Oakview Estates Limited

Victoria House Residential Home

Inspection report

Victoria House
30-31 Victoria Embankment
Darlington
County Durham
DL1 5JR

Tel: 01325244960

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30 January 2018

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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 inspection took place on 30 January 2018 and was announced. We gave the provider 48 hours' notice of our intention to visit to ensure someone was available at the home to meet with us.

We last inspected the service in January 2016 and rated the service as Good. At this inspection we found the service remained Good.

Victoria House Residential Home provides accommodation with personal care for up to five people. The service provides care to people with learning disabilities and at the time of this inspection there were three people living at the home.

The service had a registered manager in place. 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.

Staff showed their caring approach to people using the service and in their support to people's families and wider social networks. We were told of how the service had supported people and their families to maintain regular contact through the use of technology and supported people to visit their loved ones. We saw written feedback from close family members that was exceptionally moving in relation to the support provided to their relative and the whole family.

We observed staff ensuring people's dignity was maintained and staff were skilled in ensuring people's anxiety was managed by consistently following support plans.

Staff and the management team understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults. People we spoke with told us they felt safe at the home.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe. Health and safety checks and meetings were completed and procedures were in place to deal with emergency situations.

Medicines were managed safely and administered to people in a safe and caring way. We saw that the service was beginning to support people to manage their own medicines as far as they were able and had developed pictorial stories to begin this process.

We found there were sufficient care staff deployed to provide support to people in a way that met their needs. Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date and forward planned . Staff told us they felt supported by the management team at the service.

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

People gave positive feedback about the meals they were served at the home. People received the support they needed with eating and drinking and specialist support had been sought where needed.

The service was moving to a more personalised support plan approach and were trialling a new approach from the provider. We saw that very good easy read plans were in place for people but more work was needed to ensure positive behaviour support plans were consistent and detailed enough information to enable staff to support people in a manner that met their needs and priorities. The registered manager agreed and told us they would continue to feedback and work on the plans as part of the trial process.

People accessed a wide range of activities and people were supported with employment and learning opportunities.

The service had good links with the local community and local organisations.

People and staff were positive about the management of the service. The registered manager and team leader had a daily presence at the home.

The provider had an effective complaints procedure in place. People who used the service were aware of how to make a complaint and met together regularly with the staff team to talk about issues about the house, staff team and living together. Feedback systems were used to obtain people's views about the quality of the service.

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

Victoria House Residential Home

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2018 and was announced. We gave the provider 48 hours notice of our visit to ensure people would be available at the service for us to speak with.

One adult social care inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We contacted the local authority safeguarding team and Healthwatch, the local consumer champion for health and social care services. We used their comments to support the planning of the inspection.

During the inspection we spoke with two people who used the service and had other interaction with one other person who had limited communication. We spoke with the registered manager, the team leader, one support staff and a visiting student nurse. We also spoke with a visiting advocate. We looked at a range of records including two people's support and medicines records, staff records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

We spent time observing staff interactions at the service and saw that people were very comfortable with staff. One person told us, "Yes I am safe here and I know what to do if there is a fire."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us staff were flexible and covered any absences themselves, so continuity of care was provided. We saw staff were readily available to support people where required and at key times such as during the day to provide activity support, then additional staffing were allocated.

Staff were supported to work in safe ways. We saw they had been trained to deal with emergency situations and on our arrival staff ensured we were made familiar with the fire evacuation procedure. Staff were also trained and supported to manage behaviour that may challenge. We spoke with one staff who confirmed they found the training, 'invaluable' and that they were also given support via a debrief session following any incident or if they felt concerned.

We witnessed a person becoming anxious. The staff dealt with this in a calm and caring manner. The person had one to one support that was offered in a very inconspicuous way. The person was reassured and everyone continued with their activities, with no impact on the other people present.

There had been four new members of staff employed by the service since our last inspection visit. We found the provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Two new members of staff we spoke with confirmed they thought the recruitment and selection process was robust

The provider had an infection control management policy in place that described the responsibilities of staff, the procedures to follow to prevent and control infection and who to report any concerns to. The staff team were responsible for cleaning and there were schedules to confirm tasks had been completed. The registered manager also carried out regular audits to confirm the home was clean and there was appropriate cleaning equipment in place and safely stored.

Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk and action taken to mitigate the risks to the health, safety and welfare of people. We saw a wide range of risk assessments were completed for personal care, mobility, falls, and accessing the community. We saw the service responded quickly to any identified risks for example, one person had a change in their vision and so the home undertook an environmental assessment and

improved the lighting in the hallway to increase visibility. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Electrical testing, gas servicing and portable appliance testing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date, fire drills took place regularly and people had Personal Emergency Evacuation Plans in place. Other equipment such as single use kettles were used so people could make their own hot drinks but without the need to hold a boiling kettle. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We found appropriate arrangements were in place for the safe administration and storage of medicines. We discussed medicines with the team leader who was responsible for auditing and ordering of medicines. They told us the service was beginning to explore assisting people to manage their own medicines and were in the process of ordering 'dummy' dosette boxes. In the meantime, people were being supported by visual stories of the administering process using photographs of their own medicines to prompt them with staff support.

Medicines were stored in a treatment room. Room and refrigerator temperatures were recorded to ensure they were within safe limits. Each person had an individual medication administration record that included a photograph of the person, GP contact details, details of any allergies, and information on how the person preferred to take their medicines. There was written guidance for the use of 'as required' medicines and staff were provided with a consistent approach to the administration of this type of medicine.

Good

Is the service effective?

Our findings

People who lived at Victoria House Residential Home received effective care and support from well trained and well supported staff. One person told us, "The staff are all lovely, they are great."

All staff we spoke with said they felt supported by the registered manager and management team. We saw regular supervision sessions took place and staff we spoke with said they were meaningful and effective. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and observation in the workplace. One staff member told us, "They have been very supportive, I have had some family issues and they have really helped me deal with those so my work isn't affected."

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. One staff member told us, "I have worked in care previously but not had the amount and depth of training, I enjoyed it." The registered manager showed us a training chart which detailed training staff had undertaken within the last three years. We saw the service had made links with a local college and staff were going to access dementia training and training on personality disorder had also been scheduled for the near future by the provider. Two recent staff members raised an issue regarding the quality of the provider's medicine induction training. After our visit, we discussed this with the regional operations manager who stated they acknowledged and would review the training provided.

We saw records that showed that staff met together regularly with the registered manager and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, staff discussed ways of improving the service and were asked for feedback such as "How do you think Christmas and New Year went at the service?" This showed relevant updates were shared with the staff team.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family, multi-disciplinary team members and staff at the home were clearly recorded. The registered manager and staff we spoke with had all been trained in the MCA and appropriate authorisations and requests for DoLS had been undertaken.

People's needs were assessed before they started using the service and were continually assessed in order

to develop support plans.

The registered manager told us how they planned the transition of people into the service. They described how a prospective person currently living at another of the provider's homes was due to move to Victoria House. They explained how they were working with the staff team there and with key staff from Victoria House who also knew the person to ensure a smooth transition.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's support plans. People met together to choose their menu on a daily basis and we spoke with one person who told us how they were working with staff support to follow a slimming club regime. The home had sought support from a healthcare professional to review the nutritional intake of one person following concerns and were working with their advice and guidance. On the day of our visit, staff had prepared lasagne for the evening meal and one person showed us their shopping items as they were going to make tuna pasta with staff support.

We saw people had access to a range of external healthcare professionals in addition to the provider's own professional support from occupational therapy. We saw any medical concerns were quickly attended to and the service enjoyed a positive relationship with the local GP practice. Everyone had a health passport and annual review in place. A health passport is a document that gives healthcare professionals key information about people's health and communication needs if they need to go into hospital for example.

Good

Is the service caring?

Our findings

People were supported to maintain relationships by a service committed to involving those close to people. We saw for one person with communication difficulties, that the staff team had built relationships with their family using Facebook and Skype. This had resulted in family visiting the person for the first time in over 20 years from across the world and they now had an on-going positive relationship. The family members had shared their immense thanks to the staff team in a very moving and emotional letter that they gave us permission to view.

People were involved in making decisions about their care and the home they lived in. Regular consultation meetings took place between staff and people, and decisions and choices were clearly recorded.

People were supported to be independent where possible. Care records described what tasks people could carry out independently and what tasks they needed support with. For example, "I like to be independent but I need prompting to make sure I wash myself all over." People had domestic routines in place that provided prompts for them to follow. For example, when washing the dishes or carrying out laundry.

We observed staff's interactions with people as they went about the home, as well as when undertaking specific care tasks. Staff consistently interacted with people with warmth and kindness. There was a friendly and affectionate relationship between people who used the service and staff. Staff we spoke with knew people's needs extremely well, and could describe their likes and dislikes as well as their life histories. This underpinned the respect and consideration shown, with staff exhibiting a genuine empathy and concern for people's well-being. One staff member we spoke with told us, "It's like a family environment here but always maintaining professional boundaries."

The service took maintaining people's privacy and dignity very seriously. Staff members also told us that they always knocked before entering a room even when the door was open. Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff. We spoke with one staff member who told us, "I try and ensure when I speak with one person about something personal to them that no-one else is around and I am mindful what I say generally as people can interpret things literally."

