

Ilminster And District (Opw) Housing Society Limited Vaughan Lee House

Inspection report

Orchard Vale

Ilminster

Somerset

TA19 0EX

Tel: 01460 52077

Website: www.vaughanleehouse.co.uk

Date of inspection visit: 25 August 2015

Date of publication: 24/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection was unannounced and took place on 25 August 2015.

Vaughan Lee is registered to provide accommodation and personal care for up to 30 people. It specialises in the care of older people. At the time of this inspection there were 28 people living there.

The last inspection of the home was carried out in November 2014. At that inspection we found improvements were needed. Personal risk assessments were not up to date and did not reflect people's changing needs. We also found that in some situations people were

not receiving care in line with their assessed needs. This had led to some people not receiving effective care to meet their pressure area care needs. The quality assurance systems in place to monitor the quality of the service were not robust and had not identified the shortfalls in people's care or record keeping. At this inspection we found improvements had been made however further work was required to ensure all records were easily accessible and up to date.

Summary of findings

At this inspection we found more robust quality monitoring had been put in place but it was too early to establish the effects of this over a period of time.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of this inspection the registered manager was away from the home. The CQC had been informed that the registered manager would be away from the home for over 28 days and interim management arrangements had been made.

The provider had made suitable arrangements to ensure the smooth running of the home in the absence of the registered manager. They had appointed an acting manager and acting deputy manager who were appropriately experienced to manage the service.

Senior staff had an understanding of the legal requirements of making decisions in people's best interests when they lacked the capacity to make decisions for themselves. However some documentation in respect of this required improvement to ensure it gave evidence that people's rights were protected. We have therefore made a recommendation that all staff receive training to increase their knowledge in this area.

Risk assessments and care practices relating to people's vulnerability to skin and pressure damage had been updated and new checking systems had been put in place. This meant people received appropriate care to meet their needs in relation to minimising the risks of pressure damage.

Staffing levels had been increased to ensure they met people's needs. The increase in staff had originally been met by the use of agency staff but a large number of new

staff had been appointed to make sure people were cared for by a consistent staff team. Rotas showed a reduction in the use of agency staff as new staff completed their induction. One member of staff said "The new staff have made such a difference. We now have so much more time to spend with people."

People lived in a home that was part of the local community and had a homely relaxed atmosphere. One person said "I've known the home for years. It was the obvious place to come when I needed it. I'm still part of things."

People said they were supported by caring staff. One person said "The staff are all very friendly." Another person told us "The staff are very nice and make sure you are comfortable." People felt staff had the skills and knowledge to carry out their roles with one person telling us "They're good at caring for you. They seem well trained, even the new ones."

People were complimentary about the food served at the home and said there were always choices. One person said "The food is pretty good." Another person who required a diabetic diet told us "They do special meals and cakes so you don't miss out."

People received care and support which was personalised to their wishes and needs. People were able to make choices about all aspects of their day to day lives and staff respected people's privacy. One person said "I like to stick to my own routines. They know what I'm like."

People knew how to make a complaint and had confidence that any complaints would be investigated. One person said "I think they'd want to know if I wasn't happy so I would definitely say something."

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Increases in staffing levels meant there was sufficient staff to meet people's needs in a relaxed manner.

The provider's recruitment practices minimised the risk of abuse to people.

People received medicines safely from competent staff.

Good



Is the service effective?

The service was effective but it was not always clear how decisions had been made when people were not able to make a decision for themselves.

People received care and support in accordance with their assessed needs.

People received meals that took account of wishes and catered for specialist dietary needs.

People had access to healthcare professionals according to their specific needs.

Requires improvement



Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People's dignity and privacy were respected by staff.

People were involved in decisions about their care and support, including the care they would like at the end of their lives.

Good



Is the service responsive?

The service was responsive.

People were cared for in a way that respected their individuality and preferred routines.

There were organised activities but people were able to choose not to socialise.

People knew how to make a complaint and felt any concerns they raised would be listened to.

Good



Is the service well-led?

