Ilminster & District (OPW) Housing Society Limited

Vaughan Lee House

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 4 November 2014.

The last inspection of Vaughan Lee House was carried out in October 2013. No concerns were raised at that inspection.

The care home is registered to provide accommodation and personal care to up to 30 people. It specialises in the care of older people.

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.

We found improvements were needed to ensure people received care in line with their assessed needs. We identified two people who were not receiving effective care to minimise the risks of damage to their skin. Although these people had care plans which stated the level of support they required there was no evidence

Summary of findings

people were receiving the assistance needed. The service was not always reviewing and up-dating risk assessments to ensure people received care which was reflective of their current needs and minimised risks to their health and well-being.

We also found improvements were needed to make sure the quality monitoring systems in place were effective in identifying and addressing shortfalls in practice which could affect the well-being of people.

People were very complimentary about the staff who supported them and told us they felt well cared for. Comments included; “Staff are excellent, very caring and polite,” “The staff are patient and they always treat you with respect” and “Staff are kind and polite.”

Staff administering medicines did so safely and always asked the person if they were happy to take them. Some people were prescribed medicines on an ‘as required’ basis for pain relief. We saw that these medicines were regularly offered to people to make sure they remained comfortable. One person said “I get the right tablets at the right time.”

There was a robust recruitment procedure which included checking all prospective employees to make sure they had the right skills and character to work in the home. All new staff completed an induction programme which gave them the basic skills required to carry out their roles. Staff had access to a range of training, including nationally recognised certificated courses, to make sure they had up to date skills and knowledge to support people. One member of staff said “Training is good it makes you think and makes you a better carer.”

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 in line with their likes and interests. One person said “I like to pick and choose. There’s no pressure to go to things but I don’t like to miss some things.”

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. Visitors were always made welcome and people were able to see personal and professional visitors in private or in communal areas. Visitors we spoke with confirmed there were no set visiting times and they were able to come and go as they pleased.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

Requires Improvement

The service was not totally safe. Improvements were needed to make sure risk assessments were reviewed and up dated in line with people's changing needs.

Although staffing numbers made sure people's needs were met, there was little time for staff to spend socialising with people.

Staff were aware of how to recognise and report abuse and were confident action would be taken to make sure people were protected.

There were systems in place to ensure medicines were administered safely to people.

Is the service effective?

Requires Improvement

The service was not fully effective. People who lived at the home were not always receiving care in line with their assessed needs.

People had access to a range of health and social care professionals according to their individual needs.

The registered manager had set up a working party involving people who lived at the home to improve the menus and choice of food.

Is the service caring?

Good

The service was caring. People were supported by staff who were kind and patient.

People's privacy was respected and they were able to choose how and where they spent their time.

There were opportunities for people to be involved in decisions about their care and the running of the home. People felt listened to.

Is the service responsive?

Good

The Service was responsive. People received care and support which was personalised to their preferences and wishes.

The home was considered part of the local community. There was a strong volunteer group who supported people to take part in a range of activities at the home and in the community.

People knew how to make a complaint and told us they would be comfortable to do so.

Summary of findings

Is the service well-led?

The service was not consistently well led. Although there were some systems in place to monitor the quality of the service these were not robust enough to identify and address all shortfalls in the service.

There were opportunities for people to share their views through regular meetings, satisfaction surveys and day to day contact with the registered manager.

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

Requires Improvement

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 checked 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 4 November 2014 and was unannounced.

The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit. At our last inspection of the service we did not identify any concerns with the care provided to people.

During the inspection we spoke with 14 people who lived at the home, seven members of staff and five visitors which included one health and social care professional. We were also able to spend time with the registered manager. Throughout the day we observed care practices in communal areas and saw lunch being served in both dining rooms.

We looked at a number of records relating to individual care and the running of the home. These included three care plans, medication records, records of accidents and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us "I feel very safe with the staff, they are patient and kind." Another person said "I feel safe in my room and the staff come to visit me." However we found records were not always up to date which could potentially place people at risk of receiving inappropriate or unsafe care.

