The Regard Partnership Limited

Victoria House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Victoria House is a residential care service providing support and accommodation to people with a learning disability, and other associated conditions such as Autism. The service is registered to support a maximum of eleven people. At the time of the inspection 8 people were living at the service.

Victoria House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The accommodation is provided within two separate properties situated next door to each other. One of the properties is named Victoria House and the other Grenville House. The service is registered as one service under the name of Victoria House. Staff worked with in both houses and although people have their own bedroom and facilities provided either within Victoria or Grenville they were able to spend time in both houses if they chose to do so. For the purpose of this report we will refer to all parts of the service as Victoria House.

At the last inspection on the 22 and 29 September 2015 the service was rated as Good.

At this inspection we found the service remained Good.

Why the service continues to be rated as Good.

People were safe living at the home and with the staff supporting them. We saw people were happy and trusted the staff. There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a timely manner.

People received effective care from staff who knew them well and had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to healthcare professionals according to their individual needs.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. Staff undertook regular training and understood the importance of safe administration of medicines. Staff said they undertook regular competency checks to test their knowledge and to help ensure their skills were up to date and in line with best practice.

People were supported to have maximum choice over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. Where people were distressed or found it difficult

to express themselves staff showed patience and understanding. People's privacy and dignity was promoted and respected.

The service was responsive to people's needs and people were able to make choices about their daily routines and how support was delivered. People had access to a range of organised and informal activities. Relatives were welcomed in the home and their views and feedback were taken into account when planning care. Information was provided in an accessible format for people in all areas. This meant they could have full control of their care and daily life.

Systems were in place to deal promptly and appropriately with any complaints or concerns raised about the service. The registered manager and provider treated complaints as an opportunity to learn and improve.

The home was well led by an experienced registered manager and management team. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good	**Good**

Victoria 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.

We carried out an unannounced comprehensive inspection at Victoria House on 16 and 22 January 2018. One Adult Social Care Inspector carried out this inspection.
Before the inspection we reviewed information we held about the service. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people living at Victoria House had limited or no verbal communication. Therefore, they were unable to tell us about their experiences of the services. Others were able to tell us about their day and things they enjoyed doing. During our inspection we spent time with people observing daily routines and interactions between people and staff supporting them. This helped us gain a better understanding of people and the care they received at Victoria House.

Following the inspection we spoke with a Speech and Language Therapist, a Psychologist and an Occupational Therapist about their views of the service and care provided. Their feedback can be found throughout the inspection report.
During the inspection we spoke with nine members of staff. This included care staff, the registered manager, locality manager and Regional Director for the organisation.

We looked at four care records, which related to people's individual care needs. This included support plans, risk assessments and daily monitoring records. We also looked at records that related to people's medicines, as well as documentation relating to the management of the service. These included auditing

records, policies and procedures, accident and incident reports and training records. We looked at the recruitment, induction and training records of three members of staff.

Good

Is the service safe?

Our findings

The service remained safe.

People were protected from abuse and avoidable harm. This was because staff understood the provider's policy and procedure about safeguarding. They also attended training about locally agreed safeguard procedures and knew what to do if they suspected someone was being abused, mistreated or neglected. Staff spoke confidently about how they would protect people by raising their concerns immediately with the registered manager or with external agencies, such as the local authority safeguarding team or the police. Staff were recruited safely to ensure they were suitable to work with vulnerable people.

People were supported to understand what keeping safe meant. For example, one person went out each day unsupported by staff. They liked to spend most of the day occupying their time outside the home and would often not return until late. Staff supported the person by talking to them about road safety and keeping safe in the dark. Discussions took place in residents' meetings about types of abuse and keeping safe.

Staff recognised people's rights to make choices and to take everyday risks. Assessments had been carried out to identify any risks to the person and staff supporting them. This included environmental risks as well as risks associated with their needs and lifestyle choices. Risk assessments included information about any action needed to minimise the risk of harm to the individual or others, whilst also recognising the need to promote people's rights, choices and independence. For example, one person had known risks in relation to isolation and the impact this could have on their health and well- being. The person's support plan evidenced the involvement of agencies including psychologists and occupational therapy and included guidelines for staff about supporting the person to remain active and as independent as possible. Another person had known risks associated with an eating disorder. Management plans were in place tohelp ensure the person was able to enjoy food in a way that was safe and supported their choice and independence. Staff had a good understanding of people's behaviours and undertook relevant training to manage behaviours safely and in line with current best practice.

