

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?

**Requires Improvement** ●

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

This unannounced comprehensive inspection took place on the 16 June 2016. The Victory Re-ablement Unit provides short term rehabilitation and enablement to support people to regain independence and facilitate a safe discharge for people back to their home. The unit has its own occupational therapy, physiotherapy and social work staff. On average most people spend nineteen days at the unit.

During the inspection 18 people were being accommodated. There was a new admission later in the day and one room had temporarily been out of use due to an issue regarding a fire door.

The service 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected when the service was at their old address on July 2014 and at this time the service was found to be compliant with the regulations looked at.

Staff understood the principle of keeping people safe and appropriate safeguarding referrals had been made to ensure people were kept safe. Assessments including risk assessments had been completed as part of the care planning process. The multi-disciplinary team met the needs of people, with the service having enough staff to meet the needs of people. There was a training programme which staff could access. Recruitment checks had not been updated as staff had transferred or moved from closing services of the provider. Medicines were administered and stored safely.

Staff had knowledge of the Mental Capacity Act and people's records demonstrated people's capacity to make specific decisions had been assessed. People enjoyed their meals and were offered a choice at meal times. People were supported to access a range of health and social care professionals.

People had their needs planned and met in a personalised way, which reflected their choices and preferences had been considered. People felt confident they could make a complaint and it would be responded to. Complaints were logged and there were recordings of investigations into complaints.

People felt the staff were caring, kind and compassionate. The home had an open culture where staff felt if they raised concerns they would be listened to. Staff felt supported by the registered manager and were clear about their roles and the values of the service. Records were accurately maintained and there was an effective quality audit process.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Staff recruitment procedures were in place but the recruitment of staff had not always ensured the necessary checks had been updated as staff had moved between the provider's locations.

Risks had been identified and risk assessments were in place to mitigate the risk.

Procedures were in place and being followed by staff to safeguard people against the risk of abuse.

Staffing levels were planned to ensure the needs of people could be met.

Staff understood medicine management procedures and provided the support people required to take their medicines.

### Is the service effective?

**Good** 

The service was effective.

Staff had received training and supervision, to ensure they had the knowledge and support to meet people's needs.

Staff had knowledge of the Mental Capacity Act 2005 and people's rights to make choices about their care and supported them to regain their independence.

People received support to ensure they ate a balanced diet.

People were supported to access a range of health and social care professionals.

### Is the service caring?

**Good** 

The service was caring.

Staff treated people with dignity and respect and promoted people to regain their independence.

Staff had the time they needed to give people the care and support they required and people did not feel rushed.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care, which was in line with their needs and preferences.

People felt they could complain and complaints were investigated.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager managed the service in an effective and positive way.

The manager operated an open door policy and staff were encouraged to share concerns and make suggestions.

The quality assurance process was effective and included the views of those who used the service.

# 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 16 June 2016 and was unannounced. One inspector and a specialist advisor carried out the inspection. The specialist advisor was a qualified 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 eight people, one visitor, 11 members of staff, the registered manager and two health professionals who do not work at the service. We looked at the care records of six people and staffing records of four members of staff. We saw minutes of staff briefings, policies and procedures, compliments and the complaints log and records. Certain policies were sent to us following the inspection. We were given copies of the duty rota for a month, which included the week of the inspection, and a copy of the training plan.

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 observed interactions between people and staff. We received written feedback from two health and one social care professionals.

# Is the service safe?

## Our findings

Some staff had transferred over from other services the provider had closed. We found the five staff members' recruitment records had not been updated therefore the necessary recruitment checks had not been updated. For example one staff had started employment with another of the provider's services in 2004. At the time a check with the Criminal Reference Bureau (to see if the staff member had any criminal convictions) had been completed. However there had been no further employment checks since this date. The provider had not updated on references or sought photographic evidence. This meant the provider had not ensured staff were still considered safe to work with people.

The provider's failure to ensure appropriate recruitment checks had been carried out on staff was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe. Staff understood their role in keeping people safe whilst maximising their independence with help and support. The registered manager told us a priority was keeping people safe. Staff confirmed they had access to mandatory training on line regarding safeguarding and the policies and procedures relating to safeguarding were available to all staff. The registered manager was able to tell us about appropriate safeguarding referrals they had made to ensure the safety of people both within the service and when they went home.

