

Portsmouth City Council

# The Victory Re-ablement Unit

## 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

The Victory Re-enablement Unit provides short term rehabilitation and enablement to support people to regain their independence and facilitate a safe discharge back to their home. The unit has its' own occupational therapy, physiotherapy and social work staff. On average most people spend three weeks at the unit.

The home had a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection we rated the service good. We found a breach of Regulation 18 of the Health and Social Care Act (regulated Activities 2008) 2014 Staffing. This was because the service did not have robust procedures in place regarding recruitment. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

People told us they received care and support that was very good and was delivered in a way that met their needs and preferences.

People were supported to regain their independence, they had comprehensive goals set and treatment plans in place which enabled them to return home.

There were enough skilled staff to meet people's needs and staff focused on providing people with individualised support that was provided in a caring and professional manner.

Medicines were managed safely and were administered by trained staff.

The registered manager and staff understood their responsibilities to comply with the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs). People were encouraged to make choices about their day to day care and plans for the future.

People had enough to eat and drink and were complimentary about the food on offer.

The environment was clean, welcoming and met the needs of the people who used it. Regular health and safety checks were carried out.

There were systems in place that monitored the quality and the safety of the service provided. Records were thorough, comprehensive and regularly reviewed.

Feedback was encouraged from people, staff and other health professionals and the registered manager

was keen to drive improvement in the service.

People and staff said the management of the service was very good.

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 has improved to Good.

Staff were recruited safely.

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 ●

# The Victory Re-ablement Unit

## **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 comprehensive inspection took place on 9 May 2018 and was unannounced. Two inspectors and a specialist advisor carried out the inspection. The specialist advisor was an occupational therapist.

Before the inspection, we reviewed previous inspection reports, action plans from the provider, any other information we had received and notifications. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time talking to five people, five members of staff, the registered manager and one health professional who did not work at the service. We looked at the care records of four people and staffing records of four members of staff. We saw minutes of staff meetings, policies and procedures, the compliments file, the complaints file and quality assurance systems. Certain policies were sent to us following the inspection. We were sent copies of the duty rota for a month, which included the week of the inspection, and a copy of the training and supervision plan.

## Is the service safe?

### Our findings

At our previous inspection in June 2016 we found that recruitment processes were not robust so we issued a requirement notice. At this inspection we found that improvements had been made and the provider had met the requirements of this regulation.

The provider had safe recruitment processes in place. Staff files contained all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed which recorded the applicant's employment history and satisfactory references had been obtained. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the service and these checks had been updated for all staff that had moved between the provider's locations. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. The registered manager told us that they used an admission risk assessment to assess people's dependency levels in the service and that this ensured that there were enough staff to meet people's needs at all times. Our observations showed people were responded to quickly and staff did not appear to be rushed. Staff told us there were enough of them to meet people's needs.

Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns. Staff told us they would have no hesitation in reporting abuse and were confident that the management would act on their concerns. We saw that safeguarding concerns had been investigated thoroughly and measures had been put in place to keep people safe. People were protected against the risks of potential abuse.

Risks to people's safety had been assessed and plans were in place to minimise them. Staff were aware of people's risks and told us about the actions they took to promote people's safety and wellbeing. For example, one member of staff told us "If someone wants to go out for a walk, we make sure they are assessed by the OTs first. We need to ensure they will be safe". We saw that people were supported safely in line with their assessments. Risks to people were managed safely.

Risk assessments in respect of the environment were in place and there were contingency plans in case of an emergency. A programme of health and safety checks were conducted; this included regular testing of electrical equipment, hoists, call bells, hot water temperatures and fire safety. People had personal emergency evacuation plans (PEEPs) in place. PEEPs describe the support and assistance that people require to reach a place of safety when they are unable to do so unaided in an emergency.

There were safe medication administration systems in place and people received their medicines in line with their prescriptions. Protocols were in place to guide staff on the use of medicines prescribed 'as required' (PRN). Medicines were kept securely and there was safe storage in people's rooms for those who

wanted to self-medicate. Assessments were in place to ensure people could manage their own medicines. People's medicines were managed safely.

