Choice Pathways Limited

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

This inspection took place on 2 February 2016 and was unannounced.
Victoria Lodge is registered to offer support and accommodation for up to nine people who have a past or present experience of mental ill health. On the days of our visit there were nine people living at the home.

There was 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.

People said they liked living at the home and that staff provided a good supportive service. They were given the opportunity to choose activities and whether they wished to participate in them. They felt staff provided the care they needed in a way that suited them.

People came and went as they pleased during our visit. The home provided a safe environment for people to live and work in and was well maintained, furnished and clean.

The records were comprehensive and kept up to date. The care plans contained clearly recorded information. This enabled staff to support people appropriately. The home worked with people in a recovery model to assist theme to reach their goals and aspirations.

The staff were knowledgeable about the people they worked with as individuals and had appropriate skills, qualifications and training. They were focussed on providing individualised care and support in a friendly and enabling way. Staff said they had access to good training, support and career advancement.

Staff were working within the principles of the Mental Capacity Act 2005 which meant that they were making sure people had support in place if they needed to be assisted with decision making.
They also worked within the principles of the Mental Health Act 1983(2007) which meant they were making sure people were safe and staff were following legal guidelines.

People were protected from nutrition and hydration associated risks by being encouraged to have balanced diets although people were encouraged to buy their own food to cook.

People were encouraged to discuss health needs with staff and had access to community based health professionals, as required.

The management team at the home were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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 was safe

People were protected against risks to their health and wellbeing, including the risks of abuse and avoidable harm.

There were sufficient numbers of suitable staff to support people safely and meet their needs.

People were protected against risks associated with the management of medicines. They received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

Staff were working within the principles of the Mental Capacity Act 2005 which meant that they were making sure people had support in place if they needed to be assisted with decision making.

They also worked within the principles of the Mental Health Act 1983(2007) which meant they were making sure people were safe and staff were following legal guidelines.

Staff obtained people's consent to their care and treatment.

People were supported to have a balanced diet. Their health and welfare was maintained by access to the healthcare services they needed.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff who supported them.

People were able to make their views and preferences known. They were encouraged to take part in reviews of their care.

People's independence, privacy and dignity were respected and promoted.

Is the service responsive?

Good

The service was responsive.

Staff delivered care, support and treatment that met people's needs, took into account their preferences, and was in line with people's assessments and care plans.

People were able to take part in individual and group activities that took into account their interests and choices.

A procedure was in place to manage complaints, but people told us they had not had reason to raise concerns about the home.

Is the service well-led?

Good

The service was well led.

The provider's values were clear and understood by staff.

The management team adopted an open and inclusive style of leadership for people and staff.

People and staff had the opportunity to become involved in developing the service.

Systems were in place to monitor, assess and improve the quality of a wide range of service components. These included regular audits and unannounced spot checks by the provider.

The manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service.

There was a friendly, homely and professional atmosphere in the home, which was appreciated by people and staff.

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

The inspection took place on 2 February 2016 and was unannounced. This inspection was carried out by one inspector.

Before the inspection we reviewed information we had about the service, including previous inspection reports, improvement plans and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. 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. The registered provider gave us additional information on the day of the inspection.

We spoke with or observed care and support given to most of the people who lived at the home. We spoke with the provider's regional manager, registered manager and deputy manager. We spoke with two support staff and three people who live at the home.

We looked at the care plans and associated records for three people. We reviewed other records, including the provider's policies and procedures, emergency plans, internal and external checks and audits, staff training, staff appraisal and supervision records, staff rotas, and recruitment records for six members of staff.

Good

Is the service safe?

Our findings

People we spoke to did not comment on their safety. Although one person said "I have lived in a lot of group homes and this is by far the best."

There was a visitor's policy whereby when visitors signed in they were asked to read guidelines and 'do's and don'ts about visits'. These were to help promote safety.

Staff had received safeguarding training, were aware of how to raise a safeguarding alert and when this should happen. There was no current safeguarding activity.

Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from harm and abuse and staff had received training in how to use them. They understood what abuse was and the action to take if they came into contact with it. They said protecting people from harm and abuse was part of their induction and refresher training.

People's care plans contained risk assessments that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments of their health, daily living and social activities. The risks were reviewed regularly and updated if people's needs and interests changed. There were general risk assessments for the home and equipment used that were reviewed and updated. For example weekly tests for fire alarms, emergency lighting and call systems. There was also a fire safety plan for the home and staff were aware of the plan and were able to tell us the action they would take to protect people if the fire alarm went off. There were also monthly checks on hot and cold water.

