Cambridge Housing Society Limited

Vera James House

Inspection report

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Date of inspection visit: 23 July 2015
Date of publication: 05/08/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Vera James House is registered to provide accommodation and non-nursing care for up to 41 people, some of whom live with dementia. Short and long term stays are offered. The home is situated within the city of Ely. At the time of our inspection there were 28 people using the service.

The previous registered manager left their position on 31 December 2013 and their registration was cancelled 13 February 2014. 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. At the time of our visit there was a manager in post and they were applying to be registered with the CQC.

We carried out an unannounced inspection of this service on 09 and 11 September 2014. Breaches of four legal requirements were found in relation to people's dignity and privacy, their care and welfare, staffing numbers and the quality assurance of the service. We undertook an

Summary of findings

unannounced follow up inspection on 17 and 19 November 2014 to check the provider had met the requirements of the regulations associated with care and welfare and the quality assurance. We found that the provider had taken appropriate action to meet the requirements of these two regulations.

After the unannounced inspection of 09 and 11 September 2014, the provider wrote to us to say what they would do to meet the legal requirements in relation to people's privacy and dignity and staffing numbers. We found that the provider had followed their plan which they told us would be completed by 30 November 2014 and 31 December 2014 respectively, and legal requirements had been met

This comprehensive inspection was carried out on 23 July 2015 and was unannounced.

People were safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were judged to be suitable to look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on.

People were supported by staff who were trained and supported to do their job, which they enjoyed.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS applications had been made to the appropriate authorities to ensure that all of the rights of people's were protected. The provider had been in contact with the appropriate agencies in relation to this matter.

People were treated by kind, respectful and attentive staff. They and their relatives were involved in the review of people's individual care plans.

Support and care was provided based on people's individual needs and they were supported to maintain contact with their relatives and the local community. People took part in a range of hobbies and interests. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The manager had experience in care and management and they were supported by their manager. Staff enjoyed their work and were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

Summary of findings

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.

Action had been taken to improve the numbers of staff to be able to meet people's needs.

Recruitment procedures ensured that people were looked after by suitable staff.

People received their medicines as prescribed and medicines were kept secure.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to provide people with safe and appropriate care.

People were supported in making decisions about their care.

People's nutritional, hydration and health needs were met.

Good

Is the service caring?
The service was caring.

Action had been taken to improve how people's dignity was respected.

People maintained contact with relatives and were able to make new friends.

People and their relatives were involved in developing and reviewing the care plans.

Good

Is the service responsive?
The service was responsive.

People's individual health and social care needs were met.

People were supported to take part in hobbies and interests that were important to them.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints.

Good

Is the service well-led?
The service was well-led.

The manager was experienced and supported and managed staff to provide people with safe and appropriate care.

People and staff were enabled to make suggestions and comments about the service and actions were taken in response to these.

There were systems in place to continually monitor and improve the standard and quality of care that people received.

Good

Vera James House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 July 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we received information from a local contracts officer. Also, before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

The provider completed a Provider Information Return (PIR) and submitted this before the inspection. 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.

During the inspection we spoke with six people who used the service, one relative and a visiting GP. We also spoke with the manager, deputy manager, a dementia services manager, an acting lead practitioner, an administrator, two care staff, a team leader, the cook, and a kitchen assistant, who also worked as a laundry assistant and housekeeper. We looked at three people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

During our inspection of 09 and 11 September 2014, there was an insufficient number of staff to meet people's individual needs. At our comprehensive inspection on 23 July 2015, we found that the provider had followed their plan which they had told us would be completed by 31 December 2014 to show how the legal requirements were to be met.

People said that they felt safe because there were enough staff to look after them. A relative said, "I would say there were enough staff." The GP said, "I've never been short of staff to accompany me." Members of staff also told us that there were enough staff and that measures were in place to cover staff absences. This included members of staff working extra shifts as part of the relief/bank staff scheme. One member of care staff said, "We have enough staff and every one chips in (help each other out)".

