Mr Donald Smith

Victoria Street

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?	Requires improvement

Overall summary

The inspection of Victoria Street took place on 05 November 2015 and was unannounced. At the last inspection in January 2014 the service was meeting all of the regulations we assessed.

Victoria Street is a residential care home that provides accommodation and support to one adult who may have a learning disability or autistic spectrum disorder. The service is on the edge of the town centre in Goole, East Yorkshire and is just a short walk away from its 'sister' service on North Street.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post. 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 that used the service were protected from the risks of harm or abuse because there were safeguarding

Summary of findings

systems in place. Staff were trained in safeguarding adults from abuse and they were aware of their responsibilities to make referrals to the local authority safeguarding team.

We saw that people were protected from discrimination on the grounds of disability, by staff that advocated for them whenever necessary. People took reduced risks where possible because of the risk management systems in place to protect them. We found that the premises were safe because they had been regularly maintained using maintenance contracts and the electrical items provided were protected so that people were not at risk.

There were sufficient numbers of staff employed and on duty to safely care for people and to meet their needs. Staff were appropriately vetted to work with vulnerable people. People were protected from receiving the wrong medicines because medication management systems were safely used and followed.

We found that people were supported by trained and competent staff that received induction to their roles, were supervised by the registered manager and took part in an appraisal scheme.

People and staff communicated well and staff sought consent from people to provide them with personal or other care before any support was given. People's rights were protected because the principles of the Mental Capacity Act 2005 were followed to ensure those without capacity to make decisions were represented according to legal frameworks.

We saw that people's nutritional needs were met and that people were dependant on staff to provide all of the nutrition and hydration they required. We saw that people's health care needs were met and advice of health care professionals was accessed whenever necessary to ensure people received the right medical treatment.

People enjoyed premises that were suitable for their purpose. The environment was well maintained and comfortable, but a little sparse in order to reduce the risks of harm to people.

We found that people were cared for and supported by kind and caring staff that also provided clear boundaries for acceptable behaviour. Staff offered advice and guidance to assist people to lead a purposeful and fulfilling life.

We saw that people's wellbeing was monitored closely by staff and that efforts were made to assist people to improve their wellbeing. We saw that people were cared for in private and their dignity was upheld to a high level.

We saw that people had person-centred care plans in place to instruct staff on how best to support them and meet their needs. These were clearly written, well maintained and regularly reviewed with people's changing needs.

People were supported to undertake activities of their choosing whenever possible and this was usually on a one-to-one basis. People were able to complain and have their issues satisfactorily resolved, using the service's complaint procedure.

There was no effective quality assurance system in place to help drive improvement. This was a breach of regulation. You can see what action we have told the registered provider to take at the end of the full version of this report.

We found that people experienced a positive culture at the service and the service aims and objectives were clearly stated. Records that related to people's personal details and for the running of the service were appropriately kept, maintained and securely stored.

Summary of findings

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 safe.

People that used the service were protected from the risks of harm or abuse because there were safeguarding systems in place. Staff were trained in safeguarding adults from abuse and they were aware of their responsibilities.

People were protected from discrimination on the grounds of disability. People took reduced risks where possible because of the systems in place to protect them. People experienced safe premises.

There were sufficient staff to safely care for people. Staff were appropriately vetted to work with vulnerable people. People were protected from receiving the wrong medicines because medication management systems were safely used.

Good

Is the service effective?
The service was effective.

People were supported by trained and competent staff that received induction to their roles, were supervised by the registered manager and took part in an appraisal scheme.

People and staff communicated well and staff sought consent from people before any support was given. People's rights were protected because the principles of the Mental Capacity Act were followed.

People's nutritional needs were met, but sometimes the foods they chose to eat were not always healthy. People's health care needs were met and advice of health care professionals was accessed.

People enjoyed premises that were suitable for their purpose.

Good

Is the service caring?
The service was caring.

People were cared for and supported by kind and caring staff. Staff offered advice and guidance to assist people to lead a fulfilling life.

People's wellbeing was monitored and efforts were made to assist them to improve it. People experienced high levels of privacy and dignity.

