

Mr Donald Smith

Victoria Street

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 20 August 2018 and was announced.

Victoria Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection there was no registered manager in post. We were supported by the acting manager who advised us they would be applying to register with CQC within the next month. 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 last inspection on 22 December 2017, we rated the service requires improvement overall and identified two breaches of regulation relating to staffing and the governance of the service. This was because the provider had failed to follow their own policies and procedures to ensure staff were supported through regular training, competency checks, supervision and appraisal of their performance. The provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service provided. Quality assurance systems and audits in place were ineffective.

Following the inspection, the provider submitted an action plan telling us what action they would take to meet the breaches in regulation. At this inspection, we checked and found the provider had completed all the actions. The provider had a schedule in place to ensure all policies and procedures were updated by December 2018, during the inspection we evidenced that some of these had been reviewed and updated. The provider had made sufficient improvements to meet the breaches of regulation 18; Staffing and regulation 17; Good governance.

Staff were receiving regular supervisions and appraisals in line with the providers policies and procedures and future dates had been scheduled.

Staff training had been improved as the provider had sourced further training that staff could complete at their own pace. Records showed that staff had completed safeguarding training and various other courses to further their knowledge and skills. This showed us that the provider was committed to investing in supporting staff to maintain and develop their skills and expertise to encourage better outcomes for people.

The providers' policies and procedures were being reviewed across the organisation at the time of this inspection. We could see that several policies had been reviewed and updated to reflect current legislation. The area manager told us this was work in progress and as stated in their action plan would be completed by December 2018. An internal audit matrix had been introduced and each area audited had a separate file

with details of the audit, areas identified for improvement and the date these were to be completed. A continuous improvement plan was in place to monitor and drive improvements in the service. Records showed external auditors visited every three months to oversee the running and management of the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff received medicines training annually and competency checks to ensure the safe administration, storage and disposal of medicines.

Staff could tell us about the different signs and types of abuse and knew how to report any concerns in relation to harm and abuse. Staff had received training in safeguarding adults from harm or abuse.

The provider had systems and processes in place to ensure the environment was safe for people and regularly maintained. Risks to people had been identified and appropriate measures put in place to mitigate them.

Staff worked as a team to ensure shifts were covered by consistent staff that knew people's needs well. The provider had robust recruitment checks in place to ensure people were of a suitable character to work in a care home setting.

The provider had updated their data protection policies to include the recent changes in legislation. Confidentiality policies had been revised and people, staff and their relatives informed about any changes in terms of how their personal data would be stored and used.

The manager understood their responsibilities as part of their CQC registration and could tell us in which circumstances they were required to inform us of significant events that happen in the service.

Records showed that staff supported people to manage and attend appointments in relation to their health and well-being.

Staff knew the importance of treating people with dignity and respecting their wishes. Observations showed staff knew people extremely well and offered person centred choices and promoted people's independence.

Staff had a good awareness of people's nutritional and hydration needs. People were encouraged to make meal choices and had support to prepare meals when needed.

Staff spoke positively about their experiences outside the service when they took people to enjoy various activities of their choice. The provider encouraged sensory activities which stimulated people in a positive way and were constantly looking at ways to improve people's experiences.

People felt familiar with their community. Staff created a safe environment where people could walk to the shops and feel comfortable in the presence of other people.

Staff adhered to the Mental Capacity Act (MCA) and asked for people's consent before carrying out care and support tasks. For people who lacked capacity to make decisions for themselves, best interest decisions

were arranged with health professionals and relatives input.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Recruitment procedures were in place to ensure checks were completed to verify that staff were of a suitable character to work in a care home environment.

Medicines were administered as prescribed, stored and disposed of in line with the providers' policy and procedures.

Staff were aware of the different types of abuse and how to report them to management and the appropriate external agencies.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervisions, observations and appraisals to support them in their role.

All staff completed a comprehensive induction and had access to additional training to develop their skills and knowledge in areas relevant to the people they were supporting.

People were supported by staff to make daily decisions and choices. When people were unable to make decisions for themselves the provider had arranged best interest meetings to support them and invited health professionals and their relatives to consider least restrictive options.

Is the service caring?

Good ●

The service was caring.

