

Community Therapeutic Services Limited

Victoria Court

Inspection report

1 Victoria Park
Weston Super Mare
Somerset
BS23 2HZ

Tel: 01934629392
Website: www.cts-homes.co.uk

Date of inspection visit:
04 June 2019
06 June 2019

Date of publication:
23 July 2019

Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| 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

About the service: Victoria Court provides accommodation and personal care for up to six younger people with learning disabilities, autism and mental health needs. At the time of the inspection five people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service: People were supported in a homely environment and by caring staff. The service was clean and tidy. Recent refurbishment had occurred of the kitchen and hallways.

Care and support were person centred and reflected people's individual choices and wishes. The service was flexible in meeting peoples changing needs. People were supported to shop and prepare food or meals were provided.

Medicine administration required improvement to ensure best practice guidance was followed. Systems were in place to monitor the quality of the service. However, identified actions had not always been completed. This meant that shortfalls found at this inspection had not been addressed.

Staff spoke positively about the ethos of the service, the induction they received, and the ongoing training provided. Positive feedback was received about the registered manager and their approach to staff and people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found mental capacity assessments and best interest decisions were not always regularly reviewed.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (published 30 November 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: We have identified a breach in relation to good governance at this inspection. We have made two recommendations in relation to medicines and following recommended guidance in the review of mental capacity assessments and best interest decisions. Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Victoria Court

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with two people using the service and seven staff members, this included the registered manager. After the inspection we spoke with one relative of a person who used the service. We

received feedback from two health and social care professionals. We reviewed two people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine quantities for two people we reviewed were not signed in on the Medicine Administration Record (MAR) in April to May 2019. Medicines were now being signed in to enable accurate stock checks to be completed.
- Medicine errors were recorded and actions taken. However, where there had been missed signatures on the MAR it was not clearly documented how it had been determined that a medicine error had not occurred. Nor had it been demonstrated how this would be prevented from reoccurring. Systems to reduce and identify gaps on MARs had not been implemented promptly or been effective.
- The storage of medicines was safe and temperatures of storage areas were monitored.
- Topical medicines were being given as prescribed.
- There was detailed information and guidance about how people preferred to take their medicines, including as required medicines.

We recommend the provider reviews current guidance around the recording of medicine management.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people in areas such as personal care and emotional wellbeing. A staff member said, "People are supported to take positive risks."
- One person did not have a procedure in place around potential risks related to their diabetes care. This had been highlighted at the last inspection. This meant there was no guidance for staff in observations and when action should be taken. Following a health appointment information in the person's care plan had not been updated despite being reviewed monthly. A diabetic care plan had been completed by the second day of the inspection.
- Environmental risk assessments were completed. Regular health and safety checks on the building and equipment were conducted. We highlighted to the registered manager that consideration of their hot surface policy regarding one person who may lack capacity in this area may be required. The registered manager said this would be reviewed.
- Systems were in place to monitor and check fire safety equipment and procedures. Recommendations from an external audit were in progress. People had an individual emergency plan which detailed the level of support required. Fire safety information was produced in easy read, large print and pictorial formats to ensure the information was accessible.

Staffing and recruitment

- Rotas demonstrated staffing numbers were kept at the level deemed safe by the provider.
- However, the staff team had reduced. Recruitment was in progress for support staff and shift leader vacancies. Current vacancies were being covered by existing and bank staff members. One staff member said, "Difficult as we are short, having to be on the floor a lot more, we are short on shift leaders."
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- Staff were clear about their responsibilities in identifying and reporting any potential abuse or safeguarding concerns. One staff member said, "I would report concerns to my manager."
- Staff received regular training in safeguarding adults.
- Systems were in place to ensure safeguarding concerns were reported to the local authority and Care Quality Commission and actions were taken.

Preventing and controlling infection

- Staff supported people to maintain their own environment.
- Staff were observed to adhere to infection control policies. For examples, wearing gloves and aprons when appropriate.
- The service was clean and tidy.

Learning lessons when things go wrong

- Accidents and incidents were comprehensively reported. Actions were taken, and reflections made to reduce the likelihood of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service had made a DoLS application as appropriate.
- People's capacity in different areas of their care had been considered in their care plan.
- However, where capacity assessments had been undertaken and associated best interest decisions made, these had not been regularly reviewed to ensure they remained appropriate. For example, for one person their capacity assessments and best interest decisions around medicines and personal care made in 2017 had not been reviewed. The registered manager said this would be addressed.
- Staff had good knowledge of the MCA. They could give examples of how they applied this knowledge in their work practice.

We recommend the service reviews published guidance around the review capacity assessments and best interest decisions.

Staff support: induction, training, skills and experience

- New staff completed an induction. This involved mandatory training, orientation to the service, and shadowing a more experienced staff member. A staff member said, "It was a thorough induction."
- Staff received training in areas such as life support, medicines management and health and safety. Training specific to people's needs was facilitated. A staff member said, "Training is tailored to people we work with. We work through issues we are facing with people." A relative said, "Staff are good, well trained and professional."
- Staff spoke positively about the training they received. One staff member said, "The training is amazing. It is really useful." Another staff member said, "Training is really good."