People were supported to have as much freedom as possible in terms of accessing all areas of the home and the garden. Risk assessments had been completed to ensure all staff were aware of the risks facing people. Risk assessments were thorough and identified each area of risk to a person and the action which should be taken to minimise the risk. Risk assessments on the environment were in place and there were contingency plans in the case of an emergency. Equipment was stored safely and the corridors were clear of hazards. The environment was well organised, clean and individuals' rooms had their own designated commode, chair raiser and pressure cushion.

The registered manager told us staffing levels were constantly being reviewed to ensure these were correct to meet the needs of people. They told us the service now had their own designated therapists and social worker which had improved the service for people. All people and staff spoken with told us they felt the staffing levels were adequate to meet the needs of people.

Procedures were in place for medical emergencies and staff were able to describe the action to be taken, including contacting the emergency services and recording and reporting events to the registered manager. Medicines were kept securely and there was safe storage in people's rooms for those who wanted to self-medicate. There was a good stock control and a good system of disposal of unwanted medicines. Medicines were stored appropriately. The medicines refrigerator temperature was monitored and recorded twice daily and was continually within appropriate limits. Topical medicines were kept in people's rooms to ensure appropriate and timely use. Staff administered medicines in a professional and unhurried manner.

## Is the service effective?

### Our findings

Staff received training to provide them with the knowledge and skills to support and care for people effectively. All staff spoken with confirmed that they had access to mandatory training on line and were able to access bespoke training as required. Therapy staff confirmed they had the support to pursue external training and courses. The registered manager had a list of all the training staff had undertaken and of the training some staff still needed. She explained some staff were out of date in a few areas as this had been the case when they moved from their previous locations. The registered manager told us these staff members had already been booked on the relevant courses. Staff felt supported by the registered manager and all staff received regular supervision. Records were maintained of the supervision sessions and both parties signed the record.

Staff had received training in the Mental Capacity Act (MCA) 2005 and understood about acting in a person's best interests. They respected people's rights to make choices for themselves and encouraged people to regain their independence. 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 said if they had any concerns people were unable to make decisions for themselves, they would inform the registered manager so action could be taken to reassess the person. Staff understood mental capacity assessments could be undertaken to identify if the person could make their own decisions. This meant staff understood people's rights to make choices and the action to take if someone's mental condition deteriorated.

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. 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. The registered manager understood issues relating to the Deprivation of Liberty Safeguards and staff had received training to support their understanding. Applications to deprive people of their liberty had appropriately been made to the local authority responsible for making these decisions.

People were supported to have a sufficient amount to eat and drink and received a balanced diet. People could eat their meals where they wanted, which included in the lounge, dining area and in their own rooms. People who needed support with eating their meals were given this in a respectful and patient way. The cook was visible on the day and it was clear she had a good rapport with people who used the service. She advised she would always try and cater to each person's individual needs where possible. In the kitchen there was a clear list of potential food allergies for people. Satisfaction survey's the provider had sent to people who used the service, revealed sometimes the meals were not hot enough. We could see this had been discussed and the temperature of the meals was monitored.

Information regarding people's health and therapy needs was recorded in people's care records.

Care professionals involved occupational therapists, physiotherapists, community nurses, GPs and social workers. If people needed the support from these services once they went home this was organised with the relevant professionals working in the community. We saw there were appropriate referrals to the relevant professionals, for example a specialist nurse and district nurse. The district nurse told us she visited almost daily and found the staff to be friendly and people always gave her positive feedback about the staff.



## Is the service caring?

### Our findings

People and relatives were complimentary about the care and support they received and confirmed they were always treated with respect. Comments about staff included, "Absolutely great", "This is an excellent finishing school" and "Carers do a brilliant job." There were many 'Thank you' cards received by the service, one stated "They were determined to help me achieve."