Care plans contained risk assessments to make staff aware of how to provide care to people in a way that respected their freedom but minimised risks. However these risk assessments were not always up to date. One person told us they were not able to safely use their en-suite as it was too small because of changes to their mobility. The registered manager confirmed this and said the person had been offered an alternative room but had declined. They also told us further rooms would be offered as they became available. There was no risk assessment in the care plan relating to this. Accident records showed that another person had a number of falls in August and September this year. Although there was evidence the person had been seen by appropriate professionals their falls risk assessment had not been reviewed or updated since July 2014 which meant it was not fully reflective of their current needs. The lack of up to date risk assessments could potentially place people at risk because staff were unaware of people's assessed risks and the measures in place to minimise the risk. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person we spoke with said they liked to administer their own medicines. Staff had carried out a risk assessment which supported them to do so with minimum risk. The person told us "One of the things is that if I don't use any tablets I have to hand them back to the staff to make sure they're safely disposed of. I'm happy to do that."

The majority of the medicines in the home were administered by staff. Only staff who had received specific training and had had their competency assessed by the manager were able to administer medicines. The home used a blister pack system with printed medication administration records. Records were correctly completed and signed when medicines were administered or refused.

We also looked at a sample of records relating to medicines that required additional security and recording. We checked a sample of records against stocks held and found them to be correct.

Staff administering medicines did so safely and always asked the person if they were happy to take them. Some people were prescribed medicines on an 'as required' basis for pain relief. We saw that these medicines were regularly offered to people to make sure they remained comfortable. One person said "I get the right tablets at the right time."

Staff were aware of what may constitute abuse and how to report it. The minutes of the most recent full staff meeting showed this had been discussed to make sure all staff were aware of their responsibilities. Staff we spoke with said they were confident that any allegations or concerns would be fully investigated to make sure people were protected. One member of staff said "I've never seen anything that I wasn't comfortable with but if I did I would report it straight away and I know something would be done immediately." There was a poster on the main notice board giving people details about abuse and what to do if they had any concerns. This made sure information was available to everyone.

The registered manager told us in their PIR they had a robust recruitment procedure which included ensuring appropriate checks were carried out to make sure new staff were safe to work with vulnerable adults. A new member of staff told us they had not been able to commence work until all the appropriate checks had been received by the provider. A person who lived at the home said "They seem to choose staff well because they are all caring and nice."

Although there were adequate numbers of staff on duty to keep people safe, these staffing levels were being achieved by the use of agency staff and by the registered manager and deputy working as part of the care staff team on occasions. Staff said there were usually enough staff on duty but there were times when they found it difficult to give people choices. One person said "Staff are very busy but I get the help I need and I don't feel they rush me." The registered manager told us they had identified issues with the current staffing levels due to the changing needs of people who lived at the home. In response to this staffing levels were discussed at a staff meeting and were due to be discussed with the committee. We were told, that if agreed by the committee, changes would be made to the rota to

Requires Improvement

Is the service safe?

make sure staff were available when most needed in the home. One member of staff said "Staffing is a big issue. One member of staff has been tasked with redesigning the rota to improve things."

Our observations in the home during the morning showed people received support to meet their needs in a timely manner and call bells were answered reasonably promptly. However we noted that although practical needs were met staff did not have opportunities to spend time chatting or socialising with people. In the afternoon we saw a member of staff took two people out to local shops.

Requires Improvement

Is the service effective?

Our findings

People did not always receive effective care to meet their assessed needs. A health and social care professional shared their concerns with us about pressure area care at the home. The professional felt staff had not always contacted them early enough to enable nurses to implement preventative measures to minimise the risks of skin damage to people. However they said that this had improved recently. At the time of the inspection there were five people who were being treated by community nurses for pressure damage. Care records for two people with pressure damage to their skin showed they were not receiving care in accordance with their care plan. Care plans stated the people needed to be assisted to change position every three to four hours through the night to relieve pressure on their skin. Records of how often people were assisted did not reflect the care plan. On two nights there was no record to show people had been assisted between 10.30pm and 6 am which demonstrated they had not received care to meet their assessed needs. This placed them at risk of further damage to their skin. This is a Breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People felt their health care needs were met by the home. One person said when they had been ill the staff had responded very quickly and ensured they were seen promptly by a doctor. Another person said “I have days when I don’t feel too well and the staff always take care of me.” Care plans seen showed people had access to a range of health and social care professionals according to their individual needs.

