Villcare Limited

Villcare Limited - Stanley Road

Inspection report

5 Stanley Road
Watford
Hertfordshire
WD17 2QU

Tel: 01923241465

Date of inspection visit:
20 February 2018
23 February 2018

Date of publication:
04 April 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 20 and 23 February 2018 and was unannounced. When we last inspected the service in October 2015 we found that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and the service received an overall, rating of Good. However at this inspection we found the service was not meeting all the required regulations. Poor Infection control practices placed people at risk of contamination and at risk of cross infection. We found that the staffing levels provided were not always adequate in ensuring people's safety at all times and the poorly maintained environment failed to provide a homely and comfortable place in which people lived.

Villcare – Stanley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Villcare – Stanley Road–accommodates four people who have a learning disability. The service is not registered to provide nursing care. At the time of this inspection there were two people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was 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.

There was a quality assurance system in place. However, these systems had failed to identify issues found as part of this inspection and placed people at risk of harm.

We found that records were not always written in a positive or respectful way and records relating to consent required updating.

People's relatives told us that they were confident that people were safe living at Stanley Road.

Risks to people were appropriately assessed, planned for and managed.

Staff had received training, support and development to enable them to carry out their role effectively. The service is required to update records in relation to meeting the requirements of the Deprivation of Liberty Safeguards (DoLs).People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People received appropriate support to maintain healthy nutrition and hydration.

People were treated with kindness by staff who respected their privacy and upheld their dignity. People's relatives were encouraged to be involved with people's lives where appropriate, to provide feedback on the service and their views were acted upon.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.
People's relatives told us they knew how to complain but had not had occasion to do so. They said they were confident they would be listened to if they wished to make a complaint.

We found that records were not always written in a positive or respectful way and records relating to consent required updating.

The registered manager had created an open and inclusive atmosphere within the service. People's relatives, staff and external health professionals were invited to contribute their views in relation to further developing the service.

Further information is in the detailed findings below.

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.

People were placed at risk due to poor infection control practices.

There were not always sufficient numbers of staff to ensure people were safe, at all times.

Staff were trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

People were supported to take their medicines safely by trained staff

Is the service effective?

Requires Improvement

People's wishes and consent was not always documented or updated before care and support was provided.

People were supported by staff that received appropriate training to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

Areas of the home required updating and improving.

Staff received inductions and supervisions and had access to staff meetings.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the

care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support but not always up to date

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

Concerns raised by people and their relatives were dealt with promptly by the registered manager.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People's views and opinions about the quality of service they received had been sought with regard to the service provided.

The provider had systems available for the manager to review and assess the quality of service; however these systems had not been effective in identifying areas of the service that required improving.

People's records were held securely.

Statutory notifications that are required to be sent to the commission had been made.

Villcare Limited - Stanley Road

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 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.

This comprehensive inspection was carried out by one inspector on 20 and 23 February 2018 and was unannounced.

We asked the provider to complete a Provider Information Return (PIR) as part of this inspection process. 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 also checked the information we held about the service and the provider and saw that no concerns had been raised.

People who used the service were not able to share their views with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Subsequent to this inspection we contacted relatives of one person who used the service by telephone to obtain their views on the service provided.

Requires Improvement

Is the service safe?

Our findings

We were unable to seek the views of some people who lived at Stanley Road due to their complex needs. However one person we spoke with said "Safe" and looked over at the registered manager and smiled. For the people who lived at Stanley Road who were unable to verbally communicate their views we observed they appeared relaxed and happy. We saw one person take the hand of a staff member and lead them to their bedroom to show them what they wanted.

We were told that the full complement of staff employed at Stanley Road were two full time support staff plus the registered manager. However when we checked the staffing rota we found that on several occasions during the month of February there was only one staff member on the rota for both the daytime and nigh time shifts. This was raised with the registered manager and we were informed that this was due to one staff member currently attending jury service for a period of three weeks. We were told that additional cover had not been arranged or provided. This meant that there was only one full time member of staff plus the registered manager to provide care and support to people over each 24 hour period. The registered manager stated that a request for additional staff would be made via head office. However on the day of our visit there was no evidence that confirmed that this request had been made or that the vacant shifts had been covered by another staff member.