People lived in an environment, which the provider had assessed to be safe. People had personal evacuation plans in place, so their individual needs were known to staff and emergency services in the event of a fire. A fire risk assessment was in place, and regular checks undertaken of fire safety equipment. Following the recent Grenville Tower disaster in London all managers and senior staff had attended updated fire training and the fire risk assessment for the service had been reviewed. A plan was in place detailing the action to be taken in the event of a major incident. This included emergency contacts and alternative support arrangements for people using the service.

People received their medicines safely from care staff who had received specific, updated training to safely carry out this task. All staff who administered medicines had their competency assessed on a regular basis to make sure their practice remained safe and in accordance with the provider's policies and procedures.

People's care records held detailed information regarding their prescribed medicines and how they needed and preferred them to be administered. For example, one plan stated the person liked to have their vitamin tablet with their breakfast. We saw this person being supported to take their medicines in a way and at the time they preferred.

Medicines were stored and disposed of safely. Arrangements were in place for the return and safe disposal of medicines and excess stock was kept to a minimum.

Clear systems were in place for recording when people took medicines out of the home, for example when they visited family or went on holiday. Information was clearly available for staff about people who needed "when required" (PRN) medicines. These protocols helped staff understood the reasons for these medicines and how they should be given. The application of prescribed creams/ointments was clearly recorded and these types of medicines were appropriately stored.

People were cared for by suitable numbers of skilled staff who knew people well and met their needs. Staffing levels had been organised for each person dependent on their assessed needs. These were adjusted when needs changed or to accommodate the planning of activities and other appointments. Staff said staffing levels were sufficient to meet people's needs and to keep them safe.

People were protected by the provider's infection control procedures, which helped maintain a clean and hygienic environment. Staff were trained and followed infection control practices, by wearing gloves and aprons when preparing medicines and providing personal care. We found the environment to be clean and odour free throughout.

The provider had systems to audit all accidents and incidents which occurred and took action to minimise further risks to people. The provider learnt from incidents and used them to improve practice. For example, one person when they had been distressed had attempted to grab a kettle of hot water. Following this incident the registered manager replaced all kettles in the home with a one cup hot water dispenser. This action eliminated future incidents, whilst ensuring people still had access to drinks when required. Where incidents had occurred in the home or within other homes belonging to the organisation, the registered manager, and/or provider had carried out reflective practice sessions with staff to make sure learning was shared throughout the staff team.

Good

Is the service effective?

Our findings

People continued to receive effective care.

People received care and support from staff who knew them well and had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development by the provider and throughout the staff team. Other agencies we spoke with were positive about the service. They said staff had a good understanding of the needs of people they supported, and met their needs effectively.

Staff confirmed they undertook a thorough induction when they started working in the service. Comments included, "I worked previously in the service, but I was still expected to do have an induction and complete updated training when I returned". Staff who had no experience in the care sector completed the Care Certificate. The Care Certificate is a nationally recognised qualification for care workers new to the industry.

People's care and support was based on current legislation and best practice guidelines, helping to ensure the best outcomes for people. Comments from staff included, "We do lots of training, but it is relevant and about the people we support", and "As soon as one person had a diagnosis of diabetes the manager organised training for the staff". Each staff member had a training plan and this was regularly discussed and reviewed as part of team meetings and one to one supervision sessions. Training was provided either internally or by external agencies and consisted of a range of topics relevant to the service and needs of people being supported. For example, all staff undertook mandatory training such as health and safety, Mental Capacity Awareness and safeguarding. In addition training had been provided by the local learning disability services in relation to epilepsy, and management and understanding of people's communication and behaviour. Staff told us they felt supported by management and staff. Comments included, "We have lots of opportunities to discuss our work and the people we care for".

People were supported to have a good diet which met their needs and preferences. We observed a warm, friendly atmosphere at mealtimes with people making their own choices about what and where they wanted to eat. Some people prepared their own meal and drinks, whilst others required closer support from staff. Some people chose to eat in their bedrooms, whilst others appeared to enjoy the company and conversation around the dining room table.

Some people required their meals to be served at a specific consistency to minimise the risk of choking and an appropriate meal was provided. People who required support to eat were assisted in an unhurried and sensitive manner, which helped to preserve their dignity.