Staff knew people's needs well and supported them to be as independent as they could be.

People's privacy and dignity was maintained at all times. Staff were aware of people's preferences and respected their choices.

Staff took time to explain and communicate information to people using their preferred methods of communication.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and contained detailed information to guide staff on health conditions and how best to support people.

Activities were organised in line with people's preferences and choices. These were varied and included regular outings in the local community.

Policies and procedures were in place to deal with complaints and staff knew how to report them should any concerns be raised.

Is the service well-led?

Requires Improvement ●

The service was well-led, but the manager had not registered with CQC at the time of this inspection.

Quality assurance processes had been scheduled and contained more detailed information to drive improvements across the service.

Processes had been put in place to ensure staff received regular supervisions, observations and training to develop their skills and knowledge.

Staff felt supported by the acting manager and confident that if they needed to raise issues these would be dealt with appropriately.

Victoria Street

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 20 August 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in to speak with us.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the providers action plan. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually 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 people living at the service, one member of staff, the manager and the area manager. We contacted commissioners to gather additional information about the service. Following the inspection, we spoke with a second member of staff.

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

We reviewed care planning documentation and associated risk assessments, medicines management, three staff recruitment records including training, supervisions and appraisals. We looked at information relating to the running and management of the service, such as fire safety and quality assurance checks, and audits completed by the provider.

Is the service safe?

Our findings

Medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. Medicines were kept secure. Staff told us that daily checks were in place to count all medicines at the end of each shift to ensure they matched the administration records. The staff told us that no controlled drugs were used at the service and no medicines were stored in the fridge at the time of our inspection. Records showed that staff checked room temperatures daily to ensure medicines were stored at the correct temperatures to remain effective. Staff files we reviewed showed staff had received training within the last 12 months in relation to administering and managing medicines. The manager completed regular checks to ensure staff were competent in their role. Policies and procedures for managing medicines had been reviewed and updated since our last inspection.

We looked at three staff recruitment files and could see that checks had been carried out to ensure suitable staff were employed to work at the service. These included checks with the Disclosure and Barring Service (DBS) which assisted employers to make decisions about whether prospective employees were of a suitable character to work with vulnerable adults. Two employment references had been requested for each applicant. Procedures were in place to ensure that references were verified by the manager when needed.

Staff were knowledgeable about the different types of abuse and how they would report them. One member of staff told us, "I would call [Name of manager], document the time and details, ensure [Name of person] was safe. I'm aware I can report to safeguarding or depending on the type of abuse the police if necessary." The manager told us no safeguarding incidents had occurred since our last inspection and records confirmed this. Policies and procedures had been updated to ensure staff had the right information to guide them if they needed to make a referral to the local safeguarding authorities.

There was an accidents and incidents policy in place. The manager told us that there had been no accidents or incidents since our last inspection. Records showed that in the past lessons had been learned from any incidents, accidents or safeguarding concerns. These had been shared with the staff team and additional measures put in place to prevent any further incidents of a similar nature. This showed us that the measures the provider had put in place were proactive in preventing reoccurrences.

Staff knew about the whistle blowing policy and actions to take should they need to use it. All the staff we spoke with felt confident that any issues they needed to raise would be immediately addressed by the manager.

We observed staffing levels were suitable to meet the needs of people. Staff told us, "Staffing levels are great. We rarely have anyone absent and we swop and change shifts between each other with authorisation from the manager. We all work really well as a team to support each other."

Detailed risk assessments were in place, such as; accessing the community, behaviour support and falls. Assessments identified any potential risk of harm and detailed guidance for staff to follow to mitigate them.

These were monitored monthly or earlier should there be any significant changes. This meant that people were supported to live their lives safely and with minimum restrictions in place.

The accommodation was clean and tidy. We observed staff wearing appropriate personal protective equipment when necessary. For example, when administering medicines staff wore an apron and gloves. A daily cleaning rota was in place for staff to complete.

Maintenance checks had been carried out within the premises and important inspections such as those for electrical safety had been completed regularly in line with current legislative guidelines. Care plans included important information about the support people required to safely evacuate the premises in the case of an emergency occurring. Fire policies and procedures were in place to support staff should they need them.