The service was well led but it was too early to judge whether improved quality assurance systems were effective in ensuring on-going improvements.

Records relating to people's individual care were not always up to date and easy to access. Work to make sure records were up to date was on-going.

Requires improvement



Summary of findings

The provider had made suitable arrangements to ensure the smooth running of the home in the absence of the registered manager.

There was always a senior member of staff on duty to offer advice and guidance to less experienced staff.

Vaughan Lee 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 25 August 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and action plans, statutory notifications (issues providers are legally required to notify us about) other

enquiries from and about the provider and other key information we hold about the service. At the last inspection of the service in November 2014 we identified that improvements were needed.

During the inspection we spoke with eight people who lived at the home, three visitors and five members of staff. We spoke with the acting manager and the nominated individual for the service. We also spoke with one visiting healthcare professional during the visit. We attended the handover meeting between senior staff working in the morning and those working in the afternoon.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served in the main dining room. We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, two staff personal files, medication administration records and records relating to the quality monitoring within the home.

Is the service safe?

Our findings

At the last inspection of the service we found that risk assessments were not always up to date and did not reflect people's changing needs. This potentially placed people at risk of receiving unsafe care. At this inspection we saw that where people's needs had changed risk assessments had been up dated. For example one person's risk of falls had increased and they required bedrails to keep them safe during the night. A full risk assessment had been carried out for this practice.

Risks to people were minimised because staff were made aware when risk assessments had been up dated. Information was passed on to staff at handover meetings and messages were written on a white board in the staff office to direct staff to up dated risk assessments. Although risk assessments were up dated when people's needs changed some on-going assessments still needed to be reviewed to make sure they were appropriate. The acting manager told us work to review all risk assessments was on-going.

People told us they felt safe at the home and with the staff who supported them. One person told us "They make me feel safe because they are always so kind." Another person said they had had a number of falls before moving to the home. They said "I seem steadier here and feel safe because I know there's always someone around."

Risks of abuse to people were minimised because the provider made sure that all new staff were thoroughly checked to ensure they were suitable to work at the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff personnel files contained evidence that new staff had not commenced work in the home until checks had been received by the provider.

Staff had received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Staffing levels had been increased to ensure they met people's needs. In response to the changing needs of the people using the service a full audit of staffing levels had been carried out. The audit identified the need for additional staff to be made available in the home. It also identified the need for a change in shift patterns to make sure support was available to people when they most needed it.

The increase in staff had originally been met by the use of agency staff and some people commented to us they preferred to be cared for by staff they knew. One person said "There's nothing wrong with the people from the agency but they don't know me like the other staff do." The home had recently appointed a large number of new staff to make sure people were cared for by a consistent staff team. Rotas showed a reduction in the use of agency staff as new staff completed their induction. One member of staff said "The new staff have made such a difference. We now have so much more time to spend with people."

People told us they received the support they needed when they needed it. People had call bells to enable them to request help and people said generally call bells were answered promptly. One person said "Sometimes you have to wait a little while when they are really busy. You never wait too long though." Another person commented "No matter how much they have to do they never make you feel rushed. I seem to do everything slowly these days and they never hurry me."

People's medicines were administered safely by senior staff who had received specific training and had their competency assessed. Where people chose to manage their own medicines, risk assessments were in place to make sure they remained safe to do so. People were given time to take medicines and opportunities to refuse.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. People were offered these medicines regularly to maintain their comfort. One person said "They always ask me if I want anything for pain. They do what they can to make you feel better."

There were suitable secure storage facilities for medicines which included secure storage for medicines which

Is the service safe?

required refrigeration. The home used a blister pack system with printed medication administration records.

Medication administration records showed that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what

medicines were on the premises. Medicines that required additional security and recording were appropriately stored and clear records were in place. We checked a sample of records against stocks held and found them to be correct.

Is the service effective?

Our findings

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. We heard staff asking people if they were happy to be supported with care and respecting people's responses. Records of care provided were kept in each person's care plan. Daily records showed the care people had consented to and where they had refused care.