Some people needed help to choose meals, and had pictures and symbols provided to support them. Another person had been supported to regain their independence following a period of poor health. This had included using a computer in their room with staff to start planning meals, a skill they had previously undertaken independently. Staff said, "They are making really good progress and getting involved again".

Staff monitored people's health and worked closely with other professionals to make sure care and

treatment provided good outcomes for people. Annual health checks were arranged and 'Hospital passports' were in place to support any admissions to hospital. Hospital passports contained important information about the person to help ensure their needs were met appropriately should they require an admission to hospital or other healthcare facility. People's health needs were monitored closely and any concerns were dealt with promptly. People were supported to understand and be involved in issues relating to their health and well-being. For example, one person had been diagnosed with diabetes, and staff had prepared easy read information to help them understand the need to consider the size of food portions.

People only received care and support with their consent. We heard staff asking people if they required help and taking account of their responses.

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The manager and provider understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (Dols). The 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 as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the capacity to make a particular decision, any made on their behalf must be in their best interest and be the least restrictive. 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 application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records demonstrated their capacity had been assessed when planning care and that DoLS applications had been made when necessary to the supervisory body. Best interests discussions had taken place when people had been assessed as lacking capacity to make a particular decision. For example, best interests meetings had been held for one person who had been unwell and was at risk of isolation and losing their independence. The manager and staff had worked closely with a range of healthcare professionals to help ensure any support was appropriate and in the person's best interests. Staff were very aware of when this person's ability to make decisions fluctuated dependent on their mental health and involved other agencies and advocacy services appropriately. Other agencies spoke positively about the service and said staff were good at thinking of ways to support people without restricting their rights and independence.

Victoria House comprised of two Victorian style properties situated next door to each other. People had access to a range of private and communal space. People's bedrooms were nicely decorated and contained personal items to reflect their individuality. Communal areas, including bathrooms, were well maintained and contained equipment to meet people's needs. The registered manager and provider said they recognised the property could have limitations for some people in the future as their needs changed due to age and changes in health. Discussions had taken place between the provider and the local authority regarding the longer term plans for these people and the service.

Good

Is the service caring?

Our findings

The service continued to be caring.

People received care from staff who were kind and who respected them as individuals. Other agencies were very positive about the care provided at Victoria House. They said staff and management "really cared" about people's progress and were good at thinking of ways to support and promote people's rights and independence. They also said staff were caring, thoughtful and respectful. Throughout the inspection we heard and saw staff speaking and treating people in a dignified and respectful manner.

Staff were calm, relaxed and confident in their role. Staff were able to communicate effectively with every person no matter how complex their needs. We saw one staff member spending time with a person who was unable to communicate verbally. They held hands with the person and later in the day prepared a foot bath and massage. Staff said, "They love tactile attention, so we make sure we spend one to one time with them as much as possible".

People were treated with kindness and made to feel special. We heard staff complimenting people about how they looked and with tasks they had completed. One person was ready to go out for the day and staff told them how nice they looked. Another person helped prepare vegetables for the evening meal at the dining room table. Although this task took some time and the vegetable peel didn't always stay in one place, the staff allowed the person to perform the task independently and thanked them for their help. The smiles and interactions we observed suggested people felt valued and important.

Staff were enthusiastic about their work and celebrated people's progress no matter how big or small. For example, a person from a home also run by the organisation visited during the inspection. They told staff they would be moving from their current accommodation to a more independent setting. The staff welcomed the person and were enthusiastic and interested in their plans for the future. In the main hallway of the home a 'Wow' board had been made with information and pictures about people's achievements. The staff were keen to share these stories with us and were clearly proud of the people they supported. For example, staff told us about one person who had written numbers down during a bingo session. Prior to this the staff had not known the person could write numbers. The 'Wow' board had photos of the bingo session and staff said this had now become a regular event. Another staff member told us about a 'Wow moment' when a person who had spent a lot of time in their bed had mobilised across their room to get the staff member a drink. They said all the staff had recognised this as huge progress and had praised the person concerned.

Staff respected people's rights to make choices, and used innovative and creative methods to involve people in their care. People's care records contained detailed information about their daily routines and these were followed and understood by the whole staff team. Staff had a good understanding about people's likes and dislikes as well as important information about their past, interests and relationships. Staff were familiar with people's communication methods and used this knowledge and understanding to support people to make choices and to have control over their routines and lifestyle. For example, we saw

staff recognise when a person was pacing around and becoming slightly agitated. A staff member directed them to a communication aid with pictures to help the person understand what was happening now and later. The person used the tool to communicate to staff that they wanted a cup of coffee. Staff directed them to the kitchen area and cupboards, which were clearly labelled so that the person concerned could make their drink with minimal support. The interaction calmed the person and they sat and enjoyed their hot drink.