Is the service effective?

Our findings

At the last inspection in December 2017, staff had not been supported in line with the providers' policy in relation to supervisions and appraisals. Staff had not received training in specific conditions to develop their knowledge and skills to effectively support people. This was a breach of Regulation 18; Staffing. At this inspection, improvements had been made and the provider was compliant with the regulation.

Staff were knowledgeable about people's needs and how best to support them. All new staff completed an induction which included introductions to people living at the service, training courses and a period of shadowing until they were considered competent to work alone. All the staff files we viewed showed that staff had completed the Care Certificate; this is a minimum set of standards that all health and social care workers must adhere to. Staff signed to acknowledge they had read and understood the staff handbook which included information about their employment and the company's policies and procedures.

The provider had invested in a new training programme since our last inspection. Staff were in the progress of working their way through refresher and additional specialist training to further develop their knowledge and skills. Staff could access numerous training courses, such as; understanding epilepsy, autism, understanding equality and diversity, mental health in the workplace and safeguarding adults level 2. A training matrix was in place which showed training completed and scheduled. This showed us that the provider had invested in developing staff to ensure people were supported and effective outcomes achieved.

A matrix had been introduced to support the planning and scheduling of supervisions, observations and appraisals in line with company policy. Supervisions included various topics which supported staff to identify when training was needed, to discuss any issues and to promote various areas through discussing topics, such as person-centred care. Action plans were in place to ensure areas such as training were planned for and completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection, there was one person that had restrictions in place. The provider was compliant with meeting the conditions and working within the MCA. However, the new application to deprive one person of their liberty was not

available for us to view. The manager told us they had submitted a new request to the local authority and were awaiting the authorisation being received.

Staff had good knowledge of the MCA and understood their responsibilities in line with current guidance. Staff told us they received annual refresher training and were updated by the manager should any legislation be reviewed and updated. Staff knew the importance of obtaining people's consent and we observed that people were asked before any care or support was carried out. Records showed that when people were unable to make decisions for themselves, best interest decisions had been arranged. Health professionals and relatives had been invited to ensure all options were discussed and considered to ensure the best support was in place for people.

Care plans included initial assessment's detailing people's needs and preferences. People were supported by staff or their families to attend appointments. Records showed that people had access to their GP, dentist, chiropodist and other health professionals to ensure their health and well-being was maintained.

People were encouraged to eat a nutritious diet and maintain their hydration. Staff involved people as much as possible by accompanying them to purchase shopping they had chosen. People could choose what they would like to eat each day and staff supported them by offering minimal choices to avoid confusion. Staff were aware of advice and guidance given by health professionals which were specific to individuals. For example, one person frequently asked for drinks at regular intervals, staff followed guidance by giving small amounts and spacing out the regularity by using distraction techniques to interrupt the persons focus. This ensured that the person was not drinking too much fluid and decaffeinated coffee was used to avoid stimulants which may affect behaviour or sleep patterns.

Staff supported individuals to attend various appointments such as hospital check-ups or the dentist. Where possible arrangements were made for health professionals to attend the home, such as chiropodists. Regular reviews of medicines were completed and people were registered for annual reviews with their GP practice.

The environment was clean, tidy and well decorated. People had their own belongings such as soft toys in their bedroom. Safety features were in place such as a television screen protector and locks to ensure the kitchen was not accessible without supervision. This mitigated the risk of accidents for both people and staff.

Is the service caring?

Our findings

Staff were kind and respectful towards people living at the service. Staff knew people extremely well and we observed positive interactions with people. One person stood up and walked towards the kitchen, the staff knew they wanted to put their cup in the sink or go to the toilet. They gave the person space to decide what they would like to do and then supported them if necessary. Staff were aware that people sometimes wanted their own private time and ensured that doors were closed behind them to allow maximum privacy.

The recent staff survey feedback described a caring culture within the service. One member of staff advised, "I feel they are a caring company, everything is done purely for the individual in question. [Name] only has to ask if they want something and every effort is made to make it happen. No expense is spared when providing food and drink. [Name] is included in any decision making."