The manager advised us that they used a tool to assess the level of people's needs and matched this against the numbers of staff required to meet the needs of people. This included people's moving and handling and mental health needs. We found that there were sufficient numbers of staff on duty at the time of our inspection to meet people's needs safely. We saw that people's needs were met in an unhurried way and that they were provided with one-to-one support when this was needed. This included support with taking their medicines and with eating and drinking.

The provider had submitted notifications which detailed the action the staff had taken in response to events that had posed a risk of harm to people. Staff had taken the appropriate actions and had followed the correct reporting procedures to minimise the risk of recurrence of similar events.

The manager advised us in their PIR that staff attended training in protecting people from the risk of harm. We found that staff were trained and were aware of their roles and responsibilities in protecting people from harm. One member of staff said, "If I have a problem with anything, I could go to the manager or report it to the police or social services." Information about how to recognise and report any incidents of harm was publicly available for staff and visitors.

People's risks were assessed for developing pressure ulcers, moving and handling and falls. Measures were in place to minimise the risks. People were provided with equipment for pressure-relief, moving and handling and there was monitoring equipment to alert staff to keep people safe from the risk of falling. We saw that staff knew how to use the equipment to keep people safe. This showed us that the provider had measures and procedures in place to help reduce people's risks.

Staff recruitment procedures were in place to protect people from unsuitable staff. Staff members described their experience when they applied for their job. One member of care staff said, "I had to download an application form, fill it in (in detail) and send it in. Then I was called in for an interview. I had to have a DBS (Disclosure and Barring Service) check. I had to wait for this to come back as well as references before they (the provider) actually said I had got the job."

People said that they had their medicines when they needed it. One person said, "I have paracetamol every morning and a little tablet and one that I need to chew. I also have paracetamol at night." Records for people's medicines were maintained and demonstrated that people were given their medicines as prescribed. Staff told us that they had training in medicines and were assessed to be competent in managing people's medicines. The medicines records confirmed this was the case.

Good

Is the service effective?

Our findings

The manager's completed PIR told us that there was a staff training and development programme. The programme included staff training in the application of MCA, safeguarding people from harm and caring for people living with dementia. Members of staff said that they had the training, which included induction training, to do their job. One member of staff said, "During my induction (training) I shadowed a trained member of staff. This was to make sure you can then do it yourself." Another staff member said, "I had to shadow a trained member of staff until I did the moving and handling training."

Members of staff told us they had attended one-to-one supervision sessions which enabled them to discuss any work-related issues and their training and development needs. They also told us that they felt supported to do their job and worked well as a team. One member of care staff said, "I love working here. You have the support from all of the staff and management as well." The team leader said, "Staff are working better as a team." The deputy manager told us that the way staff worked had improved the quality of how staff interacted with people.

The manager and dementia services manager advised us that action was taken to improve the assessment of people's mental capacity. Advice from the local authority had been obtained to improve the provider's mental capacity assessment process. DoLS applications had been made and whilst these were being considered, people's care was carried out in their best interests and supported by risk assessments. The GP gave an example of how a person was supported in making decisions about their care and this included the person's relatives, health care professionals and a member of staff (key worker) who was responsible for the person's care.

Members of care staff and the team leader were aware of respecting people's decisions. The team leader said, "Everyone has the right to refuse (their medicines). If they do, you try and encourage them to take it." They told us that they would gain advice from the GP should any person be at risk as a result of not taking their prescribed medicines.

People said that they had enough to eat and drink and liked the food. One person said, "The food is very good." Another person said to a member of care staff that their breakfast was, "Very nice." We saw that staff supported people to choose what they wanted to eat and drink and, during lunch, staff offered people extra helpings. When people were not independent with eating and drinking, members of staff supported them with this task. The GP told us that they were satisfied with how people were supported with their nutritional and hydration needs. Members of the catering staff told us that they had information about people's individual dietary needs and their likes and dislikes. The information was detailed and also included people's food allergies.