There were nutritional assessments in place for people but these were not always reviewed in a consistent manner. Staff were unclear how often they should be reviewed which could potentially place people at risk of not receiving effective care to meet their needs. One person’s nutritional assessment and care plan showed they had lost weight and needed to be weighed on a weekly basis. Records showed that this did not always occur and one entry showed they had not been weighed for twenty days. This meant their weight was not being monitored in line with their assessed needs.

Where concerns about a person’s food and drink intake were identified relevant health care professionals had been contacted and charts had been put in place to record their intake. This enabled the staff to monitor the amount a person ate and drank and seek further advice as necessary. We noted that one person had been prescribed, and was receiving, food supplements after staff had raised concerns.

Comments about food in the home included; “Food is variable. It depends who cooks,” “Generally food is very good but there is a lot of frozen veg” and “We spread the word when it's liver and bacon....the last twice it has been a bit better cooked." At the last resident’s meeting food had been discussed at length. It had been agreed to set up a working party to review the menus and the food in the home. One person told us “They do listen and are involving us in doing something about it.”

There were two dining rooms at the home and we were able to observe the main meal being served and eaten in both. Some people told us they preferred to eat in their rooms and we saw meals were taken to them in line with their wishes. People who needed assistance were provided with support in a discreet manner. The meal was relaxed and unhurried and appeared a very sociable occasion.

There was a large board stating what the menu for the day was. We noted there was only one choice of main meal at lunch time. Although people told us they could ask for an alternative they were not able to make a choice. One person said “Food could be better. But there’s nothing I can’t tackle so I just get on with it.” Another person told us “I would like more fish but we only get offered it on Friday.” On the day of the inspection we did not see anyone receive an alternative hot meal but two people asked for sandwiches.

The registered manager told us in their PIR that all staff undertook an induction programme when they began work. This was to make sure staff had the basic skills and knowledge required to meet people’s needs. Staff confirmed they undertook an induction programme and were able to shadow more experience staff when they began work. One new member of staff said “I have been shadowing for a week as part of my induction and there’s lots of training lined up for me.”

Staff had access to a range of training, including nationally recognised certificated courses, to make sure they had the skills and knowledge to support people. One member of staff said “Training is good it makes you think and makes you a better carer.” Another member of staff told us they had discussed with the manager training they would like to

Requires Improvement

Is the service effective?

do and this was being arranged for the new year. In a recent satisfaction survey carried out by the home 20 of the 21 people who returned a survey rated the competence of the staff as either 'good' 'very good' or 'excellent.'

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and worked in accordance with the principles of the act to make sure people's legal rights were respected. 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. Staff spoken with said they always worked on the principle that people were able to make decisions for themselves. We were told that if people could not make a decision they consulted with family members and relevant professionals to make sure decisions were made in the person's best interests.

One person had a pressure mat in place because they had been assessed as being at high risk of falls. This was a floor mat which was linked to the call bell system and alerted staff when the person moved around their room. The person's care plan contained an assessment of their capacity to consent to this equipment and demonstrated how other people had been involved in the decision making process. There was evidence the mat was considered to be the least restrictive option and had been agreed to be in the person's best interests by all consulted.

One person had been assessed by outside professionals using the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005. 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. There was appropriate documentation in place which set out the conditions of the authorisation.

Good

Is the service caring?

Our findings

People were very complimentary about the staff who supported them and told us they felt well cared for. Comments included; "Staff are excellent, very caring and polite," "The staff are patient and they always treat you with respect" and "Staff are kind and polite."

One person told us they thought staff 'went the extra mile.' Another person said "If you want anything they will always do their best to get it for you." Staff demonstrated a good knowledge of people's likes and dislikes and it was clear they tried to provide care and support in line with people likes. A member of staff said "People are all different and they want different things from us. Some want to be really friendly and have a laugh and others want a more serious approach." One person said "They know I like a cup of tea in bed in the morning and they always bring me one. It's the little things that make a difference."