The environment was clean and free from hazards. Equipment was stored safely and regularly checked to ensure it was fit for purpose. There were systems in place to reduce the possibility of infection in the service. Staff told us they were provided with personal protective equipment, for example; gloves and aprons to help maintain infection control. We saw that one person had an infection, advice had been sought from infection control specialists and this was managed well. Quality assurance audits demonstrated the registered manager had frequently carried out health and safety checks to ensure the home was clean and safe to live in.

## Is the service effective?

### Our findings

People and staff told us people received effective care. One person said "The staff have helped me to wash and dress myself again, thanks to them I've got my dignity and independence back".

Equality, diversity and human rights issues were acknowledged and supported. For example, the registered manager had made plans to employ more male staff so people could always have a choice of whether a male or female staff member helped them with personal care.□

Staff completed mandatory training which included moving and handling, fire safety, food hygiene, safeguarding, the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. Staff also had access to bespoke training that was relevant to their role. The training provided helped staff to develop and maintain their skills. New staff undertook an induction. Staff received supervision and had a yearly appraisal, which allowed the registered manager and staff to discuss any performance issues or training needs. We saw that some supervisions were delayed and the registered manager told us they had plans in place to ensure the right frequency of these.

Staff were aware of people's dietary needs and preferences. People's needs and preferences were also clearly recorded in their care plans. There was a choice on the daily menu and people were offered an alternative if they didn't like what was on offer. We saw people were enjoying the food they were served at lunch and one person told us, "The food is wonderful".

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. Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and were able to provide examples about how they acted in a person's best interests. One staff member told us, "We give people choices and we explain about the risks, we have to let people with capacity make unwise decisions".

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. The application 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. At the time of inspection there were no people who required a DoLS application, however, the registered manager understood DoLS requirements and staff had received training to support their understanding.

People's needs were met by the adaptation, design and decoration of premises. The home and outside areas were fully accessible to people and communal areas were bright and welcoming. Equipment within the home supported people's needs. Signage around the home enabled people to find their way around.

Handovers took place between shifts and staff felt they worked well as a team to ensure everyone was



aware of a person's support needs or any change in these.

People were well supported by a range of health and social care professionals in the service such as occupational therapists, rehabilitation assistants and a social worker. People were also supported to access external health professionals to maintain and improve their health such as GPs, district nurses, speech and language therapists and physiotherapists. If people needed the support from these services once they were discharged from The Victory this was arranged with the relevant professionals working in the community.

## Is the service caring?

### Our findings

People told us they were supported by staff that were kind and caring. One person had written feedback stating, 'I find everyone very nice and most helpful in every respect. Always kind in all that is done and a smile to make you feel at ease'. Another person said, "What staff have done for me is amazing". The service had received many compliments and thank you cards from people who had used the service.

Staff were enthusiastic and motivated when discussing the support they gave to people. It was clear that staff wanted to help people regain their best level of independence possible. Staff told us they made an effort to get to know people even though peoples' average stay at The Victory was three weeks. One member of staff told us, "I sit and talk to people; we recently had a fish and chip supper which was a great opportunity for me to get to know people better".

Staff were able to recognise when people needed support from their families or others that were important to them. Staff also recognised when people needed extra support from themselves. For example, one person had a visit regarding their family members' funeral and the handover note stated that staff should offer 'TLC' and spend extra time with this person.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. An occupational therapist assessed people's sensory abilities and if there were any areas where they needed support to understand information, they put measures in place to assist with this.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People received care and support in private in either their bedroom or in bathrooms with the doors closed. We saw staff rang the doorbell before entering a person's bedroom and addressed people by their preferred names.

Promoting people's independence was an integral part of the service. One member of staff told us, "We all enable and encourage people, we give praise when people achieve their goals". We saw numerous examples of how people's independence was promoted.

People were encouraged to make decisions about their own care and choices about their day to day activity were respected. People's views were reviewed and recorded on a weekly basis.

People's cultural and spiritual needs were taken into consideration and accommodated.

