worth every penny. You really can do what you like but there's the security of knowing someone is always about."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. One person told us "I knew the home well and then someone came to visit me and talk about what I needed." Another person told us "I came for a look round one day, knew it was for me and moved in the next day."

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Since the last inspection the home had introduced a new care plan system. The new system was more streamlined than the previous system and staff felt care plans were now much easier to understand. This meant information about people was easier to find and made sure people received the correct care. One member of staff said "Care plans are much clearer now. You can find the information you need."

Care plans were basic but up to date and gave information about people's lifestyles and likes and dislikes. This all helped to give staff information about how people wanted to be supported and what was important to them. The registered manager told us care plans were 'work in progress' and they were aiming to provide further training for staff to assist them to write more detailed and comprehensive care plans.

The staff responded to changes in people's needs and sought advice if they felt they were no longer able to provide the level of care a person required. For example if they felt a person's physical or mental health needs had increased significantly the staff arranged for their needs to be reassessed by appropriate professionals. This at times had led to the person moving to a more suitable care environment. One person told us "Sometimes people have to leave because the staff aren't nurses and that's what some people need."

Staff changed the level of care they provided in accordance with people's needs. People told us staff were very good if they were feeling unwell and made sure they received extra care. One person told us that their mobility had decreased and they now received extra support to move around the home.

The home was very much part of the local community and there were frequent visits from local people including members of the Vaughan Lee Committee. The home had a mini bus and volunteer drivers who ensured there were frequent trips out for shopping and to local attractions. One person said "We are very lucky to get out so much. It's nice to be able to do a bit of shopping and go for a coffee." There was also a lunch club at the home one day a week for local people.

People were able to take part in a range of activities according to their interests. Since the last inspection a

new activity worker had been employed who had spent time getting to know people and was organising activities in accordance with people's interests. For example some people had told them they would like to do some gardening and the activity worker had made garden planters for people to plant up. Another person had always liked to knit but was no longer able to do so. They told us they had tried various large and coloured needles but were no longer able to manage. In response to this a gadget had been sourced which enabled the person to make woollen pompoms which they were enjoying making.

People were able to choose to join in with activities or occupy themselves. There was a brochure and notice board which told people what was going on each day. This enabled people to organise their time around the things they enjoyed. One person said "I like it here because of all the activities." Another person said "I don't join in with the activities but I go out quite a bit and have lots of visitors."

The registered manager sought feedback through informal chats and meetings for people who lived at the home. Minutes of residents meetings showed people's suggestions were listened to and acted upon where appropriate. At one meeting some people had suggested they would like mugs rather than cups and saucers and these had been purchased. Another suggestion had been for ice creams to be available in the summer. On the day of the inspection we saw a member of staff went round to people in the afternoon and offered ice lollies.

People said they would be comfortable to make a complaint if they were unhappy about any aspect of their care. One person said "I have no complaints but I would complain if I needed to." Another person told us "They talk to you about things. If you weren't happy they'd deal with it." Where complaints had been made these had been dealt with and action had been taken to address any issues identified.

Is the service well-led?

Our findings

The provider was a charity run by a board of committee members who employed a registered manager to manage the everyday business of the home. The aim of Vaughan Lee House was to provide and maintain a high standard of care where people could remain part of their community. This philosophy was put into action by a committee and registered manager who worked to ensure standards of care were continually improved upon. The home provided services such as day care and a lunch club for people living locally and welcomed members of the community into the home. A number of people told us they had been familiar with the home before they moved in and continued to use facilities in the local area. People were happy with the standards of care they received. Comments included; "I definitely get the care I need," "I can't imagine anything could be better than this" and "I feel very well looked after."

At the last inspection there was no registered manager in post and many records relating to the running of the home and the carrying on of the regulated activity could not be found. Satisfaction surveys and action plans, staff training records and analysis of accident and incident reports could not be found. At this inspection we found that new systems had been put in place and all records requested were made available.

The registered manager was appropriately qualified and experienced to manage the home. The home was a member of the Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset. The registered manager had recently joined a registered manager's group which enabled them to share ideas and good practice with other registered managers. This made sure they kept up to date with current good practice and local initiatives which they cascaded to staff to make sure people received good quality care.

Following the last inspection a training manager had been appointed to make sure all staff had the skills and knowledge required to effectively support people. Records relating to training had been put in place to enable the registered manager and provider to identify any training that had been carried out and further training required. The training manager was passionate about making sure staff had the skills needed to fulfil their roles. They used a variety of training methods such as face to face and distance learning. They carried out observations of practice and formal supervisions with new staff. This enabled them to monitor the standard of care people received and identify any further training needs. They told us through contacts with other local homes they had been able to share some training sessions.

The registered manager met with committee members monthly to make sure they were up to date with what was happening in the home. As a number of the committee members did not have an up to date care background they had employed an independent consultant to provide supervision to the registered manager and give advice and support to the committee. This helped the committee to carry out audits of the service and assure themselves of the quality of care provided to people. The nominated individual told us that in order to continue to make improvements a new nominated individual was being appointed and this would be a part time paid position. This all showed that the provider was committed to providing a professional service to people and working towards continuous improvement.

The registered manager told us in their Provider Information Return they were looking at the line management structure in the home. At the inspection they said although some changes had been made this work was ongoing. The staffing structure at the home was a registered manager, a deputy and a team of shift supervisors and shift leaders. The shift supervisors and leaders were responsible for the day to day running of the home and supporting the care staff team. The job roles of the supervisor and shift leader were unclear and we were told by the registered manager that work was being carried out to make sure they had more comprehensive job descriptions.

There were quality assurance systems to identify shortfalls and make sure the service was responsive to people's needs. Committee members carried out regular visits to the home to audit the service. The audits included looking at records, auditing the building and talking to people and staff. Where recommendations were made these were passed to the registered manager to implement. For example a recent audit of complaints had highlighted the need to provide further information to identify when the investigation was concluded and closed.

All accidents and incidents which occurred in the home were recorded and analysed on a monthly basis by the registered manager. Where a person had a number of accidents action taken, such as a referral to a healthcare professional, was recorded.

An audit of medication records had highlighted a number of gaps in the medication administration records and the registered manager had held a meeting with senior staff. Minutes of the meeting showed the registered manager had shared their findings with senior staff and ensured they were all aware of the policy on the administration of medicines and were clear about their responsibilities in this area. A further medication audit was carried out by the dispensing pharmacy and this issue was not identified which showed practice had improved.

The registered manager and nominated individual promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example where complaints had been made these had been fully investigated and where shortfalls in the service were identified these were acknowledged.