

Mr D Kerrison & Mrs S Kerrison

Victoria Lodge

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 inspection took place on 20 September 2017. The inspection was unannounced.

Victoria Lodge is based in a residential area of Saltburn within walking distance of the sea front. The home provides personal care for people living with a mental health illness. The service is registered for 14 people and on the day of our inspection there were 12 people using the service.

At our last inspection in July 2016 we found the service was in breach of registration and was rated as 'requires improvement'. We found during this inspection that the provider had made improvements to their best interest decision processes and recording and had recruited a new manager.

We found quality assurance surveys took place, to check people's views of the service. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues. People who used the service and their representatives were regularly asked at meetings for their views about the care and service they received.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

A manager was newly appointed to the role and at the time of our inspection was in the process of registering with the CQC.

The atmosphere at the service was relaxed and very welcoming. People who used the service told us they felt at home and had a good rapport with the staff and the providers.

We saw staff interacting with people in a person centred and caring way. We spent time observing the support that took place in the service. People were always respected by staff and treated with kindness. Staff communicated with people well and where necessary used their skills positively to reassure people who used the service.

We found the service adhered to the principles of the Mental Capacity Act 2005 and where people were unable to make decisions for themselves, best interests' decisions had been put in place. These had involved social workers, family members, advocates and other professionals.

People were encouraged to enhance their wellbeing on a daily basis by taking part in activities that they valued. Staff spent their time positively engaging with people on an individual basis in meaningful activities. People were supported to go out regularly too.

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's care plans were written in plain English and they also included a personal history and described individuals preferences and support needs. These were regularly reviewed and were written in a person centred way. 'Person centred' is when a person is at the centre of planning their care and their preferences are respected.

Care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care plans showed that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, chiropodist, mental health practitioners, dentist or optician.

People who used the service were supported on a one to one basis or by sufficient numbers of staff to meet their individual needs and wishes in a person centred way.

Staff training records, showed staff were supported and able to maintain and develop their skills through training and development opportunities that were accessible at the service. The staff confirmed they attended a range of learning opportunities.

Staff had regular supervisions and appraisals with the deputy manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. Records that showed there were robust recruitment processes in place. However, some staff records were not always complete; this was rectified during the inspection.

We observed how the service administered medicines. We looked at how records were kept and spoke with senior care staff who administered medicines and we found that the process was safe.

People were encouraged to eat and drink sufficient amounts to meet their needs. They were offered a varied selection of drinks and homemade snacks. The daily menu was flexible and reflective of people's likes and dislikes and offered varied choices and it was not an issue if people wanted something different.

A complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had their rights respected and access to advocacy services if needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service is safe.

Medicines were managed, stored and administered in a personalised and safe manner.

Accidents and incidents were appropriately recorded and investigated.

People were recruited safely.

There were enough staff to meet people's needs safely.

Is the service effective?

Good ●

The service is effective.

Staff training was current and appropriate to meet the needs of the people using the service.

People's nutrition and hydration needs were met and food choices were varied and choices offered.

Where best interest decisions were made, people and professionals involved in their support were involved and this was recorded appropriately.

Is the service caring?

Good ●

The service is caring.

People told us that they were supported by kind and caring staff.

People had access to advocacy support when required.

People were treated with dignity and respect and supported to maintain their independence.

Is the service responsive?

Good ●

The service is responsive.

People received person centred support.

People's wellbeing was enhanced by being supported to take part in activities of their choice.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service is well led.

Management plans were in place to support the new manager with registration with the CQC.

There were effective systems in place to monitor and improve the quality of the service provided. Staff were complimentary about the management and the provider.

Staff were supported by the management arrangements and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

Victoria Lodge

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 inspection took place on 20 September 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one adult social care inspector.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including the local authority commissioners through our information sharing processes.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return. 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 our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences.

At the inspection we spoke with five people who used the service, the deputy manager, the manager, the providers and four care staff.

We also reviewed records including; two staff recruitment files, five medicines records, safety certificates, two care plans and records, two staff training records and other records relating to the management of the service such as audits, training and supervision records, minutes of meetings and policies.

Is the service safe?

Our findings

The people who used the service told us they felt safe at Victoria Lodge and that there were enough staff to meet their needs safely. One person commented, "I am safe here it's magic. The staff have time to sit with me, chat with me help me make plans." A second told us. "It is safe here the tablets are all kept safe in the trolley." And a third told us, "I feel safe here, I never felt safe when I was in hospital."

Staff interacted with people on a one to one basis depending on their required needs. Staff were available and helped people to take part in activities if they chose. Staff were not rushed and had time to spend with the people who used the service.

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. One staff member told us; "We know our people well and we look for changes in their behaviour and mood." Another staff member told us; "I would report it [concern] straight away." This showed that staff knew how to recognise and report abuse.