Staff had been rota'd to work during both the daytime and waking night care shifts. We asked the registered manager to explain the on call system in place for unforeseen emergencies and the policy for lone workers. We were told that the registered manager would provide this support when and if necessary. However, the registered manager lived some distance from the home and therefore could not always be expected to respond to emergencies immediately. This practice placed people at risk of harm due to inadequate staffing being provided and due to lone working., Staff working excessive hours and risks associated with unforeseen emergencies, such as fire or an accident or incident.

This meant this was a breach of Regulation 18 Staffing of the Health and Social Care Act (regulated Activities) Regulations 2014.

When we were shown around the home by the registered manager we found that poor infection practices were being carried out in relation to the management of soiled waste. We saw a pole propped up in the corner of the main bathroom which was both stained and soiled. When we asked the registered manager what this pole was used for, we were told "It's a doo doo stick." On further investigation we discovered that this pole was used to clean and unblock the toilet after people had used it. This placed people at risk of harm from cross contamination and cross infection as well as being unpleasant and disrespectful.

This meant this was a breach of Regulation 12 (2) (H) Safe care and treatment of the Health and Social Care Act (regulated Activities) Regulations 2014.

We spoke with one relative who told us that they felt their family member was safe. They said, "I do feel that [name] is safe living at Stanley Road.

People were clearly comfortable in the presence of staff and showed no anxiety or distress. Staff demonstrated to us that they understood how to keep people in their care safe. This included how to recognise and report abuse.

We saw that individual risks assessments had been completed to safeguard people's safety and wellbeing across aspects of their lives and control measures were in place to reduce these risks. For example, road safety when accessing the community and risk of choking. We saw that these risk assessments had all been updated within the past six months.

The provider operated safe recruitment practices. Records showed that appropriate checks had been undertaken before staff began to work at Stanley Road which included satisfactory references and criminal records checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked a random sample of boxed medicines and found that the amount of medicines in stock agreed with records held. Staff confirmed to us that their competency to safely administer people's medicines was regularly assessed.

The registered manager understood their responsibilities to raise concerns and to record and report safety incidents. The registered manager was clear about the arrangements for reviewing and investigating safety and safeguarding incidents and how any learning from these were shared throughout the staff team to help reduce the chance of recurrence.

Requires Improvement

Is the service effective?

Our findings

Although people who used the service were not verbally able to tell us about the care and support they received, we were able to observe some positive interactions between the registered manager and people who used the service throughout our inspection. We saw that they met people's needs in a competent manner which demonstrated that they knew the people well. For example one person had become slightly anxious when we arrived at the home. We observed the registered manager offered to take the person's hand and gently walk them around the home until the person was able to point out what they wanted. This calm response helped the person become less anxious and stressed.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The home had made Deprivation of Liberty safeguards [DoLS] applications to the local authority, which related to keeping people safe within the home. However, we discovered one application had been made on 13 January 2015 but there was no evidence provided which confirmed this application had been followed up by the registered manager. Therefore this person's had been potentially unlawfully deprived of their liberty to leave the home for a period of over two years. This is an area that requires Improvement.

Although we saw evidence that staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards one staff member we spoke with did not know what steps were required to protect people's best interests. In addition, one staff member was unclear on how to ensure that any restrictions placed on a person's liberty were lawful. This meant that not all staff possessed the knowledge or skills to ensure that people were appropriately assessed and supported. This is an area that requires improvement.

People had their consent sought before support was given. We checked the care plans of two people and records confirmed that people, where able, had signed to give their consent to the support provided. This included consent for their photograph being taken and consent for support with taking their medicines. However some of these records required updating. One consent record seen for support outside of the home was dated 18 June 2015. We also reviewed the evidence for the consent for people to receive the flu vaccination. The registered manager stated the GP had consented on the person's behalf but there were no records available on how this consent was assessed or obtained. There was also no best interest meeting held in relation to this decision. This is an area that requires improvement. We spoke with one relative who confirmed that they had observed staff asking for their [family member's] agreement before they provided any support to them.