Senior staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Where decisions had been made in a person's best interests these were not always clearly recorded in their care plan. For example staff told us they had discussed with a person's GP the possibility of giving a person's medicines without their knowledge. Although there was some information about this from the GP there was no recorded evidence the person had had their capacity to consent assessed. Neither was there any written information about how the decision was in the person's best interests. However another person's care plan showed where a best interest decision had been reached in consultation with the person's family.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider had made an appropriate application where it was considered this level of protection was required for a person.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. There was information in the kitchen about people's food preferences and special dietary needs to make sure they received appropriate meals. One person's care plan stated

they required a soft diet and we saw this was provided at lunch time. However one person's care plan said they needed encouragement to drink and the care plan recommended they drank two litres of fluid a day. Fluid intake charts for this person showed the target had not been achieved and staff told us this was unrealistic for the individual. Although the care plan had been reviewed the target had not been adjusted and there was no information in the review to say the target was not being met. This showed that reviews of care plans were not always effective in identifying shortfalls or making changes in line with people's up to date needs.

People were complimentary about the food served at the home and said there were always choices. One person said "The food is pretty good." Another person who required a diabetic diet told us "They do special meals and cakes so you don't miss out."

People were able to choose where they ate their meals. There were two dining rooms and some people chose to eat in their rooms. In the main dining room there was a happy atmosphere with people chatting while they ate and staff providing encouragement where needed. One person did not want either meal option on the menu and they were offered other hot alternatives. Where people required physical assistance to eat this was provided in a discreet and dignified manner.

At the last inspection we found people did not always receive effective care to meet their needs. We found staff were not providing care in line with people's assessed needs regarding their skin and pressure area care. At this inspection we found improvements had been made and people were receiving appropriate care to meet their needs. A visiting healthcare professional told us they felt the staff were now much quicker in contacting them for advice and support. This ensured people received prompt effective care to meet their needs.

One person's care plan showed staff had contacted the district nursing team when they had concerns about a person's risk of pressure damage. Appropriate equipment had been requested to minimise the risk of pressure damage. When we visited this person we saw they had a pressure relieving mattress and cushion in place in line with their assessed needs. The person had been prescribed

Is the service effective?

food supplements to support them to maintain their weight. This had been made available to the person in accordance with the prescription and they were maintaining a reasonably stable weight.

Another person's risk assessment stated they needed to be assisted to change position every four hours during the night to minimise pressure damage. Staff recorded when they had assisted the person and records showed they were receiving care in line with their assessed needs. This showed people were now receiving appropriate support to meet their needs in relation to minimising the risks of pressure damage.

To make sure people received effective preventative treatment to minimise the risks of pressure damage a new checking system had been put in place. This involved people at high risk of damage being checked daily by staff who signed to say they had completed the check. This was further monitored by senior staff on a weekly basis. In addition to maintaining an individual check on people, staff told us this had raised awareness of the need to be vigilant in relation to people's skin condition.

People had access to healthcare professionals according to their individual needs. One person told us "If you're not well they are very good and get the doctor pretty swiftly." Another person said the home assisted them to make and attend hospital appointments. At the handover meeting we

attended we heard how staff monitored people's health and contacted professionals appropriately. Care plans were up dated to show when people had been seen by other professionals or when people's medicines were changed.

The home arranged for people to be seen by district nurses to monitor and treat on-going healthcare issues. One person who was seen daily by a district nurse said "They like things to be done professionally so they've arranged for the nurse to come to me every day."

People were supported by staff who received training appropriate to their role. Staff told us they were happy with the level of training they received but training records were not available at this inspection. People said they thought staff were competent and knew their jobs. One person said "The staff know what they are doing." Another person told us "They're good at caring for you. They seem well trained, even the new ones."

All new staff completed an induction programme which gave them the basic skills to care for people safely. As well as formal training the induction programme gave new staff an opportunity to spend time socialising with people who lived at the home and to shadow more experienced staff. This allowed them to learn how different people liked to be cared for.

We recommend that the service seek support and appropriate training for all staff to increase their knowledge of the Mental Capacity Act 2005.

