

# 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Vancouver House is a residential care home providing personal and nursing care for up to 32 people living with a learning disability/autism and/or a mental health condition. The service was supporting 20 people at the time of the inspection. Vancouver House accommodates people across four separate units, each of which has separate adapted facilities.

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

People were not always safe. We found appropriate numbers of staff on duty. However, there was a lack of information to demonstrate that staff were deployed effectively, in line with people's commissioning agreements. In addition, agency staff were sometimes working with people on a one to one basis and did not always have the correct skills to meet people's individual needs. Actions were in place to update all staff with their training and supervision. Medicines were sometimes safely managed. We have made a recommendation about the management of some medicines and the delegation of nursing tasks.

The service was not always effective. During the inspection process professionals alerted us to concerns in regard to records. We saw some improvements had been made to support plans, but records did not always contain person-centred information for people. The management team acknowledged they were still working to improve all records.

The service was not consistently well-led. The development and structure of the service showed some improvement in standards of care but quality standards were not consistent. Governance and auditing systems were not always effective and had not identified concerns we found during our visit.

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. However, records and monitoring of people's Deprivation of Liberty Safeguards (DoLS) and conditions needed further overview to ensure consistent practice with records. We have made a recommendation about this.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The manager and staff were taking action to improve all aspects of person-centred care for everyone at the service. The manager was reviewing this model of support and revising the identity of the service to help maximise people's choice, control and independence.

People told us they really liked living at the service. Relatives were very positive and told us they were happy with all aspects of support provided to their family members. The environment was safely managed and

kept clean and tidy.

Staff were very complimentary about their management team and were fully supportive in driving positive changes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was requires improvement (published 8 December 2020). The service remains requires improvement. The service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to concerns received about gaps in record keeping of people's support plans and in part by notification of a specific incident. This incident is subject to a police investigation. As a result, this inspection did not examine the circumstances of the incident. A decision was made for us to inspect the service and examine risks.

As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have identified a breach in relation to concerns related to the governance of the service.

You can see what action we have asked the provider to take at the end 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](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our well-led findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014. As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection visit was carried out by two inspectors and an Expert by Experience completed telephone interviews to gather people's feedback about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 who was in the process of becoming registered with the Care Quality Commission. This means that the provider is 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.

#### What we did before the inspection

The provider was not asked to complete 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 sought feedback from the local authority and

professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people about their experience of the care provided and four relatives. We spoke with eight members of staff including the manager, assistant manager, operations manager, quality manager and maintenance person. We reviewed a range of records. This included three people's care record, multiple medication records, four staff files and a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received further information from the local authority and multi-disciplinary professions after the inspection visit.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

### Staffing and recruitment

- Records and communication regarding staffing needed further development. People had no information to inform them which staff they could expect to see on duty. The manager advised they would review this with people at the service.
- During the inspection process professionals raised feedback that it was not always clear from records how one to one staffing support was provided to people. We reviewed staff rotas and found there was a lack of information to demonstrate how people's commissioned hours were provided and how staff were to be deployed to meet individual needs. Following the inspection, the provider has submitted a copy of an allocation sheet used to identify staff allocated to provide 1 to 1 support
- Management of staffing levels was reviewed by the manager who had taken positive actions in creating more consistent staff teams. The manager was confident they were recruiting staff that were appropriately skilled. We observed appropriate staff interactions during the inspection where staff took action to meet people's needs.

### Using medicines safely

- Medicines were sometimes safely managed with regular in-house checks by senior staff.
- Concerns regarding the safe management of insulin had been identified by the provider and acted upon. However, we could not be assured the provider had appropriately managed the situation to ensure the task was safely delegated in line with principles of delegation as set out by the Royal College of Nursing. Following feedback the provider took appropriate action to ensure additional safety measures were put in place to reduce risks.

We recommend the provider reviews systems and processes to ensure medicines are consistently, safely managed and appropriately delegated in line with good practice.

### Preventing and controlling infection

- The service was found to be clean, tidy and well organised. One unit was closed and being redecorated. Staff had appropriate access to protective personal equipment (PPE).
- The provider carried out a review of infection control procedures on the day of the inspection. The narrative of the report and their findings were shared with the team. We did not see infection control audits that showed any ongoing measurement or use of data to measure compliance or evidence of any hand washing audits.
- Recent reviews by the local authority identified good practice in the management of IPC with some recommendations for action. During our inspection we found improvements had been made.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Staff were clear about safeguarding procedures and their commitment to protect people. They understood how to recognise, report and safeguard people from abuse and were confident of the manager's support in driving changes and positive practices.
- The manager was transparent in sharing lessons learnt and in actions taken when things had gone wrong.
- People told us they were happy and felt safe. Relatives shared positive comments such as, "We've never had any concerns regarding safety. [Our relative] doesn't give off the feeling they are unhappy."
- Records of accidents and incidents were maintained and analysed to help identify any patterns or trends. There was evidence the number of incidents was reducing. However, it was not always clear if staff when reflecting had considered issues such as the environment to improve practice.
- Appropriate risk assessments were in place for people. Assessments provided guidance for staff on how to manage and mitigate any identified risks to people. However, not all records contained person-centred information to meet the needs of people. This was fed back to the provider so they could review and strengthen documentation.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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.

