

# Accord Housing Association Limited

## Victoria Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Victoria Court is a care home that provides personal and nursing care to a maximum of 16 younger adults with mental health needs. At the time of inspection eight people were using the service.

People's experience of using this service: At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to person-centred care, safe care and treatment and governance.

People told us they felt safe. However, risk assessments did not identify all risks to people and staff, including environmental risks.

Improvements were required to the building to ensure it was suitable for its intended purpose. It did not provide a well-maintained, safe and comfortable home for people. Arrangements for managing people's medicines were not safe, when people kept their own medicines.

Records did not provide guidance to staff to ensure people received safe, appropriate care and support, including for any therapeutic interventions.

We have made a recommendation best practice guidance is followed about using nationally recognised assessment tools and models of care planning to meet people's needs.

Staffing levels were sufficient but we have made a recommendation that the numbers of staff and staff deployment are kept under review. This to ensure that staff are available to spend time with people and that their needs are met in a person-centred way.

Staff knew about safeguarding procedures. Appropriate checks were carried out before staff began to work with people.

Staff had an understanding and knowledge of people's care and support needs. They received the training and support they needed. People were supported to access health care professionals when required. Staff worked well with other agencies to ensure people received care and support.

People said staff were kind and caring. People's privacy was respected and their dignity maintained. People had food and drink to meet their needs. There were some opportunities for people to follow their interests and hobbies and to be part of the local community.

People were involved in decisions about their care. They 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 had the opportunity to give their views about the service. There was consultation with staff and people. Their views were used to improve the service. People said they knew how to complain.

A robust quality assurance system was not in place to assess the standards of care in the service. Audits that were carried out were not effective as they had not identified issues that we found at inspection.

Why we inspected: This was the first inspection of the service since it was registered in March 2017. This was a planned comprehensive inspection.

Follow up: We identified concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated requires improvement with three requirements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was not always safe

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Victoria Court

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by an adult social care inspector.

**Service and service type:** Victoria Court is a care home that provides accommodation and personal care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service operated from one adapted building.

The service had a manager who had applied to become registered with the Care Quality Commission. This means that the registered manager and provider were legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This was an unannounced inspection.

**What we did:** Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service and events which the provider is required to tell us about by law.

We contacted commissioners to seek their feedback. We received no information of concern. We spoke with three people, the manager, head of care, one support worker, one nurse and a visiting professional. We reviewed a range of records. These included three people's care records and one person's medicine records. We also looked at three staff files to check staff recruitment and training records. We reviewed records relating to the management of the service and a variety of policies and procedures developed and

implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management.

- Robust systems were not in place to reduce all risks to people and staff and keep them safe.
- Not all risks to the person's well-being were assessed with information available to mitigate the risk. For example, risk of self-harm, drug and alcohol abuse. Other risks to people's health, safety and well-being were assessed.
- The environment did not ensure people were kept safe. There were some ligature points that were apparent around the premises where people may be at risk of self-harm. A television, attached to the wall, was not securely attached and its wires were trailing. We discussed that any risks to people and within the environment should also be assessed with directions to mitigate the risk to keep the person safe. The head of care and manager told us it would be addressed. We received information straight after the inspection that stated new risk assessments were being introduced.
- Robust systems were not in place to ensure staff received support in the event of an emergency. Nurse calls were available in bedrooms but a means for staff to summon urgent help from all areas of the building was not available. A member of staff said, "I would shout for help." However, the layout of the building would not make it easy to be heard. We received information straight after the inspection to show that this was being addressed and staff had been issued with a mobile telephone in the interim.
- We received conflicting information from staff about whether physical restraint was used at the service. The manager told us the service had a policy of not using physical restraint with any person. Therefore, a policy was not available for the safe and legitimate use of physical restraint. A person's care plan however, referred to the use of physical restraint and circumstances when two staff members may physically restrain the person. The manager told us they were not aware of this and it would be removed from the care plan as restraint was not used. We received information straight after the inspection to show that a policy for physical restraint was available although staff were not aware of it and it was not influencing their practice when we inspected.
- Suitable lockable facilities were not available for people who managed their own medicines. We discussed this with the manager who told us it would be addressed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

- Systems were in place for staff to receive advice and support when management were not on duty.

Using medicines safely.

- Medicines records were clear and accurate.
- Staff did not administer medicines until they had been trained to do so.

- People's medicines were regularly reviewed by either the GP or relevant mental healthcare professional.

Systems and processes to safeguard people from the risk of abuse.

- People said they felt safe at the service. One person said, "I feel quite safe."
- The provider had systems to help protect people from the risk of abuse.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns thoroughly.
- The manager was aware of their duty to report any safeguarding incidents to ensure people were kept safe.

Staffing and recruitment.

- Staffing levels and staff deployment needed to be kept under review as occupancy levels increased. There were three staff, including the manager to support eight people during the day. When the one support worker was busy, other staff were not available unless people came to the office. We discussed our observations. After the inspection we were informed there would usually be two support workers on duty with the registered nurse to support eight people as well as the registered manager. We have made a recommendation to ensure staffing levels are consistently maintained to ensure people receive person-centred care.

- Ancillary staff were not employed. Therefore, when staff supported people to cook, clean and carry out laundry other people did not receive attention or time from staff.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Preventing and controlling infection.

- There was an adequate standard of hygiene in communal areas. Staff supported people and they were encouraged to learn how to keep their home clean.
- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

Learning lessons when things go wrong.

- Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were not met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Before people received care, their needs were assessed to check that they could be met.
- Information from assessments was transferred to care plans but it did not identify support for all areas of need to assist people's recovery and support their safety.
- Nationally recognised tools were not always used to assess areas of risk associated with mental health.