We saw from rotas that there was a consistent staff team and a low turnover of staff. The home had never used agency because there was sufficient staffing to provide cover arrangements within the existing staff team.

Staff files showed the provider operated a safe recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruitment decisions. However, we found that one staff file was not complete with copies of photographic Identification. This was rectified immediately during our inspection.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

People's individual medicines records contained their photograph, allergy information, medicine information. We discussed medicines with the senior staff. They knew exactly how the people liked to take them and if they wanted particular privacy for example, or some people were supported to be independent with their medicines and this was managed safely.

We observed medicines being administered at lunch time and this was done safely. Senior staff administered medicines and protected time was given for this and staff wore a 'do not disturb' red tabard to alert other staff members not to distract them.

People's care plans contained individualised risk assessments that were reviewed regularly and enabled people to take risks in their everyday life safely. Including; falls, going out for walks, personal hygiene and using laundry and kitchen facilities safely.

There were systems in place for monitoring the safety of the premises. These included checks on the fire alarm system, hot water and appliances.

People who used the service each had personal evacuation plans in place to be used in the event of a fire and there was an emergency grab file by the exit.

Staff wore personal protective equipment for personal care and when in the kitchen and we saw there were supplies available.

Is the service effective?

Our findings

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).

At the last inspection the service was not compliant in supporting people's best interests decisions and improvements were needed regarding how these were recorded.

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. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there was no one who used the service with a DoLS in place. However staff were trained in MCA and DoLS. Where possible, people were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary. We saw evidence of best interest decisions that had been made and these involved the person and the appropriate professionals and were documented within their care files, they were reviewed appropriately involving the people's social workers. We discussed this with the deputy manager who told us; "No-one has a DoLS in place but where people lack capacity best interest decisions are made. For example, finances that are managed through the local authority.

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team. People who used the service we spoke with felt that staff knew them and their care needs well.

We saw records that showed a wide range of community professionals were involved in the care and treatment of the people who used the service, such as social work team and opticians. Evidence was also available to show people were supported to attend medical appointments.

Supervision and appraisals took place with staff with the deputy manager and these were carried out regularly to enable them to review their practice. These are one to one meetings where staff are supported. Supervision files showed staff were given the opportunity to raise any concerns and discuss any personal development. Staff told us they received these regularly and these were valued. One staff member said, "I feel supported I can bring anything up and they are always asking me if I want more training." Another told us; "You can always speak freely at the supervisions and it is confidential. I do feel supported."

The training list showed the range of training opportunities taken up by the staff team to reflect the needs of

the people who used the service. The courses included; safeguarding, mental health awareness, infection control and end of life. When we spoke with staff they were complimentary about how they were supported to access training and one member of staff told us; "I am up to date with all of my training. They have put me on lots of courses and will ask if I am interested in any others. I found the end of life training very interesting. I'm surprised how much you find out on these courses – its eye opening." This meant that staff training was taken up and valued.

Throughout the inspection we observed people being offered drinks, homemade cakes and snacks. The menu that we looked at was flexible and offered choices including a requested 'healthy choice'. We could see that if a person didn't want what was on the menu or even changed their mind, this wasn't a problem and other options could be arranged. One person who used the service told us, "The food is very good; we get a choice of food. If you eat good food you can enjoy life."

Equipment needed to support people was serviced and checked regularly however we found that the scales for weighing people were dated and were not calibrated regularly. We asked the deputy manager to check them on the day of our inspection and they were correct. The deputy manager agreed to purchase a new set of digital scales and implement regular calibration of the scales to ensure they were correct.

Is the service caring?

Our findings

People who used the service told us the staff were caring and supportive at all times. One person told us, "[Staff member name] should have a gold medal, you can't beat his place, anything you want you can have." and another told us "Very caring people here who look after everyone. You couldn't find a nicer place than this. I was a right mess before I came here, I had a breakdown." And "I like it, I am very happy here everything is going good."

We spent time observing people throughout the inspection and there was a relaxed, warm and homely atmosphere. Staff interacted with people in a positive, encouraging way. We saw that people were respected at all times by staff and were treated with kindness.

People were supported by a staff team who knew them well, the detail of peoples history was recorded in their care plans.

People's privacy and dignity was respected and we observed this when the medicines were being administered and we saw how staff respected how one person didn't like to take their medicines in front of others and they ensured it was done privately. When we spoke with people they also told us how they felt their privacy and dignity was respected. One person told us; "I like me own room its private and I like my same routine, I like everything the same and that is respected."

People were supported to maintain their independence and people we spoke with told us; "I like to do things my way and the staff help me to keep my routine so I can do things for myself. I like things to be the same." And another told us; "The staff help me to arrange and plan when I want to go out, I go on my own."

