

Ilminster And District (Opw) Housing Society Limited

Vaughan Lee House

Inspection report

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Date of inspection visit:
04 July 2023
05 July 2023

Date of publication:
16 August 2023

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

Vaughan Lee House is a residential care home providing personal care to up to 30 people. The service provides support to older people. At the time of our inspection there were 24 people using the service.

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

People's records did not always contain all the information staff needed to provide safe care. Some individual risks to people were not always thoroughly assessed and mitigated, and records relating to people's care were not always complete and reviewed.

The medicines system was not always robust. The recording of topical creams administration was not completed. Some people were prescribed medicines to be taken when required, there was a lack of guidance when this medicine should be administered.

People were not always supported to have maximum choice and control of their lives. The service could not always demonstrate they were working within the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Recruitment procedures were not always robust, and staff did not always have appropriate training, support and detailed guidance to ensure people received safe care at all times.

The governance systems had failed to identify the areas for improvement that we found during the inspection. The shortfalls identified did not have any impact on the care and support people received. We discussed our concerns with the nominated individual and registered manager who were responsive to our feedback and started to take action to address the issues identified.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People told us they were happy; they felt safe, and the staff were kind and caring. Throughout the inspection we observed kind, relaxed, compassionate, and caring interactions between people and staff. Activities were provided for people, and they were supported to spend their time how they chose.

Rating at last inspection

The last rating for this service was good (published 18 May 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding (DoLS), staff training and support and good governance at this inspection.

We have also made recommendations in relation to medicines, recruitment and need for consent.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective 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 ●

Vaughan Lee 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 Health and Social Care Act 2008.

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 was completed by 2 inspectors.

Service and service type

Vaughan Lee House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Vaughan Lee House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people, to help us better understand their experiences of the care they receive. We spoke with 9 people who lived at the home and 12 members of staff including the registered manager, deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 2 relatives about their experience of the care provided, and a visiting professional.

We reviewed a range of records relating to people's individual care and records relating to the running of the home. This included 6 people's care records, a sample of medication administration records and a variety of records relating to the management of the service, including a sample of recruitment files, policies, and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

- People were at risk of avoidable harm. Risk assessments were not in place for all identified risks to people and staff did not always have all the information needed to meet people's needs safely.
- Ten people did not have a care plan in place. Staff were using people's pre-assessments as guidance although they were not always up to date. For example, 1 person had an aid to support their continence, which they required staff to support them with. A risk assessment was not in place, and the pre-assessment did not include clear guidance on how staff should support the person.
- Care plans in place were not always accurate as they had not always been reviewed. During the inspection 1 person's eating and drinking plan, that had been prescribed by a Speech and Language Therapist (SALT), was observed to not be followed. This person's care plan had not been reviewed since April 2022 and contained no reference to the person's SALT plan or how to support the person safely.
- For 1 person staff were using a care plan that had been completed whilst they lived in a previous care home although they moved into Vaughan Lee House in December 2022. This care plan, which had been completed by the previous care home, stated the person was at high risk of constipation and skin damage. However, risk assessments were not in place to give staff guidance on how to safely support the person with the associated risks.

We found no evidence that people had been harmed. However, the failure to effectively manage and mitigate risks, placed people at an increased risk of avoidable harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager advised they had reviewed and updated the care plan for the person with the SALT assessment, and were in the process of completing, reviewing, and updating other people's care plans.
- A range of health and safety checks had been completed by internal staff and external contractors to help ensure the service was safe.
- A fire risk assessment had been completed in October 2022 which had highlighted some areas that needed action to improve the safety of the building. At the time of the inspection, a number of these areas had been actioned including the completion of a fire door survey. This survey identifies a number of concerns with the fire doors. Following the inspection, the registered manager advised the nominated individual was seeking advice from the Devon and Somerset fire service to rectify these concerns.

Using medicines safely

- Some areas of medicines administration and practice needed to be improved.

- Records around the application of medicinal creams were inconsistent and we could not be certain people had received them as prescribed. Medicinal creams were not detailed on people's Medication Administration Record's [MAR], and staff were not signing to confirm administration.
- Some people were prescribed medicines on an 'as and when required' basis, for example for constipation management. The service did not always have protocols and guidance to provide staff with information about when these medicines should be given, or when to give a variable dose.
- Where people had a handwritten entry recorded on the MAR, not all records were double signed by a second trained and skilled member of staff to confirm the accuracy of the information recorded.