People had access to advocacy support when required. Also each person had a key-worker in the home, who had a particular responsibility to ensure they were listened to and had their needs met. Staff and management recognised the importance of family and friends. Relatives were kept updated about significant events when appropriate and their views were listened to and taken into consideration when planning people's support arrangements.

People's dignity and privacy was promoted. Where people were unable to promote their own dignity staff discreetly helped people. We saw one person being supported to their room to have their medicines administered in their own personal space. It was noted that the location of a downstairs bathroom did not always ensure people's privacy. The bathroom was situated off the dining area where people mainly spent their time. Therefore it was easy to see and hear people as they were supported with personal care tasks. This was raised with the registered manager at the time of the inspection who said they would consider how they could further ensure people's privacy when using this part of the home. People's records were safely stored and written in a way that protected their dignity and confidentiality.

Good

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their specific needs.

People were supported to lead active, meaningful and interesting lives. Other agencies said they felt the service was responsive to people's needs. A professional from the specialist learning disability team said they had been very impressed how the staff had responded so creatively following a number of incidents when some people had been at people were at risk from hot water. They said the manager and staff had responded sensibly to the matter and ensured people were safe, whilst also maintaining people's skills and independence.

People's support plans included very clear and detailed information about people's health and social care needs. Each area of the plan described the person's skills, goals and support needed by staff and/or other agencies. The plans were personalised and detailed how the person needed and preferred care and support to be delivered. One staff member said, "We work together as a team to help people achieve their goals, consistency is important. If staff are thought to not be following the person's support plan it would be discussed in staff meetings".

Staff we met, and observed, knew people well and were able to provide care that was personalised to their individual needs and wishes. For example, one person chose and was able to go out every day on their own. Staff supported them to get ready in the morning and made sure they had everything they needed to be safe and enjoy their day. Another person chose to spend long periods of time in their room, and had very particular routines and patterns of behaviour, which were important to them. Staff respected this person's choice and worked closely with the them and other agencies to ensure their independence and well-being was promoted and maintained.

There was a system of review so people's progress and developments were recognised.Their plan was constantly updated to make sure it was an accurate and useful working document. Relatives and other agencies were invited to attend review meetings or were contacted for their views and feedback.

People were able to take part in a range of activities according to their interests and hobbies. Throughout the inspection we observed people coming and going independently or supported by staff. Some people went out to planned activities, including a local craft group, and others occupied their time visiting friends, shopping and using other local community facilities. We heard about one person who enjoyed a trip abroad each year and was in the process of planning their next holiday.

Staff helped people to stay in touch with family and friends to promote their emotional well-being. One person was supported to use a computer to keep in touch with family member. People were also supported to meet up with friends they had made from other homes belonging to the organisation. Staff had recently organised a choir evening in a local community hall and people had the choice whether or not to attend. On the third day of the inspection staff were keen to tell us about the success of the first choir evening. They said people had enjoyed choosing the songs and some people who had been reluctant to attend had sung

the loudest.

Staff were creative and responded to people's changing needs. For example, one person had a period of time when their behaviour had escalated and become difficult for staff to manage. The registered manager had liaised with the specialist learning disability services for support. Following advice staff had considered ways of meeting this person's needs and requests more promptly to avoid behaviours accelerating. One of the ideas was to have a flask of coffee ready for the person at all times so they did not have to wait and become agitated when they wanted a drink. Staff also made sure they had money with them at all times so they could go out as soon as the person requested. Staff said this along with other prompt responses had reduced the person's anxiety and allowed then more opportunities to partake in activities outside the home.

We saw lots of information was available to people about the service and daily routines. Large, colourful notice boards in the communal areas had photos', signs and symbols to help people understand about events in the home and local community. Daily menus were available in pictures as well as photos of staff to help people know who would be on duty. Signs, photos and symbols on doors and cupboards also helped ensure people could navigate their way around the home and perform tasks as independently as possible.

A complaints policy and procedure was available and this was provided in an accessible format people could understand. In addition to the formal complaints procedure a number of different systems were also used to monitor daily how people were and if they had any concerns. This included daily monitoring forms, handover meetings and a keyworker system. The views of others such as relatives and other agencies were also listened to and acted on as a way of further ensuring people remained happy and confident with the service being provided.