The manager advised us in their PIR that people were supported to access a range of health care employees. These included GPs, district and community psychiatric nurses, occupational and speech and language therapists, opticians and dentists. During our inspection a chiropodist and GP were visiting to assess and treat people. The GP said, "Staff are aware of people's health needs. Appropriate referrals to the GP practice are made. They (staff) know how to get the advice and support from CPNs (community psychiatric nurses) and district nurses. I've always been pleased with the care here."

Good

Is the service caring?

Our findings

During our inspection of 09 and 11 September 2014, we found that people's rights to dignity and privacy were not always valued. At our comprehensive inspection of 23 July 2015, we found that the provider had followed their plan which they had told us would be completed by 30 November 2014 to show how the legal requirements were to be met.

People had positive comments to make about how they were looked after. One person said, "It is good living here. We are well looked after. I can get up when I like and I can go to bed when I like. The carers are very, very helpful. They let me be independent. But they do ask if I need any help." Another person said, "Staff are very good." A relative said, "The staff do ask my mum if she wants anything."

Staff offered people choices about their day-to-day care. This included what time they wanted to get up, where they would like to sit and if they wanted to take part in a board game. The team leader described the principles of caring for people. They said, "(Our care) is about the residents. It's their happiness, their well-being, that's the most important thing. You get to know when people like to get up. Their patterns and what they want to do with their day, rather than what we want them to do in a set routine."

We saw that people's privacy was respected and care was carried out from public view. This was when people were supported with having a prescribed medicines patch applied to their skin and when they were seen by the chiropodist and GP. People had positive comments to make about how they were looked after. One person said, "It is good living here. We are well looked after. I can get up when I like and I can go to bed when I like. The carers are very, very helpful. They let me be independent. But they do ask if I need any help." Another person said, "Staff are very good." A relative said, "The staff do ask my mum if she wants anything."

We saw that staff were attentive to people's needs and also gave them comfort and reassurance when they became upset. We also saw that staff took their time to support people in a patient way. This included when they supported people with their food and drink and when speaking with them in a way that they could understand.

People were supported to maintain contact with their relatives and were enabled to make friends in and out of the home. A relative told us that they could visit when they wanted to. They said, "You can visit any time; morning afternoon and evening." We saw some people talk to each other in a sociable way. One person told us that they had made a friend at the day services where they competed against each other in a board game.

The manager told us in their PIR that people were actively involved in developing their care plan and that staff were aware of people's individual care needs. We found that people and their relatives were invited and attended, where possible, annual reviews of people's care plans. The annual reviews enabled people to discuss how they were looked after and changes were made to people's care plan, based on what they had said. This included, for instance, how they were supported with their personal care.

All bedrooms were used for single occupancy only unless people made a choice to share with another person. Bedrooms and communal bathing and toilets were provided with lockable doors. During the pre-admission process people were asked if they wanted their own key to their door.

Advocates are people who are independent and support people to make and communicate their views and wishes. Information was publicly available in relation to advocacy services. The manager advised us that advocacy services were not currently used.

Good

Is the service responsive?

Our findings

Members of staff were aware of people's individual needs and these were met in line with their care plans. This included the use of doll therapy to comfort people and remind them of their experiences of parenthood. People were also supported to take part in reminiscence activities and staff showed how they met people's complex communication needs. A communication board was in use for people with hearing difficulties and we saw staff spoke with people in short and simple sentences and in a way that they were able to understand.

People were supported to follow their individual religious beliefs. During our inspection, people attended a religious service held by a community religious organisation.

People were provided with a range of hobbies and interests that were important to them. One person told us that they attended a day centre where they liked to play a board game with a friend. They also said that they liked to go into the local city of Ely and visit the shops and markets.

People had taken part in flower arranging and were entertained by external visitors. This included a demonstration of birds of prey. Reminiscence therapy was also used to enable people to recall past memories of being a child and parent. This included telling stories that linked to smells and doll therapy. People were listening to music and we saw a person dance and singing along. Another person, whilst holding a soft toy, swayed to the music and they were relaxed and smiling. Memory boxes were situated outside of some people's bedrooms and these held items that were in respect of the person. These included photographs and knitting needles and wool. The manager told us that the use of memory boxes had enabled people to recall past memories.