As part of this inspection we looked around the home with the registered manager. We found that several areas of the home required attention. This included broken furniture seen in two of the bedrooms, two 'house' bricks had been used to secure the free standing bath from moving around and the toilet pan had

been poorly repaired with fixative. We found that there were floor tiles missing in the main bathroom, which could place people at risk of tripping over. There were also some areas of the home that required re-decorating, which included damp and stained wallpaper in one bedroom and some of the lounge furniture was old and worn and required replacing. These concerns were discussed with the registered manager as part of the feedback session. There was no information available with regard to how the repairs and maintenance of the home were managed. We requested that the registered manager addressed and resolved these issues with the provider, as a matter of urgency.

This meant there was a breach of Regulation 15 - Premises and Equipment of the Health and Social Care Act (regulated Activities) Regulations 2014.

People were supported by staff who received supervision and guidance, one staff member told us that their one to one sessions covered aspects of their performance and any issues they may have with their day to day work with people. They told us "I like having the chance to discuss my performance with my manager; we are a small team so often our supervisions are also informal as and when a question comes up."

We spoke to another staff member who confirmed that they were provided with the opportunity to undertake the appropriate training to carry out their role effectively. They told us, "We attend all the training that is offered, which is a lot but necessary to do our job properly." Recent training included life support training, food hygiene, safeguarding, infection control, first aid and the management of medicines.

We observed staff supported and encouraged people to make their own choices with regard to the food and drinks they preferred and with the assistance of a pictorial menu guide. The service encouraged healthy eating and supported people to choose and eat a healthy and varied diet. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight.

There was regular access to health and social care professionals and this was recorded in each person's file with regard to the most recent GP visit, optician and dental appointments. People were also supported by the local community learning disability team.

Good

Is the service caring?

Our findings

Our observations showed the staff were kind and respectful to the people they cared for. Staff called people by their preferred name and spoke in a calm and reassuring way. One person told us "The people at Stanley Road have been living there a long time together so it feels like a real home."
We saw several examples of the registered manager showing kindness and compassion to the people who lived at Stanley Road.

Our observations throughout the inspection showed us that people's privacy and dignity was respected at all times. We saw the registered manager knocked on people's doors and waited for a response before they entered. They also let people know who they were as they entered. This meant that staff respected and promoted people's privacy. However we found that some of the information within one person's care plan was written in a negative way. One document that related to managing a person's behaviour that may challenge, used words such as 'venom' and 'aggression' and another care plan referred to 'feeding' the person and providing personal care to their 'front bits'. This language is both derogatory and disrespectful. This is an area that requires improvement. These concerns were addressed with the registered manager during this visit for their immediate attention.

One professional we spoke with told us "I have visited Stanley Road several time in the past and have always found the staff kind, professional and caring."

People were supported to have regular contact with the family, where possible. Family and friends were welcome to visit at any time and during our discussions with staff in the home it was evident that they knew peoples families well.

When we spoke with a staff member and found that they knew peoples likes, dislikes and preferred routines and these had been recorded within the person's care plans. We saw that the care plans for people who lived at Stanley Road had been signed by either the person themselves or their relative in order to confirm they had agreed with the plan of care.

Staff were able to tell us how they maintained confidentiality by not discussing people who used the service outside of the home or with people who were not directly involved in the persons care. We saw that confidential information was held securely within the provider's office.

The manager told us that local advocacy services were available for people to access, when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

Both the registered manager and staff member we spoke with clearly knew people well and understood their individual needs and preferences. People's care records started with information about what they could do for themselves and how to maximise people's independence. This was followed with clear and detailed guidance to enable staff to deliver people's care in accordance with their specific wishes. The care plans were kept under regular review which ensured that they continued to meet people's needs. There was also a shortened 'profile' care plan for people to read, when they first commenced work at the home.