Is the service caring?

Our findings

People said they were supported by caring staff. One person said “The staff are all very friendly.” Another person told us “The staff are very nice and make sure you are comfortable.”

The home had received a number of thank you cards from people who had stayed at the home and relatives. Comments on cards included; “How lovely to know they are in such safe hands” and “I was overwhelmed by your kindness and care.”

Throughout the visit we saw interactions between staff and people were kind and considerate. Staff assisted people to move around the home at their own pace and they offered reassurance to people when they required it. On several occasions we saw staff stop and chat to people in their rooms and in communal areas. They complimented some people on their appearance; answered questions asked and shared jokes. One person told us “They are kind to everyone. I feel the cold and the other day they bought me extra blankets, I thought that was very kind and showed they cared.”

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. People said their privacy was respected by staff and we noted staff always knocked on bedroom doors before they entered. One person told us they preferred their own company and they never felt pressurised to socialise. People were able to personalise their rooms in line with their tastes and needs which gave bedrooms an individual homely feel.

People were supported with personal care in a way that respected their dignity. People told us staff assisted them in a way that was respectful and maintained their privacy.

One person said “They are very professional and always gentle when they help you with bathing.” Another person said “They are quite fussy about washing and stuff. It’s always behind closed doors and very dignified.”

People were enabled to maintain contact with people who were important to them. Some people had private telephone lines in their rooms which helped them to keep in touch with friends and family. People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Visitors said they were always made welcome and were able to visit at any time.

People were involved in all decisions about the care and support they received. Care plans we read had been signed by people to show they had been discussed with and agreed by the person using the service or their representative. One person said “One thing that impresses me is they always ask what you would like and how you want to be helped. They never assume anything.”

People had been asked about the care they would like to receive if they became very unwell and at the end of their lives. This information was recorded in their care plans to make sure all staff were aware of people’s wishes. For example care plans showed under what circumstances they would wish to be admitted to hospital and if they wanted to be resuscitated. One person said they had discussed the care they would like at the end of their life and this had all been recorded. They told us “I have said I want to be here at the end. They’ll keep me comfy and I shall be amongst friends.”

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. In addition to permanent care the home also provided day care and respite stays. This was an opportunity for people to spend time in the home and establish if it was the right place for them.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans had information about people's likes and dislikes as well as their needs. There was also information about people's previous lifestyle choices to make sure staff were aware of what was important to each individual. However we found although care plans contained all the required information they were extremely bulky and it was at times difficult to find the information required. Staff told us they found the care plans difficult to navigate and repetitive which led to some parts not being up dated. Information about people's needs and changes to their care were relayed to staff at handover meetings to ensure staff were aware of people's up to date needs and make sure they were met.

People received care and support which was personalised to their wishes and needs. People told us staff worked around their routines and they continued to make choices about their day to day lives. One person said "I like to stick to my own routines. They know what I'm like." Another person said "One day last week I didn't get up till 11. They just make sure you're ok and leave you be."

People were treated as individuals and encouraged to make choices about how they wished to spend their time. One visiting relative told us "They look after each person appropriately to what they want. They just adapt to each person." One person told us "It doesn't matter what you do. You make the decisions."

The staff responded to changes in people's needs and sought advice if they felt they were no longer able to provide the level of care a person required. For example if

they felt a person's physical or mental health needs had increased significantly the staff arranged for their needs to be reassessed by appropriate professionals. This at times had led to the person moving to a more suitable care environment.

The home was very much part of the local community and there were frequent visits from local people including members of the Vaughan Lee Committee. There was a range of activities for people to take part in. Activities included in house activity groups and trips out in the home's minibus. There was an active volunteer group who were able to support people to take part in activities including a weekly trip out for shopping and leisure.

People told us there had recently been a decline in the amount of activities as the activity worker had left the home. One person said "There's not so much going on at the moment." Another person said "Some of the organised things have disappeared but the other staff make an effort to chat and play games which is really rather nice." The induction programme included time for new staff to spend socialising with people. In addition to enabling new staff and people to get to know each other it also provided social stimulation for people. The acting manager informed us a new activity organiser had been appointed and would take up post once all the recruitment checks had been completed.