People's care records detailed people's life histories and care plans and risk assessments were kept up-to-date and reviewed. Changes in the records were made in response to people's needs. This included changes in people's health conditions and the risks to their health. Where possible, people had signed to confirm that they had been involved in developing and reviewing their care plan during the pre-admission and post admission stages of living at Vera James House.

There was a complaints procedure in place and people knew who to speak with if they were unhappy. One person said, "I would speak with one of the carers." A relative said, "If I didn't see something not quite right, I would say something." Members of staff were aware of how to support people with making a complaint. The team leader said, "First of all I would listen. I would apologise and tell them (the person) what actions would be taken, including involving the manager." The annual review process demonstrated that people knew how to make a complaint.

Good

Is the service well-led?

Our findings

The manager had been in post since March 2015 and their application to be registered was in progress. They had previous experience in care and managing a registered service. People and visitors knew who the manager was and also knew the names of people that supported him to manage the home.

Positive comments were made about the manager's leadership style. Staff told us that the manager listened to them and took action, if needed. One member of care staff said, "There's been a big change in the management. There is now more communication between everybody. He (the manager) listens and changes things if appropriate to do so." They gave an example of the changes in how staff were organised in their work to be able meet people's needs. They said that this had improved the way people were looked after. The team leader said, "If staff pass something on to the manager, they are being listened to." They gave an example of the action that manager had taken in response to information from staff. Equipment was obtained to meet a person's changed moving and handling needs. The deputy manager and dementia services manager also told us that the manger's leadership style had improved the level of staff morale. They said that this had improved how staff interacted with people in a caring way. The local authority contracts officer told us that they had noted overall improvements in the quality and safety of people's care since 2014.

The manager completed their PIR and submitted this when we asked for it. The manager's PIR demonstrated that there was a quality assurance in place which identified areas where improvements were to be made over the next 12 months. This included the monitoring of the effectiveness of the medicines system that was in use and for more care staff to be trained in administering people's medicines. Other improvements planned included supporting people to access advocacy services.

An analysis of emerging themes in relation to complaints had been carried out with regards to, for instance, some laundry accidents and action had been taken as a result. The record of complaints demonstrated that there were no further complaints made in relation to laundry and the team leader confirmed that this was the case.

There was a culture of learning to improve the quality and safety of people's lives. This included, for instance, when errors with people's medicines occurred; staff who were responsible for such errors were required to re-take their competency assessments before being deemed safe to recommence administering people's medicines. The manager told us that they had changed where the use of the dining and lounge rooms on the first floor. This was so that people had better views to the outside when they were in the lounge, which had previously been the dining room. In addition, the manager had taken action to improve the temperature control of the downstairs medicines storage room and was waiting for the delivery of air conditioning equipment. A review was also in progress in relation to the range of hobbies and interests that people took part in. This showed that there was a system in place to continually improve the quality and safety of people's care.

The management team operated an open culture within the home. Members of staff were aware of the whistle blowing procedure. One member of care staff said, "If you thought (for example) it was the manager (at fault) you would contact adult social services." They told us that they were aware that the policy protected whistle blowers. They said, "You shouldn't lose your job from reporting it (concern)." The team leader said, "Whistle blowing is if you see something going wrong in the work place it is reporting them and making sure it is stopped."

The home had links with the local community including the religious organisations and the local shops. A volunteer also attended the home. One member of care staff said, "We do have a volunteer who comes and has a chat with people. They see her as friend and they join in with the activities."

People said that they were invited to take part in meetings but felt that they had no need to attend. Staff meetings were held during which staff were reminded of their roles and responsibilities, for instance, in relation to record keeping and respecting people's confidentiality. The deputy manager told us that there had been a change in the management of staff and this was that staff were listened to and asked for their views. An example of this was involving staff in the review of the organisation of their work and to have more staff trained to support people with their medicines.