Staff members told us about their 'keyworking' duties and how they helped people maintain relationships with their family as well as supporting people with toiletries and shopping requirements. People also told us about holidays they were planning with keyworkers and one person was looking forward to going to the Lake District.

When we observed staff providing support, we saw they used the techniques and approaches described in people's support plans. For example, one person had begun using an electronic tablet to show activities and everyday items. Staff showed us they were working to get all of these in photograph format rather than pictures as the person responded better to photos. This meant the service supported not only staff but other people who used the service to communicate with someone in a way they could understand.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We met with a visiting advocate. They told us how the service instantly involved them if they had any concerns or decisions that people may need support with. They told us, "I work really well with the staff here, they involved me when separating the two sides of the house to make sure people understood what was happening and had choices about how they wanted things to happen like the fence between the two sides of the house in the back yard."

Good

Is the service responsive?

Our findings

People had 'Person centred plans' in place. Person centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. These included information on people's life history, likes and dislikes, health, well-being and self-esteem, choice and capacity, independence and living skills, and activities.

The provider had recently introduced a new support plan model that created a more social model of support as the previous system had focussed on a more clinical model of support mainly used by hospital services. Victoria House was involved in the pilot for implementing the new plans and we saw that easy read plans were in place and were clear and identified people's support needs. Positive behaviour support plans were in place but needed further work to ensure they were consistent across other plans such as communication plans to ensure people's needs were clearly identified, strategies in place to support and outcomes clearly distinguished. The registered manager agreed that further work was needed and was keen to go back to the trial group to discuss further improvements needed either through guidance or the use of an exemplar template. Support plans were in place to support people with all their identified needs, including for example, their mobility, anxiety and repetitive behaviours. Records were reviewed regularly and were well maintained.

We saw that where appropriate people had a plan for their end of life care that was in an easy read format and which people had been involved in talking about.

Documentation was in place to record care and support offered throughout the day and night. Handovers were detailed and ensured information about people's support and welfare was clearly documented and communicated to staff to ensure consistency of care. One staff member told us, "The handovers are excellent; we have a full 15 minutes uninterrupted update."

It was clear from records that staff worked with people and their families to fully meet their needs and involve them. Both people we spoke with knew about their support plan and had signed throughout to show their involvement. We saw that an easy read version had been produced as part of the provider's new trial of support plans and they were a clear, positive document of how people wanted their support to be provided.

On the day of our visit, people had gone out shopping and to the bank. We saw people also attended fitness classes, work placements and social activities. One person told us they were supported to go out for a meal with their partner and that staff helped them maintain that important relationship. One person also told us they were hoping to go to college and we saw people were supported to learn independent living skills around the home such as cooking and laundry.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. There was easy read information around the home on how to make a complaint and monthly

meetings were held where people were given updates and asked about their satisfaction with the service. The two people we spoke with stated they felt staff listened to them and acted on any minor issues they had. They stated they would feel comfortable in raising a concern or complaint if they felt this was necessary.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We met with the registered manager and team leader during the course of our visit.

People who used the service and staff spoke highly of the registered manager. People told us, "Yes I can talk to [Name] registered manager," and "Yes [laughing] she is the boss." We saw the registered manager and team leader engaging positively with people throughout our visit.

The service had a positive culture that was person centred and inclusive. Observations of interactions between the registered manager and staff showed they were open and positive. Staff members told us, "The support is good and they are very friendly and open", and "It's a lovely team here."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly and an annual survey was carried out. Staff we spoke us told us they felt supported by the provider and management team. They told us, "The teamwork is now brilliant."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We saw the management team had conducted regular checks on issues such as staffing, support plans, medication, health and safety and the environment. The provider's had introduced a new format for audits and the registered manager and team leader explained the process to us and showed us the on-going action plan that the service was working on. The service had undergone a quality development review by the provider's national compliance and regulation manager and we saw that's actions identified had been put into the action plan. This had included showing that debrief sessions were available to view rather than just being recorded online and ensuring maintenance works such as replacement lights had been fully actioned and replaced. The provider's regional operations manager also carried out regular visits to the home where they spoke with staff and people using the service to obtain their views.

Annual surveys were carried out for people who used the service. These included questions on the home, staff and quality of the service. The results were analysed and any issues were addressed and fed back. We saw the service then fed back to people about actions it had taken in response to their views and this was displayed on the notice board in the hallway using easy read format and pictures.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

The service maintained good links with the local community, local services and statutory providers. People

attended local fitness classes nearby and shortly people were going to attend a job fair specifically for people with learning disabilities.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.