Staff shared information regarding risks to individuals including any behavioural issues when they occurred and during shift handovers and staff meetings. Staff received training regarding behaviour that may challenge that was based on de-escalation techniques. This included guidance regarding each person using the service. They were also aware of what was lawful and unlawful in supporting people. There were also accident and incident records kept and a whistle-blowing procedure that staff said they understood. Accidents and incidents were recorded in a way that allowed staff to identify patterns. These were available for the manager and senior managers to monitor and review to ensure appropriate management plans were put in place.

The recruitment process ensured that new staff were of good character and suitable to carry out the role. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We looked at six recruitment files which had a full employment history, references and copies of the questions asked at interview.
The recruitment procedure recorded all stages of the process prior to staff starting in post and a six month induction/ probationary period with reviews. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them.

The home had vacancies that were being recruited to. Whilst this process was taking place, staff at the home took on extra shifts to ensure there were suitable arrangements for cover. During our visit we saw that there was enough staff to meet people's needs and support them. This was reflected in the way people did the activities they wished to safely. The staff rota also showed that support was flexible to meet people's needs. The manager showed us the staffing to client ratio tool which helped them to recruit staff to meet needs, and they were above their allocated numbers to meet people's needs.

Medicine was safely administered, stored in a locked facility and appropriately disposed of if no longer required. We observed with permission the medicines being offered and given to two people. Two staff were involved every time, one administered and one witnessed. All staff who administered medicine were appropriately trained and this training was updated annually. A senior member of staff told us that they were responsible for ordering the medicines and they explained how this was managed. They also carried out the assessments of staff before they could administer medicines. There was external and internal training and the internal training consisted of three assessments, two practical sessions (observations) and an oral and written test. We saw that records were kept of any issues with medicines and an investigation carried out. This might mean that a member of staff was suspended from administering medicines until they had received additional training and passed further assessments.

People were assessed as part of their recovery plans to self-administer their medicines. This was discussed with the person and a multi-disciplinary team. A risk assessment was carried out and there was a five stage process for people to agree to. This started with approaching staff for their medicines without being reminded and worked towards having the medicines in their room to take themselves.

Staff had access to current guidance. The medicine records for all people using the service were checked, found to be fully completed by staff and up to date. There were medicine profiles for each person in place.

Good

Is the service effective?

Our findings

People told us they felt staff helped them to do the things they wanted to do with their lives. One person said, "I spend time as I wish." Another person said, "Staff are really helpful." Staff communicated with people clearly and in a way that enabled people to understand and make decisions in their own time.
People were supported by staff who reflected on their working practices to improve their performance. Staff received ongoing supervision and were given the opportunity to have time with their line manager to discuss all aspects of their role. We looked at staff files and found that staff were able to direct the supervision covering topics where they felt they either required additional support or areas they wished to discuss.

Induction and annual mandatory training was provided for staff. The induction included completing a written work book and staff were provided with a handbook which contained information about their roles and responsibilities. All aspects of the service and people who use it were covered and new staff spent time shadowing more experienced staff. This increased their knowledge of the home and people who lived there. The annual training and development plan identified when mandatory training was due. Training included infection control, manual handling, medicine, food hygiene, first aid and health and safety. There was also access to more role specific training such as schizophrenia awareness; mental capacity and behaviour that may challenge. One member of staff said there were opportunities for career progression with roles as team leader with responsibilities in the home and acting up as deputy or manager.

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 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.

Staff were aware of the Deprivation of Liberty Safeguards (DoLS). No one was subject to DoLS at the time of our inspection. People told us they were free to come and go from the service as they wished. Throughout the inspection people came and went as they wished. They informed staff of an approximate time of return.

Staff promoted decision making and respected people's choices. People's consent to aspects of their care had been recorded in their care plans. Three people had been discharged from hospital to the home under the Mental Health Act 1983/2007. Staff we spoke to were aware of any restrictions placed on people.

People were supported to make choices with regards to personal care, medicine administration, activities and meals. One person told us they had £20 per week to go to the shops with to buy food; this did not

include snacks or fizzy drinks. At lunchtime if people were at home they went to the kitchen in their own time to make their lunch and had access to the kitchen at all times for drinks etc. One person was learning to manage their money in anticipation for moving to their own flat.