- Applications for DoLS authorisations had been made when needed and were regularly reviewed and checked by the manager. During the course of our inspection visit professionals advised that conditions set out within people's DoLS were not always being recorded to demonstrate they were being met. They confirmed they had raised these issues with the provider to address. The managers last audit of the DoLS authorisations showed oversight and acknowledged some areas to improve upon.
- Mental capacity assessments had been completed to identify whether a person had capacity to make a specific decision such as consenting to a COVID-19 test, and where appropriate best interest decisions had been recorded.
- Staff were provided with training around the MCA and they understood the principles of the act and associated DoLS.
- Relatives were very positive about communications and told us, "Very happy with the service. The things they put in place are quite successful. Staff are extremely good at updating and keeping in touch and we have frequent video calls" and "I was involved in a meeting and I'm quite happy with it all. We've had a couple of meetings on Zoom about DoLS."

We recommend the registered manager reviews processes to ensure they are consistently working in line with the Deprivation of Liberty Safeguards.

Staff support: induction, training, skills and experience

- Training, support and skill mix of staff needed further development. Staff told us that at times agency staff

were allocated to support people on one to one support despite them not always having the specific training to proactively manage people's needs. The manager advised this would be reviewed following the inspection as they expected the service's own staff to provide one to one support where necessary, unless agency staff were suitably trained.

- The manager had started to improve the training and supervision provided to staff. The manager had provided specific training such as Makaton to help those people who used this method of communication and first aid to a larger number of staff. Although improvements had commenced, we noted gaps to some training topics and supervision sessions remained. However, the manager was aware of the gaps and had developed an action plan to continue progress and to ensure everyone was up to date.
- Some staff felt specific training for supporting people with complex needs and people who had behaviours that challenged had really helped the team to identify better ways to support and communicate with people.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff demonstrated appropriate support being provided. The manager had improved some support plans and risk assessments, so record keeping was in line with good practice. Whilst they recognised further work was needed to improve the plans, the samples reviewed showed good levels of detail.
- Following the inspection local healthcare professionals raised recent issues around record keeping of support plans and managing an individual's nutrition and pressure care. They had referred their concerns to the local authority for further review.
- Records viewed as part of the inspection demonstrated that people's nutritional and hydration needs had been assessed and were being met. People told us the food was "Really good." Relatives provide positive feedback saying, "[Relative] has {a specific condition} so they have to be careful with their diet. Their food is prepared appropriately, and they get [relative] to try new and more exciting things."

Staff working with other agencies to provide consistent, effective, timely care

- From records viewed, we saw that people had access to healthcare professionals and had been referred to specialists when required.
- The manager advised they would review protocols for any potential hospital admissions to ensure the needs of vulnerable adults was raised regarding current restrictions.

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

- The building is large in design and does not lend itself to a normal small domestic style dwelling. The manager had already developed each unit to have their own identity and staff teams to improve consistency. The manager described their future plans to revise the current facilities underpinning principles of 'Right support, right care, right culture' within the on-going developments of the service.
- At the time of our inspection, one of the units was closed for refurbishment and the service was in the process of installing a fully equipped sensory room for people to use.

# 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 consistent delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Governance systems were implemented within the service but were not always fully effective. Vancouver House has been inspected four times since 2016 and has been rated requires improvement following each inspection.
- As part of our inspection, we spoke with a health professional who was responsible for monitoring the service. They told us that whilst they had seen some improvements, they were not fully assured that advice and guidance was followed in a timely manner to ensure changes were made to people's care. They told us areas for improvement were not always identified, actioned and embedded. For example, concerns with the quality of documentation had been identified as an ongoing concern. At this inspection, we found some of these concerns remained.
- Auditing systems were not always effective. Issues noted during the visit around the delegation of administration of specific tasks, deployment of staffing and training of agency staff had not been identified within internal checks. Updated record keeping and gathering peoples feedback also needed improvements. The management team advised they would take actions to review all points raised.

We found no evidence that people had been harmed during the inspection however, systems to monitor the service were not fully embedded to demonstrate robust management of consistent improvements of quality. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager commenced in September 2020 and had made an application to CQC to become registered manager for the service.
- The manager was open and transparent and was able to tell us about the developments they had planned for the service acknowledging work still to do. They had started to take effective action to improve the standard of care provided. We received positive feedback about the new manager and their commitment to making a difference.

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 manager had identified areas needing improvement with aspects of person-centred care and record

keeping of care files. They continued with plans to further develop standards within the service. They identified the need for more staff to be upskilled in bespoke training for communication to better meet people's needs and specialised training in supporting people with behaviours that challenge.

- Culture had improved within the service due to plans introduced by the manager to upskill everyone and emphasise the culture pledge.
- Positive feedback was received from staff who fully supported the management team.
- During the COVID-19 pandemic, special arrangements had been made to ensure people remained in contact with family and friends through various ways to ensure people's safety.
- Although the service had no formal evidence of collecting feedback from people. The feedback we received from people at the service and their families was very positive.

We recommend the registered provider reviews good practice to ensure formal processes are implemented and embedded to ensure the views of people who live at the home and their advocates are provided with the opportunity to give feedback on their care.

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 provider acted in accordance with their duty and shared information in an open, honest and timely manner.
- The manager and provider notified CQC of significant events in line with their regulatory requirements. The provider has been transparent in all aspects of changes at the service over the last few months.

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 17 HSCA RA Regulations 2014 Good governance  Systems in place to monitor the quality and safety of the service were not always effective in demonstrating consistent improvements.