Staff showed kindness and patience in their interactions with people. One person expressed their concerns about a dressing on their leg and the staff offered reassurance to them. They offered to contact the community nurses on the person's behalf. The member of staff returned to the person later to make sure they were comfortable. Before lunch we saw a person who was confused about what was happening and staff very patiently explained things to them. The person relaxed and happily went to have their lunch.

Each person who lived at the home had a single bedroom which they could personalise to reflect their tastes and needs. Recent improvements had included providing additional en suite facilities to further enhance people's privacy. Two people told us how nice to was to have their own toilet facilities. One said "Oh it makes such a difference."

The provider ensured staff understood how to respect people's dignity, privacy and human rights. There were policies and procedures in place and information in the staff room. At the last staff meeting all staff were given a 'dignity in care' card. The card listed 10 things that help to promote dignity and respect in the care environment.

People told us staff respected their privacy and treated them with dignity. Some people said they preferred not to be supported by a member of staff of the opposite sex and this was always respected. People were supported with personal care in a sensitive manner. One person said "They are so kind and gentle when they help me to have a wash. They close the door and make sure I'm always covered up."

People were able to choose where and how they spent their time. Some people liked the company of others and spent time in the communal lounges whilst other preferred their own company. One person said "The staff know I prefer to be on my own. They are kind and polite and bring my meals in to me. They make sure I'm all right but they don't interfere." Another person said "I like to sit where I can see what's going on so staff help me to the lounge."

Staff we aware of issues of confidentiality and we noted staff never spoke about a person in front of other people who lived at the home. When staff spoke with us about people they spoke in a very caring and respectful manner.

People who lived at the home and their representatives, were involved in decisions about the care and support they received. One visitor told us "My relative and I have both been involved in the care plan and they keep me informed of anything I need to know." We saw care plans were discussed with people and had been signed to confirm they agreed with the plan in place.

There were lots of opportunities for people to get involved in the running of the home and to share their views. In the PIR the registered manager told us that, in addition to being available to people on a daily basis, she met with each person who lived at the home on a monthly basis. They told us this enabled them to chat to people and seek their views and wishes in a private setting. People we spoke with confirmed they had opportunities to speak with the registered manager. One person said "She comes down to see me and asks me about things and what I think."

Minutes of residents meetings showed that these were well attended and a real opportunity to share views and make suggestions. One person said "The last meeting was very good. You do feel you have a say."

Good

Is the service responsive?

Our findings

People told us they continued to make decisions about their day to day lives. People said they were able to make choices about their care and were always treated as an individual. People said staff routines fitted around them. One person said "On the whole I'm an awkward person and they are very reasonable."

Anyone who wished to move to the home had their needs assessed to make sure Vaughan Lee House was the right place for them. One person told us "Before I moved in they came to see me to make sure I understood all about the place and what I could expect." We saw that each room had an information pack which gave details about the home for people to read at their leisure.

Each person had a care plan that was personal to them and gave information about likes and dislikes as well as physical needs. Care plans also contained information about people's personal history and the things and people that were important to them. One member of staff said "Knowing people's history, like what they did as a job, helps you understand them better."

We heard how the home responded to changes to make sure people continued to receive appropriate care to meet their needs. One person told us they had been unwell and now needed more help with personal care than they had previously. They said "They have just done more for me without any fuss or bother. I haven't had to ask." Other people told us how the staff supported them to be independent and continue to do things for themselves.

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 in line with their likes and interests. Information about the weeks' activities was displayed on the notice board and people also received individual copies. This allowed people to organise their week around the activities which interested them. One person said "I like to pick and choose. There's no pressure to go to things but I don't like to miss some things." People spoke highly of the activities and this was further emphasised on comments in the most recent satisfaction survey.

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. Visitors were always made welcome and people were able to see personal and professional visitors in private or in communal areas. Visitors we spoke with confirmed there were no set visiting times and they were able to come and go as they pleased. At lunch time we saw that one visitor had lunch with the person they were visiting.

