Precious Homes Limited

Vermont 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?	Requires Improvement

Summary of findings

Overall summary

About the service
Vermont House is registered to provide support to up to nine people and there were five people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because they had arranged the service in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community.

The service was working in accordance with Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. The building design fitted into the residential area as there were other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
Timely action had not been taken by the provider to ensure people lived in a safe and well-maintained home. Following our inspection visit the provider did act and replaced fire doors to ensure the home was safe and began the renewal programme that had been developed.

People felt safe, and staff provided support that met their individual needs. Staff knew how to escalate concerns and were aware of potential risks when providing support. People received their medicines when they needed them. Staff wore gloves and aprons when needed to ensure they protected people from cross infection. Systems were in place to review incident and accidents to see if there were any lessons to learn from these.

Staff felt valued and supported in their roles and confirmed they had the training they needed to support people effectively. People's healthcare needs were monitored and met, and staff worked in partnership with healthcare professionals. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice. People and relatives made positive comments about the staff that supported them, describing them as friendly and supportive.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

A complaints procedure was in place and people and their relatives knew how to raise concerns and felt confident these would be addressed. People, relatives and staff thought the service was managed well and told us positive changes were being made since the arrival of the new registered manager. The registered manager was described as approachable, supportive and open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service.

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

Rating at last inspection (and update)
The last rating for this service was good (Published 3 November 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we 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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Vermont 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.

Inspection team
The inspection was undertaken by an inspector and an assistant inspector.

Service and service type

Vermont House 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.

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

Notice of inspection
This inspection was unannounced.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met all of the people that used the service and spoke with four people and two relatives about their experience of the care provided. We also observed the way support was provided to people. We spoke with six support staff, the deputy manager, registered manager, and a visiting healthcare professional.

We reviewed a range of documents and records including the care and medicine records for five people, three staff recruitment files and training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection
We continued to seek clarification from the provider to validate the evidence found. We requested training information, audits and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● The staff recruitment files contained the required information such as references and a disclosure and barring check, but a full employment history was not available for one staff member. In response to this the registered manager obtained this information following our inspection visit. A full employment history had not been requested on the application form and the registered manager agreed to raise this with the provider in order for the form to be amended.

● People told us there was enough staff on duty to meet their needs. One person said, "There is enough staff and I usually receive support from the ones I get on with and like." A relative told us, "The staffing is fine there is always lots about and [relative] has one to one support to enable them to go out if they want to and to keep them safe."

● Staff told us the staffing levels were enough to meet people's needs. A staff member said, "Most people receive one to one support so there is always enough staff on duty for this."

● The registered manager told us agency staff were used to cover some staff vacancies whilst recruitment checks were being undertaken on new staff employed. Due to the complex needs of people, where possible, regular agency staff were used, and this was confirmed in the discussions held with an agency staff member.

Assessing risk, safety monitoring and management

● Procedures to keep people safe in the event of a fire were not in place. We saw a fire risk assessment had been completed and this identified actions were required. One of these being two fire doors needed to be replaced. Although an action plan had been developed, a timescale for this work to be completed was not recorded. The registered manager confirmed following our inspection visit both fire doors had been replaced.

● People and their relatives told us staff knew them well and about any risks associated with providing their support. A relative said, "Staff know [relative] and they discuss with them about the times they place themselves at risk. Staff know the risks, so they monitor [relative] closely."

● A visiting healthcare professional told us, "Staff are aware of the risks for people and manage these well. They are included in discussions about how best to manage those risks and the strategies that work in individuals' best interests."

● Risks to people were assessed and covered a variety of areas including personal safety, community access, self-care and using the kitchen. Where risks were identified there was a corresponding support plan to manage this. For example, people at risk of accessing the community independently were supported by staff.

● Staff were familiar with the risks to people's safety such as people at risk of self- neglect or falling. A staff member told us, "Communication here is very good and we have detailed handovers so we are aware of any

incidents that may have occurred, or any changes to people's risk assessments."
● Where people displayed behaviours that may challenge others, staff had guidance to follow to manage the situation in a positive way which protected people's dignity and rights.