- Staff said they had not received formal supervision as frequently during 2019. However, said they were well supported and could speak with the registered manager at any time.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to shop and prepare their own meals or meals were provided by the service. A staff member said, "The quality of the food is good."
- The kitchen had recently been redecorated. People had access to the kitchen to prepare snacks and drinks when they wished.
- We observed staff supporting people with their nutrition and hydration needs as outlined in their care plan.
- People could eat their meals when and where they wished.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals to ensure people could access additional healthcare and services. For example, some people found attending appointments difficult

Adapting service, design, decoration to meet people's needs

- People's rooms were individually decorated and personalised. One person showed us the new carpet they had chosen which was reflective of the football team they supported.
- The service had adapted people's personal space to meet their needs. For example, one person had a self contained flat with a sensory room. Another person had a kitchen and laundry area within their own space.
- The service was light, bright and spacious. People had communal lounges and dining areas to enjoy as well as en suite rooms.
- People had continual access to safe outdoor areas.
- Redecoration of the hallways was in progress. Carpets in the hallway and landing were scheduled for replacement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture and religion, which was recorded in people's care plans. For example, their religion and if and how they practised this.
- Staff supported and empowered people to make their own choices and decisions. For example, by using picture cards.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare. One person told us, "I am going to hospital this morning." We observed staff reassure the person about their appointment.
- People were supported in their annual health check.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring.
- We observed that staff interacted with people in a kind and positive manner. One staff member sang and played the guitar, a person expressed they were enjoying this.
- People's care and support was delivered on an individual basis. People's diversity was respected and encouraged.
- The service had a compliment from a person living at the service praising a member of staff.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care planning in the way they wished. A relative said, "We have regular reviews."
- People had an allocated keyworker to oversee their care and support. Keyworkers spoke passionately about how they supported people in their care and support.
- Keyworkers met with people on a monthly basis to review their care and support.

Respecting and promoting people's privacy, dignity and independence

- Supporting people to develop and maintain their independence was key to the services aims. The service worked with people in developing their individual skills and goals.
- Staff respected people's privacy. For example, around staff entering people's rooms.
- Results from a survey conducted in 2018 demonstrated that people felt their privacy and dignity was maintained and respected.
- Care plans detailed what people could do independently and where people required support. For example, one care plan described how staff could prompt the person to brush their hair.
- People could receive visitors when they wanted. A relative said, "I can go at any time I wish."
- Staff knew how to keep information confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed in people's background, histories and education. This ensured staff knew key information that was relevant and important to people.
- People's likes, dislikes and preferences were documented. For example, one person liked particular television shows, another person disliked the feeling of being rushed. Staff we spoke with knew this information well.
- Care plans described people's preferred methods of communication and gave guidance to staff on effective communication. For example, one care plan documented how a person indicated yes and no with gestures.
- Factors that may affect people were documented and there was clear guidance for staff around how to support people when they felt distressed or anxious.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported in activities of their choice and which were of personal interest to them
- A relative said, "Staff look for new activities and opportunities."
- One person told us about an upcoming holiday facilitated by the service. They said, "I am going on holiday on Monday, to Cornwall."
- The service had a flexible approach to supporting people in activities and interests which took account of how people were feeling on a day to day basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information around complaints, fire safety and in people's care plan had been produced in different formats such as easy read, large print and pictures to ensure they were accessible to people.
- Information regarding all prescribed medicines was in an accessible format for people.

Improving care quality in response to complaints or concerns

- The service had received one complaint since January 2019. Complaints were fully investigated, and actions taken to address the issues. Senior staff members had met with the complainant to discuss and agree appropriate resolutions.

End of life care and support

- The service was not currently supporting anyone with end of life care. However, people's preferences and cultural and spiritual wishes in relation to end of life care had not been explored. The registered manager said that as and when appropriate, end of life care plans would be explored and developed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained at Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection in November 2016 we recommended the provider sought guidance from a reputable source about effective audits that identify areas that require improvement within the service.
- At this inspection we found systems were in place to monitor and review the quality of the service but these were not always effective at identifying where improvements were needed. This meant actions had not always been completed. For example, around the review of mental capacity assessments and best interest decisions, missing signatures on MARs and the occurrence of regular staff and shift leader meetings.
- A diabetes risk assessment highlighted at the last inspection had not been completed.

We found no evidence that people had been harmed however, systems were not fully effective in ensuring actions were completed in a timely way. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The current shortage in senior care staff had impacted on the registered managers and staff's workload. The provider had begun working with the registered manager to identify and prioritise areas of improvement.
- Notifications of important events were submitted to CQC as required.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were proud of the ethos of the organisation which reflected a person-centred culture. One staff member said, "It is an amazing company to work for."
- Staff and relatives spoke positively about the registered manager. A relative said, "The registered manager is a good manager. Has an appreciation of their duties and is respected amongst the staff team. They are doing a good job." Staff members commented, "The registered manager is very good, very supportive," "One of the best managers I have had, very supportive of staff and calming to the guys," and "Really involved, straight and fair. I respect this management."
- Staff said they were developing their team. A relative said, "It is a good team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people, relatives and staff. Results showed relatives were happy with the care their family member received. One relative said, "I am very happy with the service." Staff feedback demonstrated the changes that had occurred in the staff and management team and how improvements effective team working could be improved.
- The provider had introduced staff a staff reward scheme. One staff member said, "We get rewards for covering overtime and low sickness. People praise each other and works gets noticed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities on the duty of candour. A relative said, "There is good communication. We hear from them. We meet with the manager and are kept well informed."

Continuous learning and improving care

- The service used a daily briefing system to keep staff informed of changes, plan flexible support people required that day, discuss daily strategies of working and reflect on working practice. One staff member said, "There is good communication between the staff team."
- Staff said they were encouraged to develop their knowledge and skills.
- The provider attended forums and meetings to keep up to date with knowledge and best practice.

Working in partnership with others

- The service used local community services and provisions depending on people's interests and preferences.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that governance systems were effective. Regulation 17 (1) (2) (a) (b) (f) |