Staff had a good rapport with people and they were able to remind people about personal boundaries in a way that did not cause offence. We saw that key worker support was available regularly. A key worker is a named person that someone can approach at any time who takes a more in depth approach to the relationship. During this one to one time the key worker would work with the person on their 'wellness recovery action plan' (WRAP) or the mental health Recovery Star, which is designed for adults managing their mental health and recovering from mental illness. These tools are used with the person to help them manage and plan their goals; which could be where they are going to live and whether they are going to get paid employment.

People had good access to a range of health support services. Care planning records covered the person's physical health and mental welfare. The health plans identified if a person needed support in a particular area. Some people required specific healthcare support and there was evidence this was provided. The registered manager told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care. A few people received ongoing support from the speech and language therapist, others had support from psychiatrists and community nurses to help them manage their reactions to needs and aspirations.

Good

Is the service caring?

Our findings

During our visit people made decisions about the support they needed, when it should be given and how they wished to spend their time. Staff knew people well, were familiar with their life style patterns, aware of their needs and met them. They provided a comfortable and relaxed atmosphere that people enjoyed. One person told us, "This is a very nice place to live; the staff are good as gold, very kind and caring and have to put up with a lot of nonsense from some people." Another person said, "Staff are all right".

People said that the staff treated them with dignity and respect, and enabled them to maintain their independence. The staff met their needs; they enjoyed living at the home and were supported to do the things they wanted to.

Staff were friendly, helpful, listened and acted upon people's views and people's opinions were valued. This was demonstrated by the positive and supportive care practices we saw during our visit. Staff were skilled and patient when providing support and knew when people wished to be on their own. They also made the effort and encouraged people to enjoy their lives. Staff had received training about respecting people's rights, dignity and treating them with respect that underpinned their care practices.

The patient approach by staff to providing people with care and support during the inspection meant that people were consulted about what they wanted to do, where they wanted to go and if they wished to be accompanied or not.

People were encouraged to do activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out. Staff continually made sure people were involved, listened to and encouraged them to do things for themselves.

People were asked by a staff member if they would like to speak to us or not and given the time to decide for themselves. Some people decided they were happy to chat, whilst others declined. Staff facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit.

People were free to move around the home and elsewhere as they pleased. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. There were positive interactions between staff and people using the service throughout our visit. For example one person had been saying they wanted to go to the gym and the day of our visit they had gone for half an hour. There was praise and encouragement from staff for this achievement. There was also positive affirmation for people who had remembered to go to staff for their medicines as part of their programme to be independent with medicines.

The home also had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction, ongoing training and contained in the staff handbook.

Daily records were maintained and demonstrated how people were being supported. The records told staff what people had eaten and drunk the previous meal, how their mood was, any activities they participated in and if they enjoyed them. The records communicated any issues which might affect people's care and wellbeing. The staff told us this system made sure they were up to date with any information affecting a person's care and support.

People's bedrooms were individualised and reflected people's preferences. People were able to choose the colour of their rooms and decide how their rooms were decorated. The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing.

Good

Is the service responsive?

Our findings

People said that the home's manager and staff asked for their views and opinions and we saw this happen during our visit. One person's role is as an 'expert auditor'. They visited homes that belong to the provider in the local area and complete a report from which they make a rating. They comment on areas of the home such as introduction and meeting people, environment, menus/food, activities, discussions and observations of staff supporting people. Any areas for action or improvement are discussed by the manager with people using the service. One suggestion was for additional drivers, the manager explained they were restricted by whether staff could actually drive or not.

People made their own decisions about their care and support and said the care and support they had was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate. If there was a problem, it was resolved quickly. People were supported and enabled to carry out their chosen activities. One person said, "Staff have so much patience, they stay calm and help you." Another person said, "They (Staff) try very hard."

There was an admissions procedure that included assessment information provided by commissioning bodies such as local authorities and NHS hospitals. People's care plans were based on the initial assessment, other information from previous placements and information gathered as staff and the person became more familiar with each other.

People were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was.

There were regular placement reviews to check that the placements were working. People's care plans were individualised, person focused and regularly reviewed, to reflect their changing needs. The care plans held personal information including race, religion, disability, likes, dislikes and beliefs that enabled staff to respect people, their wishes and meet their needs. The care plans contained sections for all aspects of health and wellbeing. They included medical history, crisis management plans, psychiatric and person centred reviews.