Systems and processes to safeguard people from the risk of abuse
● People we spoke with told us they felt safe. One person said, "I feel safe when supported by staff. I would tell someone if staff didn't speak to me or treat me properly." A relative told us, "We think [relative] is safe here and staff are looking after them to keep them safe."
● Staff were aware of their responsibilities to report and act on any concerns. A staff member told us, "If I had any concerns, I would report them to the manager or go higher if I needed to. If action wasn't being taken, then I would report my concerns to the local authority or to CQC."
● A visiting healthcare professional told us, "Staff work in accordance with agreed procedures to keep people safe and alert the appropriate professionals when needed if a person places themselves at risk."
● The registered manager was clear about their responsibilities to safeguard people and had reported any safeguarding concerns to the local authority and ensured they were investigated appropriately.

Using medicines safely
● People told us they received their medicines when they needed them. One person told us, "The staff give me my tablets in the morning and on the night when I need them." A relative said, "Yes as far as we are aware there are no issues and staff give [relative] their tablets when they need them."
● A review of the records confirmed people received their medicines as prescribed.
● Staff confirmed they had received medicines training and had their practice observed to ensure they were competent in this area.
● Where medicines incidents had occurred, appropriate action had been taken in response to this. For example, medical advice sought, and staff received further training and competency assessments.

Preventing and controlling infection
● People told us the home was generally kept clean and tidy. One person said, "The staff do the cleaning and it is okay, but I think their standards could be improved."
● The home was generally clean and tidy, but several areas were worn and in need of renewal. For example, chipped paint. A redecoration plan was in place for this and work had commenced following our inspection visit.
● Staff told us, and we saw they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.

Learning lessons when things go wrong
● Systems were in place to record and learn from incidents or accidents. These were reviewed for any patterns and trends and to mitigate future risk.
● The registered manager told us, "Following certain incidents debriefing is held with staff to discuss the incident and to see if there are any lessons to be learned. Any changes are then discussed with staff and support plans updated."

Good

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● People told us their needs were assessed before they came to the service. One person said, "I was asked lot of questions about where I would like to live and about me and my interests everything was taken into account."

● We saw assessments had been undertaken and the records used had been updated to ensure they were holistic. Previous assessments had not been comprehensive and did not always consider all of people's need and their compatibility with the people that already lived in the home. The new assessment contained this information.

● Records we reviewed considered people's protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, sexuality, ethnicity and disability.

Staff support: induction, training, skills and experience

● People and relatives told us they felt confident in the staff and their skills to meet their needs. One person told us, "The staff appear to know what they are doing." A relative said, "Yes the staff are skilled and support [relative] okay. They know about [relative] medical history and how they should support [relative]."

● Staff confirmed to us they had received the training they needed for their role which included an induction. A staff member said, "When I started, we had lots of practical and theory training as part of our induction for a period of a week. I then was given shadowing opportunities so I could be introduced and get to know the people that lived here and their needs. I read their care plans and risk assessments. It was good and continues to be good as we do get our refresher training and updates."

● Staff supported some people with complex needs. Staff told us they had received training to respond to situations positively and safely. Staff received training in Management of Actual or Potential Aggression (MAPA). This provides staff with the skills and techniques to manage people's behaviours that may challenge and as a last resort to use restraint techniques in accordance with people's plan of care.

● The provider told us in the information shared with us (PIR), staff received a 5-day corporate induction prior to starting in the home. During their first 12 weeks staff undertake shadowing shifts and complete further mandatory online training and those new to care completed their care certificate. Observations of practice and competency were carried out prior to the end of their 6-month probationary. Staff we spoke with and records confirmed staff had training.

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

● People told us they chose what food and drinks they had. One person said, "I go shopping with staff and cook for myself. The staff encourage me to eat healthy, but I can have what I like including snacks when I

want. I go and help myself to drinks when I want them." Another person told us, "Yes I like the food and I choose what I want."

● People were supported to access the kitchen which was domestic in style. We saw people were supported to be independent to make their own meals and drinks when they wanted.

● One person raised with us about the lack of kitchen equipment such as a garlic crusher and this was shared with the registered manager who advised the person to go shopping and to purchase what was needed.

● The kitchen was included in the refurbishment plan including a new fridge as one person raised with us this was leaking but working and maintaining the correct temperatures.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services the dentist and opticians and visit the doctor when I am not feeling great." A and support

● People told us they were supported to stay healthy. One person said, "The staff make my appointments and support me to attend. I do visit relative told us, "We try to remain involved in sorting out appointments and we will take [relative] when we can. We do provide feedback and get feedback when staff have supported."