Policies and procedures supported staff to promote equality and diversity within the service. Staff knew the importance of involving people and offering choices. One member of staff told us, "[Name] responds better when offered basic choices. We ask what they would like for tea and pick out a couple of items of clothing for them to choose from each day."

Staff knew people's likes and dislikes to provide a person-centred approach. One member of staff told us, "[Name] receives one to one support and we work around their preferences as to what they would like depending on how they are feeling each day. [Name] likes routine and loves spicy foods." Records showed that staff approached other health professionals for advice or additional support when needed. This ensured that people's well-being was maintained.

Records showed that staff supported people to maintain relationships with their relatives. These were documented in a communications book which the staff used to ensure messages were shared. Changes to people's needs or incidents had been shared and discussed with relatives so they were kept informed.

We observed staff promoting people's dignity whilst allowing them to be as independent as they could be. One member of staff said, "The windows are mirrored so that people cannot see inside and we ensure the blinds are down and doors closed during personal cares."

People were supported by staff to maintain their skills and independence. Staff advised, "We encourage [Name] to do things for themselves and sometimes they only require minimal support and prompting. At times they will empty the washer or make their own drink. Other times [Name] just doesn't want to do anything and so we may need to support more." This showed that staff worked alongside people to support person-centred practice to sustain daily life skills.

Communication care plans were in place and detailed how best to support people. The registered manager told us that staff were consistent and so knew people's needs and how they preferred to interact. We saw that staff understood people's chosen methods of communication whether verbal or non-verbal. For example, one person was not listening to a member of staff stood in the kitchen talking to them. The

member of staff moved into the lounge and lowered themselves to eye level to engage with the person. The person knew when they wanted closer interactions such as tickling their hands and would put their hand out to the member of staff. When the person had enough they pulled their hand away and staff respected that was their way of interacting with them. It was clear that people felt comfortable and relaxed in the company of staff.

Advocacy information was available to people and their relatives if needed. This was not required at the time of our visit as family, health care professionals and staff held meetings and discussions to ensure decisions were made in the person's best interests. Advocacy services help people, particularly the most vulnerable in society to: access information and services, be involved in decisions about their lives, explore choices and option, defend and promote their rights and responsibilities.

The provider had updated their records to include changes to new data protection laws. People's personal data was stored securely and only authorised personnel had access to view these records.

Is the service responsive?

Our findings

The provider completed initial assessments of people's care needs prior to placements being accepted. Care plans and risk assessments were regularly reviewed each month to reflect any changes to people's needs. Staff were knowledgeable about when they may need to seek further guidance or advice from health professionals. For example, staff had highlighted that one person preferred sensory activities and this was explored in more detail with the occupational therapist.

Care plans included important information such as people's health conditions and any associated risks. Guidance for staff detailed how best to support people to mitigate risks to them and manage any behaviour in a positive way. When necessary, additional monitoring was put in place, such as charts to monitor changes in a person's behavioural patterns to identify any reoccurring themes. This showed us that staff were responsive when people's needs changed and a responsive approach was adopted to support people.

Records documented things that were important to people such as relatives, interests and likes and dislikes. One member of staff said, "[Name] likes to go for walks locally and enjoys going to the sister home for a cup of tea, Sunday dinner or a Saturday night takeaway." Staff told us they treated [Name] and their relatives very much like family. Staff knew how important it was to maintain a calm and relaxed atmosphere and how much people enjoyed their visits from relatives.

Activities were centred around people and what they liked to do each day. Staff were constantly looking for ways they could enhance people's lives, such as trying new things. A member of staff had recognised that one person enjoyed bathing with bubbles and created a sensory experience for them. They had suggested to management that it might be an idea to build upon this and try a visit to the local swimming baths. Staff had successfully attended on a couple of occasions where one person had dipped their feet in the water for a period of time. Staff were patient and worked at the pace of the individual to ensure they remained comfortable and relaxed. Other activities included; bike riding, singing, listening to music, hand massages, sensory bathing and watching television. The registered manager told us how a person loved to sing their favourite musicals and we observed one person singing during the inspection.

Staff told us they felt supported through regular handovers at the beginning of each new shift and daily contact with the manager. One member of staff advised, "Communication is really good." Records showed that information was recorded in detail such as changes to medicines administration. Staff provided support to people during the day and night; a separate area was available upstairs to accommodate staff sleepovers.