People felt able to make complaints and all complaints were investigated and responded to. People said they would be happy to talk with a member of staff if they were not happy with any aspect of their care. One person said "I think they'd want to know if I wasn't happy so I would definitely say something." Another person told us "I have nothing to complain about but I would if I needed to. They sort things out quickly; really you just have to mention it."

Records showed where complaints had been made issues had been investigated and responses were sent to people to inform them of the outcome and to offer an apology if appropriate. We noticed that one complaint had been responded to in large print to make sure the person was able to read it easily.

Is the service well-led?

Our findings

The provider was a charity run by a board of committee members who employed a registered manager to manage the everyday business of the home. At the last inspection we found improvements were needed to make sure quality assurance systems were effective in identifying shortfalls in the service offered and in the record keeping. At this inspection we found more robust quality monitoring had been put in place but it was too early to establish the effects of this over a period of time.

Since the last inspection there had been improvements in record keeping including making sure care plans and risk assessments were up dated when people's needs changed. However some areas of the care plans were still not fully up to date. For example; as previously mentioned, one person's care plan in respect of their hydration needs had not been up dated and information to show when decisions had been made in a person's best interests were not recorded. Although people were receiving effective care to meet their needs individual care plan records were bulky and it was not always easy to find the required information. This meant there was no easy access to information to support staff to care for people. This could mean that agency staff and new staff did not have all the information they required to provide individual care to people.

Due to the unexpected nature of the registered manager's absence there had not been a handover period between them and the acting manager. Because some record keeping and filing systems had not been previously shared with other members of the management team some records could not be located. At the time of the inspection satisfaction surveys and action plans, staff training records and analysis of accident and incident reports could not be found.

The lack of up to date, easy to access, records in respect of people's individual needs and the running of the home was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had introduced a much more thorough form of quality monitoring which involved comprehensive inspections of the home by committee members. Records of inspection visits showed that where shortfalls were identified an action plan was put in place. Areas that required improvement were followed up with the manager

and discussed at committee meetings. For example at one quality assurance inspection it was identified that an external wall needed to be repaired. At the following committee meeting it was minuted that this had been completed. It was also identified care staff were not always using care plans to make sure people received care in accordance with their assessed needs. In response to this it was agreed that care staff would take care plans to individual rooms when supporting people with care.

People lived in a home that was part of the local community and had a homely relaxed atmosphere. One person said "I've known the home for years. It was the obvious place to come when I needed it. I'm still part of things." Another person said "I feel at home and well looked after. [Acting manager name] is very approachable and nice. You can discuss anything."

The provider had made suitable arrangements to ensure people were cared for in a home that was effectively managed in the absence of the registered manager. The registered manager had been away from the home on extended leave for five weeks. The deputy manager had been appointed acting manager and a senior member of staff had become the acting deputy. People and staff praised the management style of the new team. People said they were open and approachable and took time to seek their views and listen to any concerns. One member of staff said "They work well as a team and keep us up to date." Another member of staff told us "It's a really nice atmosphere. They're really approachable and there when you need them."

The acting manager had appointed a number of new staff and thus decreased the use of agency staff. They had continued to monitor the service offered and support staff to ensure the smooth running of the home. Work on reviewing and up-dating people's records was on-going but the acting manager was aware of the shortfalls. They had an action plan in place which prioritised work to be completed.

The acting manager was appropriately experienced and qualified to manage the home. They sought advice and support from local organisations to make sure their practice was up to date and in line with current good practice guidelines and legislation.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. There was

Is the service well-led?

always a senior member of staff on duty to make sure people had access to experienced, skilled staff at all times. The new staff structure had introduced additional senior staff to increase the support available to people and to provide advice and guidance to less experienced staff.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (2) (c) (d)</p> <p>The registered person had not ensured accurate records were maintained in respect of each service user or the carrying out of the regulated activity to make sure people were protected from the risks of unsafe or inappropriate care.</p>