● The staff worked in partnership to support people's transition between services for when people moved in or left this home. A healthcare professional told us, "We work well with staff, they listen and work with us to ensure people receive a consistent, timely and coordinated approach which meets their needs. This can be a difficult time for some people and staff recognise this and adapt their support when needed."

● People's oral hygiene was included as part of their care plan with specific detail to enable staff to support people to clean their teeth.

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

● People told us they were happy with their bedrooms which they were able to personalise. One person said, "I have full control over my bedroom, and I have chosen the colours scheme and furnished it to how I want it with all of my favourite things in there."

● We saw people's bedrooms were personalised in accordance with their preferences.

● The home needed refurbishment and renewal as several areas were worn with chipped paint and ripped wallpaper and some areas did not reflect a homely environment. One area had recently been redecorated and people, relatives and staff told us how nice it looked. A refurbishment plan had been developed and people told us they had been involved in this. One person said, "I helped choose the colour of the flooring, carpets, and walls, and picked out some pictures." Work had commenced on the environment following our inspection visit.

● The home reflected the principles of the current guidance and was domestic in style without any unnecessary signage. Where people needed equipment to support their independence this was in place. People had access to an extensive garden which contained a trampoline and games room at the bottom which people could use.

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.

● People told us staff asked for their consent before providing support. One person told us, "The staff always ask me before they support me and if I say no, they would respect that."
● Staff we spoke with confirmed they sought people's consent before providing support. One staff member said, "It is important we ask it's their right to give consent. If people didn't want to do something, then they wouldn't. We are here to provide support and guidance."
● Where people lacked capacity and were being deprived of their liberty the appropriate authorisations were in place. Where conditions were attached to people's authorisations records were in place to demonstrate these were being met.
● Where people did not have capacity to make decisions, they were supported as much as possible to have, choice and control of their lives and staff supported them in the least restrictive way possible.
● Staff had a good understanding of the MCA and the impact this legislation had on their role. One staff member said, "We assume people have capacity to make their own decisions unless proven otherwise and then we make decisions in people's best interests." Staff we spoke with were able to tell us which people currently had authorisations in place and the reasons for this.

Good

Is the service caring?

Our findings

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

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

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

- People's human rights were respected, and staff treated them well. One person said, "I feel at ease with the staff and we have a laugh. They are a good bunch and I like them." Another person said, "The staff are supportive and helpful, and they treat me right."
- Staff told us they enjoyed their role. One staff member said, "It is good working here, sometimes it can be challenging but I enjoy working with people and helping them to have a good day."
- People appeared comfortable in staff members presence and we observed friendly banter between staff and people.

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

- People told us they were involved in making decisions about their care. One person said, "I do pretty much what I like, so I get up when I want and go out to places, I enjoy, and have my meals when I want, and then I decide when I am ready for my bed. So yes, I make the decisions about my care, and feel able to say what I want." A relative told us, "Staff encourage [relative] to make their own decisions and they provide support where required. We feel involved to."
- The provider told us in their PIR staff will always ask for people's their permission first. People were offered choice in all aspects of daily living from putting together meal planners to re-decoration of their environment. People decorate their personal rooms however they would like. Staff support service users to pursue their religious and cultural beliefs. Discussions with people and records reviewed confirmed this.
- Where required people where supported by an advocate. The registered manager understood when advocacy services would be required and how to access these services.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff promoted their privacy and dignity and encouraged them to be independent. One person told us, "I do as much for myself as I can, and staff encourage me. I clean my own room and sometimes I do put my washing in. When I want to be by myself, I tell the staff and they leave me alone." Another person said, "I do what I can, and staff give me my privacy when I want it."
- We saw staff providing encouragement to people to be independent. For example, to make their own meals and drinks and to clean their rooms. We saw when people did not want staff support this was respected, and people were left alone with staff nearby.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their needs and preferences were met. One person said, "I feel involved and I have choices and control my life as I decide on what I want to do so it does meet my preferences." Another person told us "I do as much or as little as I want, that is my preference."
- A visiting healthcare professional told us, "Staff work to ensure people's needs are met in their best interests, so their preferences are met. People do have control and staff only intervene when there is a need to keep people safe."
- People had their support plans recorded electronically and their timelines and routines were recorded in accordance with their preferences. Any risks staff needed to be aware of where also recorded as part of these timelines and daily records. For example, ensuring windows were checked and restricted.