The service worked to incorporate the Accessible Information Standards (AIS). This is a set of standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We saw that care files had pictorial content and used short phrases to describe and explain things. Easy read formats were obtained from health care professionals so these could be read and communicated to the person. Staff told us that a person had sensory impairment and they had worked with the speech and language therapists (SALT) to obtain picture cards.

A complaints policy and procedure was in place and records showed that this was followed when responding to any concerns that had been raised. Easy read formats were available for people to read. Staff advised, "If anyone raised concerns with me I would report to [managers name]. I have never received a complaint."

Is the service well-led?

Our findings

At the last inspection in December 2017, the provider had failed to follow their own policies and procedures to support staff development. Policies and procedures had not been reviewed and updated regularly. This was a breach of Regulation 17; Good governance. At this inspection, improvements had been made and the provider was compliant with the regulation.

This domain cannot be rated any higher than 'Requires Improvement' as there was no registered manager in post at the time of our inspection. This is a breach of the conditions of registration. Our records show that the last registered manager de-registered from managing this location on 18 May 2018. The service had recruited a new manager into this post and was asked during the inspection to apply to register their details with CQC. The provider assured us they would submit an application with the next few months.

Quality assurance checks on medicines management and administration had been completed. Staff completed daily checks to ensure amounts tallied with the administration records. Management completed more in-depth audits to make sure medicines were managed, stored, disposed of and administered correctly. These identified areas that required attention and actions taken had been documented. In addition, a matrix was in place to schedule future audits, these included; Infection control, medicines, health and safety, surveys to relatives and health professionals involved in peoples care and surveys to gain feedback from staff and people using the service. The registered manager also had their own list of things to do each day, which helped them to ensure the smooth running of the service. Records showed external auditors visited every three months to oversee the running and management of the service.

Some policies and procedures had been reviewed and updated to include current guidelines and when necessary key contact details for external agencies. This was a work in progress and the provider had an action plan in place to ensure all policies were reviewed and updated by December 2018.

Training needs had been reviewed and the provider had invested in a new training library to ensure staff had access to a comprehensive training programme. Courses included; safeguarding, diabetes and infection control.

Environmental risk assessments were in care plans and staff told us they checked the premises daily to ensure there were no risks to people's safety. Quality assurance audits had been regularly completed for infection control, medicines and health and safety. This showed us that the provider had taken steps to review their processes and drive continuous improvements throughout the service.

We saw evidence that the provider sought and acted on the views and feedback from health care professionals including dietitians, occupational therapists, psychiatrist and the speech and language therapists (SALT). Staff felt supported and although regular team meetings were not evidenced, staff told us they had daily informal chats with the manager. The provider agreed to document formal and informal meetings in future.

The manager understood their responsibility to notify CQC of significant events that happened at the service which affected the people living there.

Staff described the leadership of the service as, "Brilliant. The manager is very supportive if we have personal issues. We have good methods of communication in place; handovers and daily notes. We all work really good as a team." The manager operated an open-door policy so that staff could speak with them at any time should they have any issues or concerns. The latest staff survey comments included; "Manager very experienced and always there to listen, support and advise. Both staff and people are treated like family. Staff are given clear roles with no confusion. There are a lot of training courses available – everyone has the same opportunities available to them." This showed us that the service promoted equality in the workplace and maintained a positive and supportive environment.

Staff spoke highly of the area manager and told us, "[Name of area manager] is very supportive – gave me time off for personal issues and regularly checked I was ok and offered support. [Name] is absolutely lovely. [Name] is the only area manager I have ever known that covers shifts if needed at short notice."

Satisfaction surveys were sent to people and their relatives each year. These were available in a picture format to support people's understanding and communication. People were happy with the standard of service received from the provider and no issues needed to be addressed. A relative had commented that when two carers were on shift [Name] could choose who they would like to carry out their personal cares. However, this was not an issue as [Name] got on well with all the carers, but does have favourite staff.

Staff build links with the local community when appropriate, taking into consideration the needs and choices of people. The registered manager told us they were informed of any key changes in legislation by their senior management team. This was shared with staff to keep their knowledge up to date.