## Is the service responsive?

### Our findings

People said the service was responsive to their needs. One person told us, "The staff encourage me to do things for myself, they have got me motivated again".

People were referred to the service by other healthcare professionals. An assessment of people's needs was carried out prior to them using the service to ensure it would benefit them. The pre- assessment was comprehensive and holistic. This ensured people's needs and preferences were known. On admission, people consented to and were involved in goal setting and treatment plans. A weekly process was in place for reviewing people's treatment plans and at this time people's progress was evaluated and new goals were set. This meant that people received the care and support they needed to regain their independence. People were fully involved in this process and were encouraged to record their views.

There was evidence that people received a service that was individualised to their needs which focused on the person's abilities together with areas for development. Care files contained information about how to support the person, including details such as mobility, nutritional and personal care needs. We saw that walking aids had coloured labels which identified what level of assistance people needed and staff told us this was helpful. There was a good selection of variable height of armchairs and dining room furniture to meet people's various needs. All staff in the service worked well together to ensure they were working towards the same goals for people. One member of staff told us, "We're a good team, we all bring something to the service, we work together to help people reach their goals".

The provider had a complaints procedure in place. This was located in people's welcome pack. We looked at the complaints log and saw that complaints were investigated and resolved. The registered manager told us that they used complaints as a learning tool and measures were put in place to improve the service.

Activities took place in the home which people could take part in when they were not engaged in their treatment plan. We saw a list of activities displayed for the week ahead. These included quizzes, 'wake and shake' and creative activities. On the day of inspection, we saw chair activity bingo taking place and people were clearly enjoying this.

The service operated a breakfast club in a vacant room, this helped people to become more independent in meal preparation. We noted that if the service was full, this activity would not be able to take place due to limited space. The registered manager told us that there were plans to create a designated space for this in the unit so the breakfast club could take place at all times.

The nature of the service meant that it did not provide people with end of life care.

## Is the service well-led?

### Our findings

The service was well led. The registered manager ensured there was a person centred, open and caring culture in the service.

Quality assurance systems in the service were robust. There were a number of auditing systems in place which included medicine audits, health and safety audits, infection control audits and care plan audits. The registered manager ensured that actions were taken promptly if areas for improvement were identified. Incidents, accidents and near misses were investigated, monitored and analysed to ensure people's ongoing wellbeing. Learning from these was implemented to improve the service. The provider carried out quality assurance visits and the registered manager told us these were beneficial.

People's views were actively sought. People were encouraged to write weekly reviews of their own treatment and their experience of the service. Upon discharge people were asked to complete an exit survey. We viewed these and saw that comments were positive. The registered manager developed action plans from what was recorded on the exit surveys and shared these in staff meetings. A suggestions box was also used and suggestions along with actions taken were recorded.

Staff were also encouraged to contribute to the development of the service by expressing their views through staff meetings, the suggestions box or surveys. We saw that staff member's experience of working in the service was positive. For example, one staff member had written 'training very good, lovely atmosphere, fantastic team, love my job'. There was a 'You Say, We Did' board in the staff room which confirmed what action had been taken in response to staff suggestions.

We consistently received positive feedback about the registered manager. They were described as supportive, approachable and brilliant. One member of staff told us, "She is fantastic, it takes a lot of hard work to get a service as good as this".

The registered manager told us they were keen to continuously improve the service and we saw some of the initiatives they had introduced. For example, people's medication was stored in individual lockers which made them easier to find and reduced the risk of error. Reflective practice was used for when an error or near miss was identified which helped to focus staff to learn from such occurrences. The five CQC domains were prominent around the home and files were organised accordingly.

The registered manager encouraged staff development in creative ways. For example, there was a weekly learning topic at each handover meeting that was revisited each day. Additionally, most staff members had champion roles with responsibility for different areas of care needs. Champions received extra training in that topic and had extra responsibility in that area for the service.

Joint working with other health and social care professionals was a fundamental part of the service and the registered manager had recently held a meeting with Commissioners to encourage GPs to refer people to the service.

Records were up to date, accurate and stored securely. We found notifications were submitted to the Care Quality Commission as required by law.