People who used the service had access to advocacy services but at the time of our inspection no one was using them. The staff were knowledgeable and knew whom to contact if anyone needed advocacy. The deputy manager told us; "No one has an advocate at the moment. Some people do have their families. So if needed to we would provide an advocate. We have a policy in place; staff are aware what to do. There are leaflets out for people to access. If they needed an advocate we would get one right away."

People were supported to make choices and this was respected, for example at meal times, picking food to be on the menu, shopping, room décor and activities.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining important relationships. People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit at any time.

Is the service responsive?

Our findings

The service had a mix of planned events and outings. These activities depended on meeting people's preferences. During our inspection we saw people enjoying a game of dominoes and other people went out? to the local shops independently. One person told us, "I like reading biographies and I really enjoy my music, I'm not one for joining in." Another person commented, "I like baking."

We spoke with staff about activities. One member of staff told us; "People like to do different things so we ask people on the day what they want to do and take it from there, some days people don't want to do much. [Name] likes to bake and loves to do the Yorkshire puddings on a Sunday for lunch. [Name] likes crafts and others like to go out on their own or we go together to cafes, walks and visit the shops." One person was an active fund raiser for a local charity and they were supported with this and had achieved many fundraising goals through their voluntary activities.

People were involved in the running of the home and there were regular meetings for people to attend to voice their opinions and share ideas, these were held bi monthly. People were able to have their ideas and choices on the menu including their favourite foods. For example, healthier choices. At a recent meeting people had discussed safeguarding and each person was given a poster to put up in their room that gave information of whom to contact if ever they felt afraid or worried, they also had discussed the different types of abuse and how to report these concerns.

People had care plans in place that were detailed and contained information about their life history and support needs and these were regularly reviewed. The plans contained person centred details and covered all aspects of care including; communication, individualised risk assessments, food and clothing preferences and dislikes. Contact with other health professionals was also recorded within the plans and these were reviewed and updated regularly.

We asked care staff how they ensured they provided person centred approaches to supporting the people who used the service and one staff member told us, "We take everyone's likes and choices on board."

People knew how to make a complaint or raise any issues. Everyone we spoke with was aware of how to raise concerns or make a complaint if they needed to. One person told us; "I would go to the manager and if not I would go higher to the owners." Another person commented, "I would speak with the manager and my social worker."

Staff were aware of the complaints policy and procedure and were able to support people and their relatives to raise concerns by pointing them in the right direction. Staff they told us they would raise concerns with the deputy manager or the provider. The complaints records showed that one concern had been raised in the last twelve months by a person who used the service and this had been treat as a complaint, logged and resolved. This showed us that the complaints procedure was well embedded in the service and people were confident to use it when needed.

Is the service well-led?

Our findings

The home did not have a registered manager in post. A registered manager (manager) is a person who has registered with CQC to manage the service. However the service had recently employed a manager who was in the process of applying for their registration with us and were awaiting their interview. At the time of our inspection the manager was on annual leave.

In the manager's absence the deputy manager was in charge of running the service and managing the staff team and both the deputy manager and provider assisted us with our inspection.

We spoke with members of the staff team and they gave positive feedback about the management of the service. One member of staff told us; "The deputy has been here a long time and I'm also looking forward to working more with the new manager but [Name] the provider is always at the end of the phone if needed, they're very good." Another staff member commented, "I know the new manager already as I have worked with them before. The owners and the deputy are good listeners."

Regular team meetings were organised by the deputy manager to communicate with team members and these were well attended, recorded and valued by staff. We saw from the minutes the range of items discussed including safeguarding and incidents.

The deputy manager showed how they adhered to company policy for risk assessments and general issues such as moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety. For example a chair lift was installed for one person to support them with accessing their room and then later agreed to move bedroom to the ground floor to reduce the risk of falls.

The deputy manager ran a programme of audits throughout the home and they were carried out regularly. They included; medicines, staff competencies, accidents, and incidents and the environment. The deputy manager explained that they had been doing the audits in the manager's absence and would be handing these over.

The most recent quality assurance survey was carried out in July 2016. The results contained positive feedback from people who used the service, visiting professionals, staff and relatives. The deputy manager explained that they had delayed the planned provider's quality assurance survey until October 2017 on request from the people who use the service. They had just recently completed surveys for the local authority who commission the service.

The deputy manager showed us the action plan that was in place and could demonstrate the service had made improvements following a monitoring visit by the local authority, who commission the service. This meant the service was making changes to continually improve.

Policies, procedures and practice were regularly reviewed in light of changing legislation to inform good practice and provide advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse or serious injuries. The deputy manager of the service and provider had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.