People's religious beliefs and end of life wishes were documented as part of their support plan. The documentation included a section titled, 'What I would like to happen after I die?' Information was gathered from people and relatives and updated when required. One person had more recently experienced the loss of two relatives and staff were sensitive to their need for support during this difficult time.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

There was a registered manager in post who was experienced and had the skills required to effectively manage the service. 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.

The registered manager had been in post since 2015 and was supported by the provider and an area manager who visited the home frequently to make sure high standards were maintained. All staff spoke very positively about the management of the service and said they thought big improvements had been made since the current registered manager had been in post. These had impacted positively on the lives of people using the service. Comments included, "The manager should be really proud of what they have achieved, they are clear about what they expect from the staff team, they listen to people and staff. People are doing so much more" and "The manager is approachable and supportive, they don't expect us to do anything they wouldn't do themselves", and, "The manager is proactive, if we support a person with a different type of need they plan training for us straight away".

The registered manager maintained their professional development by attending regular training and kept up to date with best practice. The Provider Information Return stated, " The Manager attends dignity in care forums run by Plymouth City Council which enables her to gain knowledge
from guest speakers who attend on subjects such as oral Health, mental health, diet and nutrition and infection control. The registered manager told us they had also completed a Plymouth City Council leadership course, and as result of their learning made changes in staff supervision and introduced staff profiles so people had accessible information about the staff supporting them.

All staff were aware of their roles and responsibilities. The registered manager had recently introduced lead roles. Staff had been nominated as champions in different areas of the service such as health and well-being, infection control and food hygiene. The health and well-being champion told us they had recently attended a local authority training session and brought back information for people about flu jabs, healthy eating and continence care. They had also provided people and staff with information about healthy activities such as local walking groups. Staff said they felt valued because the registered manager involved them in all aspects of the service.

The provider had a clear vision for the home, which was "to provide good quality personalised care". They achieved this by on-going monitoring and liaising with other professionals to ensure people had access to all available resources and advice to meet their needs. The vision and values were communicated to staff as part of their induction, meetings, reflective practice sessions and training. Comments from staff and other agencies showed the vision for the home was put into practice. A healthcare professional commented that management and staff were very responsive to the needs of the people using the service. They said staff

were very flexible about fitting in with the needs of the people using the service even if this was outside of their usual working hours.

The registered manager had good links with the local community and looked at ways to expand these to support people to stay connected with the community. For example, the registered manager told us they had liaised with a local community group who worked with young people to help them get back into employment. They had asked if they would provide other activities for people at Victoria House. As a result of this contact some people now attended the group regularly to partake in cookery and craft classes.

The provider had effective quality monitoring systems which ensured standards were maintained and constantly looked at ways to improve practice. The registered manager and provider measured the quality of the service from the perspective of people they supported. They gathered this information from outcomes of key-worker meetings, reviews and daily records and analysed this against people's support plans and specific goals.

In addition to spot checks the registered manager also undertook monthly checks of medicines and health and safety audits. All audits included a plan of any action required with timescales and were signed off by senior staff within the organisation on completion. This system helped ensure action was taken as agreed and any discrepancies or changes in timescales were discussed and approved.

The provider sought the views of people, their relatives and other agencies by satisfaction surveys and regular meetings. Feedback from surveys were analysed and action plans put in place to address any issues raised. Feedback we saw from recent surveys was very positive about all aspects of the care and support provided. We saw compliments the service had received from relatives when people had left the service, including "The highest level of care and attention was given to my brother", and "Professionalism and dedication shown by each staff member, always acting in people's best interest".

The provider used complaints and incidents to continually improve the service. For example, an incident within a different service had prompted the provider to plan training for staff relating to anti- terrorism and radicalisation. The provider had also introduced a policy in this area to help ensure people and staff had the information they required regarding these issues and any potential risks for people they supported.

Consideration had been given to the long term needs of people who currently used the service. The provider and registered manager were aware that the environment could become less suitable for some people as their needs change due to age and health. Discussions had taken place with the local authority to help ensure these needs longer term needs were discussed and planned for.

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt safe to raise any concerns and felt confident the management would act on their concerns appropriately.

The provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the ethos of the Duty Of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to people's care and treatment.

The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service.