People's religious beliefs were respected and they were able to join in with multi denominational services at the home. One person went out to church with friends and once a month a local church held their service at the home.

People felt their views were listened to and there were opportunities to make suggestions. There were regular meetings for people who lived at the home and for friends and relatives. Visitors we spoke with were aware of the next friends and relatives meeting. One said they would be taking the minutes and another said they would definitely be attending. As well as regular meetings there was also a suggestion box and one person wrote on their satisfaction survey 'Thank you for the suggestion box in the lobby it works.'

People said they would feel confident to make a complaint and felt sure any issues raised would be addressed. We noted that people were reminded about how to make a complaint at a recent meeting. One person said "I wouldn't hesitate, no one would think less of me. I think they would just sort it." Another person told us "I don't think it can be easy for the staff but if they make a mistake they apologise."

Requires Improvement

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. The registered manager was supported by a deputy and a team of senior carers. There was a senior carer or manager on each shift meaning there was always an experienced member of staff available to offer advice and support to other staff.

There were some systems in place to audit and monitor quality but due to recent staff shortages the registered manager and deputy had been required to work as members of the care staff team on several occasions. Although the registered manager told us this gave them an opportunity to monitor care through observation more formal audits were not being completed. For example we identified that risk assessments were not always being reviewed and up dated in people's care plans which could potentially place people at risk of receiving inappropriate care.

A member of the committee carried out a monthly management visit to the home and reported their findings to the committee. The record of a management visit showed they concentrated on talking with people who lived and worked at the home. Each visit looked at two outcome areas from the Care Quality Commissions' Essential Standards of Quality and Safety. Where shortfalls were identified there was no action plan to state how or when improvements would be made. Although areas for improvement were highlighted to the committee and registered manager there was no formal record of how they had been addressed. There were no regular audits of care plans or medication practices which could mean shortfalls may not be identified and addressed in a timely manner. The lack of a robust system for assessing and monitoring the quality of the service to ensure the safety and wellbeing of people who live at the home is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager was very visible in the home and people who lived and worked there described them as open and approachable. One member of staff said "The manager is good. You can always talk to her." A visitor told us "I can talk to the manager or one of the senior staff at any time."

There were opportunities for people to share their views through regular meetings, satisfaction surveys and day to day contact with the registered manager. One member of staff said "When we were given questionnaires we were told to be really honest. The manager said we would only be able to improve if we were honest in our feedback." At the time of the inspection the registered manager had begun to analyse returned questionnaires in order to identify where improvements were needed.

There were examples of when the registered manager had involved staff and people who lived at the home in decisions and making improvements. These included setting up a working party to look at food and menus in the home and involving staff in redesigning the duty rota.

We asked people about the culture of the home and they told us they felt it was a community facility. We were told local people felt part of the home and had a sense of ownership. We heard how the home hosted a weekly lunch club for people who lived nearby and a local church held their service there once a month. One person said "I have always known the home. It was the obvious place for me to choose." A person who was receiving day care at the home said "When I need full time care I will be happy to come here."

The registered manager kept their skills and knowledge up to date by on-going training and reading. They were a member of the National Skills Academy which is an organisation set up to provide information and support to managers in the care sector. They were also part of more local groups such as, the learning exchange network, which gave care service managers opportunities to share good practice across Somerset. One member of staff told us "The manager is keen to share their knowledge with us and keeps us up to date by regular meetings and appraisals. I think we all have a vision to provide really good care and allow people to continue to live how they want." Another member of staff said "We are definitely improving and there is really good teamwork. We all want the same things really. Just to provide a good caring home for people."

The registered manager was aware of their responsibilities and has informed the Care Quality Commission of all significant incidents which have occurred in the home as required by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **Regulation 9 (1) b** **The registered person had not taken proper steps to make sure care was delivered in such a way as to meet the service users' individual needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **Regulation 10 (1) a b** **The registered person did not have an effective system in place to assess and monitor the quality of the service or to identify and manage risks relating to the welfare and safety of service users.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Regulation 20 (1) a** **The registered person had not ensured accurate records were maintained in respect of each service user to make sure they were protected from the risks of unsafe or inappropriate care.**