The home had a staff group which worked together as a team. It was clear the staff knew people well and treated people with kindness and compassion. The staff were cheerful and the atmosphere at the service was relaxed and people seemed contented and happy. People knew the staff were there to support them regain their independence. One person told us, "I do get frustrated and angry, but only at myself because I want to do more". They recognised staff supported them with their aims. Staff supported people to carry out activities which they enjoyed. For example some people joined in with a jigsaw puzzle, whilst other people tended to be happy talking with staff and others watched the television in the lounge.

People felt included and able to make decisions regarding their own care. Their views were recorded in the person's care records which were reviewed on a weekly basis and signed by the person.

Staff spoke with people while they were providing support in ways which were respectful and friendly. When we checked records we could see staff addressed people by their chosen names. Staff ensured residents' privacy was protected by providing all aspects of personal care in their own rooms. Each person's own room had a door bell which we noted was rung by all staff prior to them entering the person's room.

People were encouraged to make choices during the day, including the clothes and jewellery they chose to wear, activities they took part in and in respect of food. People's cultural and spiritual needs were taken into consideration and accommodated.

## Is the service responsive?

### Our findings

People confirmed the service responded appropriately to their needs and helped them to regain their independence. A member of staff described their feelings as "The satisfaction of knowing you've left someone happy and helped them to get back on their feet." Staff recognised the importance of supporting relatives also, and one said, "We make a difference for relatives too by supporting them."

The service had a very clear admissions policy as the provider recognised not everyone would be able to benefit from the service. Each person had a clear assessment before they were admitted to the service to ensure they fitted the criteria and would benefit from the service offered. Once at the service the person worked with the relevant professionals to work out a care plan which was best for them. Each person had to consent to all therapy treatment prior to this commencing. It was also clear goal planning and treatment plans were discussed with people on a regular basis. These were reviewed and discussed with the person on a regular basis and the person signed the review and the new goals when they were set.

The multi-disciplinary team worked together to ensure they were all working towards the same goals for people. They all commented they worked well together and there was good communication across the professionals. The rehabilitation and reablement assistants told us they had full access to people's care plans and worked well as part of the team.

It was noted in the feedback forms some people had complained there were no televisions in people's individual rooms. The registered manager advised us this was a conscious decision. They explained they wanted people to understand it was a short term placement where the emphasis was on people working towards their independence and set goals.

Copies of the complaints procedure were given to people when they started using the service and people confirmed they would feel confident to raise a concern if they had one. The registered manager kept a log of all complaints and compliments which had been made. When complaints were made these were investigated and a record was maintained and the outcome of the complaint was recorded. The registered manager told us they welcomed complaints as they saw this as a way of improving the service offered.

## Is the service well-led?

### Our findings

All feedback from people, staff, visitors and health and social care professionals was of a positive nature. A member of staff told us, "I really enjoy coming to work". Another staff member told us, "We all work together as one team, the manager is very approachable and understanding of work life balance"

A registered manager was in place at the time of our inspection. People and staff described the registered manager positively. The registered manager was very organised and had created five folders for each domain to match the CQC 5 domain inspection reporting style. Evidence had been placed in each folder and staff were encouraged to read these and add any extra information. The registered manager told us the service had experienced issues regarding the quality and appropriateness of referrals from the local hospital. She advised she had made good links and lines of communication with the head of nursing at the hospital which had improved the quality of referrals made.

There was evidence people and staff were involved in the development of the service. Questionnaires and surveys had been completed to try and gain feedback on the service offered. This information had been collated for any common themes and we could see action had been taken to address issues raised; for example the temperature of the meals and televisions in bedrooms. Meetings with people using the service tended to happen on an individual basis, due to the nature of people staying for a short time. People told us they could make comments to the management team and staff. Staff were aware of the whistle-blowing policy. Team meetings were arranged on a regular basis and staff told us they could raise any issue and these would be followed up as necessary. If staff were unable to attend they would sign to say they had read the minutes.

A range of audits were carried out daily, weekly and quarterly. These included the environment, infection control, medication, food safety and more personal areas for people such as dignity and privacy. The provider carried out a quality visit, although there had been two in the last ten months and the last audit had only looked at medicines. Incidents and accidents were logged and these were analysed to see if there were any common themes and if there could be any learning from these events.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure appropriate recruitment checks had been carried out on staff to ensure the safety of people.</p>