We recommend the provider seeks reputable guidance to ensure medicines records are suitably detailed to ensure people receive their medicines in line with their needs and provide evidence medicines have been administered in line with people's prescriptions.

- The service sought the expertise of external professionals for advice in relation to medicines. We were told a pharmacist made regular visits and offered advice.
- People received their medicines from staff who had received medicines training and had their competency assessed.

Staffing and recruitment

- Recruitment processes were not always robust. The provider carried out some recruitment checks to ensure staff were suitable to work at the service. For example, references from previous employers and disclosure and barring service (DBS) checks. Full employment histories and gaps in employment were not always fully recorded.

We recommend the provider review best practice guidance in relation to recruitment practices and update their policy accordingly.

- Following the inspection the registered manager advised they were obtaining full employment histories for staff and the providers recruitment policy will be reviewed.
- We received mixed feedback regarding staffing levels at the home. People told us, "Sometimes I have to wait when I ring the bell" and "Most of the time there is enough staff." Another person confirmed there was "Definitely enough staff." One relative told us, "There is always enough [staff], always someone floating around and enough time to support [relative]." We discussed staffing levels with the registered manager who provided assurances staffing was sufficient to meet people's needs.
- Our observations reflected staff responded promptly to people's requests for support. The provider also monitored call bell response times to ensure people's requests for assistance were responded to in a timely manner.

Preventing and controlling infection

- We conducted a tour of the building, observed staff practices, and discussed the infection prevention control arrangements with the registered manager.
- We were initially not assured that the provider's infection prevention and control policy was up to date. Although a separate COVID-19 policy was in place and up to date, the services infection control policy had last been reviewed in November 2018. This was reviewed during the inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative told us the home is, "Always clean and smells nice."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- The provider facilitated visits for people living in the home in accordance with government guidance. During the inspection a relative told us they can visit when they want.

Learning lessons when things go wrong

- Incidents and accidents were recorded on individual accident records. Although there were no records to confirm this, the registered manager told us all incidents and accidents were analysed to identify potential trends and themes.
- The registered manager gave examples of how lessons learnt had been used in relation to a medication error and equipment failure.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Vaughan Lee House. Comments included, "I do feel safe here", "The care is good, if you want something the staff never get impatient, they are all very good" and "I definitely feel safe."
- Staff knew people well, had training on how to recognise and report abuse and knew how to apply it. One staff member said, "I would report to [registered manager], higher or CQC. I am confident something would be done."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Systems to ensure staff were suitably trained, skilled and supported in their roles were not sufficiently robust.
- Staff had not always undertaken appropriate training. For example, equality and diversity training had not been completed by 15 staff and training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) had not been completed by 14 staff.
- Staff had not always received refresher training in line with the providers policy. For example, 17 staff were overdue training in dignity and respect and 19 staff were overdue training in the MCA and DoLS.
- Staff were not always supported to access training specific to peoples' support and health care needs. For example, only 2 staff had received training in falls management and only 3 staff had received diabetes training although the service supported people with this condition.
- From 1 July 2022, the government introduced a requirement for CQC registered services to ensure their staff received training in how to support people with a learning disability and autistic people. Staff had completed training in how to support people with autism, but not how to support people with a learning disability.
- We received mixed feedback from staff around management support, and there was limited evidence of ongoing staff support. Staff had not received regular 1 to 1 supervision with their line manager to provide them with an opportunity to receive feedback and discuss any concerns. This had been identified as an area for improvement prior to the inspection and had started to be addressed.
- Team meetings did not always happen regularly. One staff member was unable to tell us when they last attended a team meeting. Another staff member told us they had been promised a team meeting, but this had never happened.

Staff did not receive effective and sufficient supervision and training to enable them to carry out their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager advised staff now had a named line manager to complete reviews and appraisals, with an agreed 4 per year minimum to be completed.
- Inductions were in place for newly recruited staff. This included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service did not have robust systems in place to ensure compliance with the requirements of the MCA.
- Appropriate DoLS applications had not always been made when required. People had restrictions to their freedom in place to ensure their safety. A mental capacity assessment and best interest decision had not been completed, and no consideration had been made in relation to DoLS.