Meeting people's communication needs

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

- The registered manager understood their responsibility to comply with the AIS. Information could be made available in alternative languages or easy read if required. For example, a pictorial guide had been developed to support people when going through the assessment process.
- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs. Information was also recorded within peoples support plans of how they communicated.
- We observed staff communicating effectively with people throughout our inspection visit.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in meaningful activities they enjoyed. One person told us, "I go out daily and do what I want to do and visit the places I want to visit. I am happy with what I do and how I spend my days. I don't get bored." Another person told us, "Staff support me to go out to places I like."
- People were supported by staff on a one to one basis, so staff could support people to engage in activities they enjoyed. Some people told us they did not want to go out and do things and staff respected this but did try and encourage the person to do an activity in the home. We saw people were supported to visit local shops, museums, go for meals, and visit football matches. Staff told us people did not wish to attend college or seek work opportunities at the moment, but this would be supported if people wanted to do this.

● People were supported to maintain relationships with people involved in their lives. A relative told us, "We visit often, and we are always welcomed here. There are no restrictions to our visits." Most people had their own mobile phone which they could use to maintain contact with people of their choice.

Improving care quality in response to complaints or concerns

● People knew how to raise concerns and felt confident issues would be responded to positively and quickly. One person told us, "I have a folder in my room if I want to make a complaint, but I would tell the staff face to face." A relative said, "I know there is a procedure and I would raise any issues with the manager which I am sure would be addressed."

● We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.

End of life care and support

● People were asked as part of the care planning processes if they had any wishes or preferences and if information was shared this was recorded.

Requires Improvement

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 good. At this inspection this key question has now deteriorated 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

- Timely action had not been taken by the provider in response to the findings of audits and risk assessments. For example, a fire risk assessment had been undertaken in August 2019 and indicated two fire doors needed to be replaced. Action to address this was not taken until it was raised on the inspection visit. Work to replace the fire doors took place a couple of days following our visit.
- Audits of staff recruitment files had not identified a full employment history was not requested on application forms and had not been obtained for one staff member. Action had been taken to address this following our inspection.
- An environmental audit identified several areas of the home required refurbishment and renewal. A refurbishment programme had been developed and agreed but timely action had not been taken by the provider to commence the refurbishment programme until after our inspection visit when we were advised work had commenced.
- Systems were in place to monitor the service provided to people, in other areas we reviewed. These included health and safety, infection control, medicines, care plans and records. Where issues were identified, action had been taken to address them.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed and promptly informing CQC of notifiable incidents.

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

- People told us the staff and the registered manager were approachable and listened to them. One person told us, "The manager is approachable, and I find it easy to talk to her. She has made some positive changes already."
- Staff told us they felt supported and valued in their role. A staff member said, "Things have improved greatly since the manager came here and things have changed for the better such as the environment which is now starting to be improved. Things are more organised. The manager is approachable and will support us on the floor when needed which is great and she listens to us."
- A visiting healthcare professional told us, "The manager is good and making the service more homely. She is providing good leadership and direction to staff and ensuring they engage positively with people and getting them out more. She is making positive changes here."
- Discussions with the registered manager demonstrated her knowledge about people's needs. She told us

she often worked alongside staff and supported people to enable her to monitor staff practices.

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; Continuous learning and improving care

● The registered manager understood her responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to a recent incident where a letter of apology was sent to relatives.

● The registered manager told us lessons were learned from any incidents that may occur and changes made as needed in response to these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People told us they were asked for feedback. One person said, "The manager does ask how I am and about living here. I have reviews where I am asked questions as well."

● Surveys had recently been sent out to obtain people, relative's and staff feedback. Some of these had been returned and feedback was generally positive. Once collated these will be reviewed and a report completed of the feedback.

● Staff told us they attended regular meetings to discuss the service and felt valued and listened to. A staff member said, "We have meetings to discuss the service and people's needs. I feel valued by the manager and I know she would listen to any ideas I may share. We also have daily handovers, which ensures we are up to date with everything."

Working in partnership with others

● A visiting healthcare professional told us staff and the manager worked in partnership with their team and other professionals involved in people's care. They told us, "The staff support people with very complex needs, and they alert us when incidents occur, and people's needs change. We work together to develop strategies of the support that can be provided in people's best interests.

● The registered manager and staff worked in partnership with health colleagues, local authority, police and various multi-disciplinary professionals to ensure people received a personalised service.