The home provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach using mental health recovery tools. People were enabled to discuss their choices, and contribute to their care and care plans, if they so wished. The care plans were developed with them and had been signed by people when they wanted to. The care plans were underpinned by risks assessments and reviewed monthly or as required.

Daily notes identified any activities that people had attended and events of importance that staff coming on duty needed to know about. The daily records were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed daily and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. The care plans were live documents that were added to when new information became

available. There was also a document to be used when someone went to hospital which would give hospital staff clear instructions on how to care for someone.

Each person had a keyworker picked from the staff team whose role was to lead on support for that person to stay healthy, to identify goals they wished to achieve and to help them express their views about the care they received. Each of the key workers carried out a monthly review with the person of their needs; their progress towards any goals identified and sought the person's views about their support.

Activities tended to be individual with people going out and about in the community as they wished. One person went to Chichester on the bus to see the Cathedral the day we visited. Others went out to the local community shopping or to the gym. There was an activity coordinator available and they were able to drive the bus that day.

People had responsibility for some household chores such as cleaning the smoking area or doing their laundry. These and other tasks helped their life skills for example, purchasing food items, clearing the table after meals and keeping their rooms tidy.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. There were no issues recorded. There were regular house meetings to give people an opportunity to express their views about the service.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Good

Is the service well-led?

Our findings

People told us the manager was approachable and made them feel comfortable. During our visit the home's culture was an open and listening one with staff, the manager and owners paying attention to and acting upon people's views and needs. It was clear by people's conversation and body language that they were quite comfortable talking to the manager and the staff team.

The organisation's vision and values were clearly set out in the staff handbook. Staff understood them and said they were explained during induction training. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way. There were clear lines of communication within the organisation and specific areas of responsibility that staff had and that they understood.

A member of staff said the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. They said they really enjoyed working at the home. A staff member said, "This is a good place to work." The records we saw demonstrated that regular staff supervision, staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

The home used a range of methods to identify service quality. There were home meetings. Quality audits took place that included medicine, health and safety, daily checklists of the building, cleaning rotas, infection control checklists and people's files were audited. Policies and procedures were audited annually. The manager showed us examples of weekly and monthly reports they submitted to their line manager. These included any actions that had been identified. We were able to track though to see where actions had been identified, when they had been actioned and signed off as completed.

The provider had 'expert auditors'. They were people currently using the service and they visit homes that belong to the provider in the local area and complete a report from which they make a rating and comment on areas of the home such as introduction and meeting people, environment, menus/food, activities, discussions and observations of staff supporting people any areas for action or improvement are discussed by the manager with people using the service.

Day to day communication systems ensured any issues were addressed as necessary. For example people told us they felt the manager and staff acted on their views. The registered manager was always available and also spent time supporting people.

Staff we spoke with responded positively to the registered manager and area manager's style of leadership. They felt they could go to them at any time if they had a concern about people's care, and felt they were kept up to date and informed. They said they had a good relationship with the manager, one member of

staff said "[Name] listens and we receive a reply for any queries, and she includes us and the guys." There was an opportunity for staff to engage with either the registered manager or their line manager on a one to one basis through supervisions and informal conversations. Observations and feedback from staff showed us the home had a positive and open culture. Another member of staff said, "We are encouraged to discuss anything and [Name] listens."

Staff relayed their enthusiasm and ambition for the people using the service and were very passionate about protecting them from abuse and ensuring they could lead the life they wanted to.

The registered manager told us there was a training system in place which they could access to see who was due to repeat training or who was booked onto training.

Staff logged accidents and incidents. These logs would be analysed to identify any trends for behaviour incidents, and if needed the manager would have discussions with individual staff members and other professionals.

The registered manager encouraged an open, transparent and inclusive culture whereby both staff and people were actively encouraged to go to the office and share their views and be part of the 'team'.

Staff confirmed this when they spoke with us and we saw examples of staff and people using the service seeking guidance from the manager during the inspection. Staff also told us they were happy with the level of support they received from the registered manager. They felt that she would not ask staff to do things that she wouldn't do and that made them feel like it was a team work approach

People were supported to access health care professionals as part of the partnership approach encouraged by the service. Staff told us that there was an open and transparent approach to information sharing and that information was shared amongst the team through various means. The registered manager involved external health care professionals in decision making with people and encouraged partnership working.

People were supported by staff who had clear knowledge of company policy. There were policies and procedures in place to ensure staff had the appropriate guidance to carry out their role. Staff were able to identify where the policies were kept and that they could access these for guidance at any time.