Staff had access to information and guidance about how to look after people, based on their individual health and social care needs. This included information about their preferred routines, medicines, health needs, relationships that were important to them, dietary requirements and personal care preferences. We were told that care plans were reviewed and updated on a monthly basis; however on the day of this visit one care plan we looked at had not been updated. This included guidance on eating and drinking was last updated on 26 February 2015 and the waking night care procedure for this person was last updated 25 February 2014. This meant that staff did not have all the up to date information required to ensure they supported the person in the best possible way. This is an area that requires improvement.

People's care records contained personalised information about them, such as their preferences and life history. This information enabled staff to support people to engage in a variety of meaningful activity they enjoyed to help avoid the risk of under stimulation. People were supported to engage in community activities such as going to the cinema, going out for meals and trips on local transport.

We saw evidence that relatives were contacted to provide their feedback and their views on the service and were encouraged to do so.
One relative told us they knew how to make a complaint and that they would feel comfortable doing so but had not had occasion to do so. The provider had policies and procedures in place which ensured people's concerns would be managed appropriately. One family member said, "I have never had to make a complaint but I would phone [registered manager's name] and would be know that it would be immediately dealt with". This showed that the registered manager responded to people's concerns appropriately.

People had care plans in place to indicate their preferences in relation to their end of life care. We discussed with the registered manager that the population of the home was ageing and they shared their plans to source end of life care training and bereavement training for the staff team.
One staff member we spoke with told us that they considered they worked well with the registered manager and other staff member. "We are a small team that know each other well. We all cover shifts at short notice when we need to."

We saw that staff meetings were held every two months which gave staff the opportunity to discuss or raise any issues they had and to also discuss the running of the home with the manager. The manager informed us that staff were provided with individual supervision every two months which gave staff another forum to communicate as well as be supported and receive feedback about their work.

Staff also had access to detailed information and guidance about how to communicate with people who lived at the home, which included people who were non-verbal, and how to recognise potential signs and triggers for pain, discomfort and behaviour that may challenge staff and others.

We saw that people had individual activity planners within their main care plan and also within daily activity logs. Recent activities included a trip to a local shopping centre and indoor activities during the colder months such as doing puzzles and reading magazines together. The home supported an aging group of people which meant activities provided were provided at more of a leisurely pace and age appropriate.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 was supported by a member of the senior management team on a regular basis. They told us they used this time to review and reflect on the service provided and improve on any areas that required attention. However the issues identified as part of this inspection, had not been previously identified at any of these meetings. For example the poorly maintained environment, infection control issues, record keeping and inadequate staffing. An infection control self-assessment audit which was completed on 31January 2018 had failed to identify this current poor practice.

There were systems in place to monitor the quality of the service. For example medication audits, financial audits, health and safety audits, infection control audits and cleaning audits. However some audits completed had failed to identify issues found as part of this inspection.

This meant this was a breach of Regulation 17 Good governance of the Health and Social Care Act (regulated Activities) Regulations 2014.

There was an overview of training undertaken and which the registered manager used to identify which staff required their training refreshed within the required timescales. We saw that all staff training was up to date.

We looked at the policies and procedures within the home and found the some key documents required updating, this included the Statement of Purpose which was last updated on 15 April 2013 and the service user guide was last updated on April 2015.

The registered manager and provider sought the feedback from people who used the service, their relatives, staff and external health professionals. One staff member told us, "The manager is very supportive; I have learned lot since I came to work here." We spoke with one professional who had provided support to one person who had lived at Stanley Road up until recently; they considered the registered manager was effective and professional in their approach to providing support to people with complex needs.

There was an open culture at the service. This was demonstrated by the openness and responsiveness of the registered manager with regard to the shortfalls and areas of concern discussed at the end of the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People were placed at risk due to staff not having a full understanding or knowledge with regard to how to obtain consent from people and consent had not always been obtained in line with regulation

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk from unsafe practices in relation to infection control

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were placed at risk from a poorly maintained environment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of effective leadership and governance and deficiencies in the monitoring and auditing of the service placed people at risk of not receiving proper care and treatment.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

People could be placed at risk of harm due to unsafe levels of staffing.