The provider had not ensured appropriate DoLS applications were submitted to the local authority. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager advised 8 DoLS applications had been submitted to the local authority.
- Staff ensured consent was always sought and people were involved in making decisions about their care. One person told us, "They don't mind what I wear" and "There is always a choice, where and what to eat."
- People were not always protected by having decision specific mental capacity assessments in place. One person had a decision made in their best interest although no specific capacity assessment had been completed. The registered manager told us best interest decisions were made using a general capacity assessment completed during the initial needs assessment.
- Best interest records did not always show who had been involved in this decision. It is important to make these decisions with relevant professionals and relatives to ensure the least restrictive option is being used.

We recommend the provider review best practice guidance in relation to the MCA and update their policy accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Records did not demonstrate people's needs were being assessed accurately, and care plans were not always in place to provide guidance for staff on how to support people as detailed within the safe section of this report.
- People's care plans/records did not always clearly and accurately reflect people's dietary needs. Care plans did not always reflect guidance around eating given by the speech and language therapy team as detailed in the safe section of this report.
- People told us they were happy with the food. People told us, "It's very good food" and "The food is

superb."

- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice.

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

- The home worked in partnership with other professionals to ensure people received effective care, such as GP and district nurses.
- One professional external to the service told us, "The staff are helpful, they ask questions whilst we are here, listen to what we say and apply it, and call us when they need us."

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

- The premises were suitable for people's needs.
- The premises provided a comfortable environment for people and provided people with choices about where they could spend their time.
- People's bedrooms were personalised with ornaments, pictures, and other memorabilia to make them feel more at home and reflect their personalities.
- Relatives were positive about the environment. One relative told us, "When I walked in here, I knew instantly this was it. It was calm, clean, smelt nice, light, and spacious. I have not been disappointed."

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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; Continuous learning and improving 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

- There was insufficient oversight of the service to ensure people received good quality, safe care. Quality assurance arrangements were in place to assess and monitor the quality of the service provided. However, these were not effective and had not identified the shortfalls found within the inspection, for example around staff training.
- There was limited evidence of provider oversight. We reviewed a number of checks completed by the nominated individual. These did not cover all areas of the service. The nominated individual was aware systems needed to improve.
- Audits of medication and a care plan audit had been completed by the registered manager. These did not identify all the concerns we found during our inspection.
- The checks and audits completed by the registered manager and nominated individual had identified areas of improvement. The service did not have an improvement plan in place, incorporating all the actions identified during the quality assurance and auditing processes, to ensure effective monitoring of the actions required.
- The processes in place were also not always effective in driving improvements in a timely manner. For example, a care plan review completed by the nominated individual in June 2022 identified 9 care plans were out of date or not in place. At the time of the inspection, we found 10 people did not have a care plan in place and others had not been reviewed.
- Systems were in place to report incidents and accidents. However, evidence of analysis, and records to demonstrate learning were not available. Please see the safe section of this report for more details.
- Policies being used to guide the service had last been reviewed in November 2018. The registered manager told us they were aware the policies were out of date and were in the process of reviewing them.

Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager understood their responsibility regarding the duty of candour and were motivated to learn and improve care at the home. They were open and honest and took responsibility when things went wrong. For example, they were open throughout the inspection, accepted the shortfalls

found and immediately sought to rectify them.

- Following the site visits the registered manager advised an action plan had been completed using the feedback from the inspection, and a senior team meeting had been arranged to discuss and agree this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the home. Staff were observed to interact with people in a kind and considerate manner, treating them with dignity and respect.
- People were positive about the service and staff. They told us staff were, "Very good, kind and helpful" and "Great and they do anything for me." One person told us, "It's a great place to live, staff are lovely."
- Relatives were positive about the service. Comments included, "Staff are great, nothing is a problem", "Staff are brilliant and caring", "Staff are always looking in on [relative] and laughing with [relative]. [Relative] seems happy, that's the most important thing", "There is a general nice feel about the place, I would be happy to come here" and "I can't say anything wrong about here, we are made to feel so welcome when we visit."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked in partnership with people and their relatives/advocates through quality assurance surveys and day to day contact. Relatives told us, "I do feel involved, I put trust in people, I trust them here and I am happy" and "When [Registered manager] came around for the assessment, I felt comfortable with her straight away."
- Information showed the service worked with others, for example, healthcare professionals and services to support care provision.
- We received positive feedback from a visiting professional.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to effectively manage and mitigate risks, placed people at an increased risk of avoidable harm.</p> <p>This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not ensured appropriate DoLS applications were submitted to the local authority.</p> <p>This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.</p> <p>This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive effective and sufficient supervision and training to enable them to carry out their roles.</p> <p>This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>