We have made a recommendation best practice guidance is followed about using nationally recognised assessment tools and care plan models for mental health.

Adapting service, design, decoration to meet people's needs.

- Although audits took place they had not identified the building was not well-maintained in all areas, it was clinical in appearance and was not a comfortable environment. It was sparsely furnished in some lounges. Some areas were showing signs of wear and tear and dampness. Some kitchen cupboards were broken and required attention. The flooring in some bathrooms, showers and lavatories was worn and marked. The manager told us the damp and kitchen work had already been identified and costings had been received for the work but there was no timescale for action.
- We received an action plan straight after the inspection to show that some work was to be addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

- The building was light and there were quiet areas where people could spend time. One person commented, "It's peaceful here."

Supporting people to live healthier lives, access healthcare services and support.

- People were supported, where required, to access community health services to have their healthcare needs met.
- There was evidence of regular external health care professional involvement in people's care for physical and mental health needs.
- Records were in place to promote and support people's health.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were responsible for their own menu planning, food shopping and cooking their food. They were supported by staff where required. One person told us, "I'm supported to buy food for the week and staff

help me to cook."

Staff working with other agencies to provide consistent, effective, timely care.

- Care records showed people were referred for any specialist advice and support from different professionals in a timely way. A visiting professional told us, "Staff are quite good at keeping me informed."
- Staff followed professionals' advice to ensure people's care and treatment needs were met.

Staff support: induction, training, skills and experience.

- Staff received appropriate training and support to enable them to carry out their roles. One staff member told us, "There are training opportunities."
- Staff received ongoing training that included training in safe working practices and for any specialist needs.
- Staff completed an induction programme at the start of their employment.
- Staff received regular supervision and appraisal to discuss their work performance and personal development. Staff told us they were fully confident to approach the management team for additional support at any time.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The manager had submitted DoLS authorisations appropriately. Staff were aware of people's mental health status and any conditions imposed by the Mental Health Act 1983.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People told us staff were kind and caring and they appreciated the staff support. Their comments included, "Staff are helpful" and "Staff listen to me, they are kind."
- Staff interacted with people in a pleasant and friendly manner.
- People's equality and diversity was respected. Staff received training in equality and diversity to help them recognise the importance of treating people as unique individuals with different and diverse needs. The manager told us an interpreter was used at formal external meetings with a person, as English was not their first language.

Supporting people to express their views and be involved in making decisions about their care.

- People made choices about their day-to-day lives. One person told us at 11am, "I've just got up, I can please myself."
- People were fully involved in planning how staff would provide care.
- Records detailed and staff had a good understanding of people's likes, dislikes and preferences.
- The manager told us information could be made accessible in a way to promote the involvement of the person, if needed. For example, by use of pictures or symbols for people who did not read or use verbal communication.
- One person was using an advocate at the time of inspection. The manager told us that other professionals also advocated on behalf of people if they needed external advice and guidance.

Respecting and promoting people's privacy, dignity and independence.

- People's dignity and privacy were respected. Staff respected people's personal space and were observed knocking on people's bedroom door before entering.
- Care records were written in a respectful way and people's confidentiality was promoted.
- People were encouraged to maintain their independence. One person told us, "I'm preparing to move out, I'm going into a flat." Everyone was involved in household tasks such as cleaning, laundry and making their drinks and meals.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Regulations were not met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were developed from assessments for some but not all identified needs.
- Care plans that were in place did not provide guidance to ensure that consistent care was provided that met all people's needs.
- Care plans did not provide details for staff about how to meet assessed needs, including any therapeutic interventions to assist people's recovery. For example, for anxiety or drug and alcohol abuse. Therapeutic care plans were not in place to help meet individual needs.
- Information and guidance was not available about people's dreams and aspirations and how to support the person to achieve them.
- The service provided rehabilitation and it helped people learn or regain independent living skills. Care plans did not provide guidance for staff to show if any support was needed. We discussed this with the manager who informed us a new care plan model had been identified and was to be introduced.

This was a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

- Staff completed a daily record for each person to monitor their health and well-being. This information was then transferred to people's care which were up-dated regularly.
- People said they went out and spent time in the community. They used a resource in the community run by the local authority that arranged activities and outings. Within the service an activities room was available with a computer and internet access for people to use.

Improving care quality in response to complaints or concerns.

- A complaints procedure was available and people were asked at their regular meetings if they had any concerns or complaints.
- A record of complaints was maintained, No complaints had been received. People told us they could talk to staff if they were worried and raise any concerns.

End of life care and support.

- No person was receiving end-of-life care at the time of inspection.
- Information was available about people's religion and cultural preferences if this support was required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not being met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- A robust quality assurance system was not in place as some issues identified at inspection had not been highlighted in completed audits.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of weekly, monthly, and quarterly checks. These audits were not all effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

- The provider was responsive and provided an action plan straight after the inspection which showed how some issues were to be addressed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Improvements were required to some aspects of care provision to ensure people received person-centred that met all of their needs.
- The manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour,

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.
- Staff and people said they were supported. They were positive about the manager. All said the manager was approachable and they were listened to.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- People were involved in decisions about their care. They were encouraged to be involved in the running of the service. People were consulted on an individual basis. Regular group meetings also took place with people.

Continuous learning and improving care; working in partnership with others.

- There was a programme of staff training to ensure staff were skilled and competent.
- Staff communicated effectively with a range of health social care professionals to ensure that people's needs were considered and understood so that they could access the support they needed.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Processes and records were not in place to ensure people received person-centred care that met all of their needs.  Regulation 9(1)(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were not all in place to mitigate risk and to ensure people received safe care and treatment.  Regulation 12(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People were not protected from the risk of inappropriate care and treatment as robust systems were not in place to monitor the quality of care provided.  Regulation 17(1)