Good

Is the service responsive?
The service was responsive to people's needs.

People had person-centred care plans to instruct staff on how best to meet their needs.

Good

Summary of findings

People were supported to undertake activities of their choosing. People were able to complain and have their issues resolved.

Is the service well-led?

The service was not always well led.

There was no effective quality assurance system in place to help drive improvement.

People experienced a positive culture at the service and the service aims and objectives were clearly stated. Records were appropriately kept and maintained.

Requires improvement

Victoria Street

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.

The inspection of Victoria Street took place on 05 November 2015 and was unannounced.

The inspection was carried out by one Adult Social Care inspector. Information had been gathered before the inspection from details we already held at the Care Quality Commission (CQC), from speaking to officers of the councils that contracted services with Riverside House, and from people who had contacted CQC, since the last inspection, to make their views known about the service.

We were unable to interview or speak with people that used the service at the time, but spoke with one staff and the registered manager. We asked people if we could have permission to look at their care files, and they agreed that we could.

We looked at recruitment and training files belonging to two care staff and at records and documentation relating the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at staffing records, equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in the lounge and we observed the interactions between people that used the service and staff. We looked around the premises and at people's bedrooms, after asking their permission to do so.

We asked the service to complete a 'provider information return' (PIR) before the inspection was carried out and this was returned to us in the timescales we requested. A PIR 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.

We also asked for information from the local authorities that contracted with the service, so that we could see what they thought of the service provision and support that people received.

Good

Is the service safe?

Our findings

We were unable to speak with people that used the service at Victoria Street or ask them our questions, but we were able to communicate a little with them through the use of singing and listening to their requests for support. This was something the registered manager told us about, so that should we see people becoming upset with our presence we could help to alleviate their anxiety. We saw that people were relaxed in the company of the staff that supported them and that music and singing was something to which they responded, as it made them smile, dance and interact with the staff and also with us.

The 'provider information return' (PIR) told us that 'Staff were aware of their responsibilities regarding safeguarding practice, reporting suspected or actual abuse and the subsequent documentation' they needed to complete. Staff we spoke with told us they had completed safeguarding training with East Riding of Yorkshire Council (ERYC) and they demonstrated a good understanding of safeguarding awareness when we asked them to explain their responsibilities. Staff knew the types of abuse, signs and symptoms and knew the procedure for making referrals to ERYC. We saw from the staff training record and individual training certificates that care staff had completed safeguarding training.

Staff worked across two service locations, Victoria Street and at a 'sister' service, but usually worked on a one-to-one basis with people at Victoria Street. There were regular checks from the registered manager to ensure that people at Victoria Street received safe care and to ensure staff did not feel isolated in their one-to-one support they provided.

The information we held about the service told us there had been no safeguarding adult's incidents where the registered manager had needed to make a referral to the local safeguarding adult's team. There had been no incidents notified to us using the appropriate notification documentation and so we understood that incidents had not met the criteria, as set by the local authority safeguarding team, for reporting them. However, because the registered manager and staff were aware of their responsibilities concerning safeguarding issues, we judged that the service would be able to act appropriately and quickly if a referral was required. The registered manager and staff assured us that incidents would be recorded properly, investigated and learned from. Systems that were in place to prevent and address safeguarding incidents, and staff having completed appropriate training to manage these issues, meant that people were protected from the risk of abuse.

There was a strong sense within the staff group of supporting people in a way that was right for each individual and this was also in respect of people's rights and personal choices and preferences. Staff did not discriminate on the grounds of 'difference' but supported people to maintain their individuality and be accepted in their circle of friends and acquaintances. For example, one person was receiving consistent support from staff to help them have more positive experiences when out in the community.

People were unable to fully understand the many risks that arose in their daily lives and were not always aware of the need to risk assess these. However, where possible people were included in the management of these risks, for example, with eating, drinking, choosing their attire, dancing and accessing the local community. The PIR stated that 'Regular risk assessment takes place by all staff ensuring that the person, activities and environment are assessed making sure of the safest possible practice'. We saw that people had risk assessment documentation in their care files to reduce risks happening to them and these were regularly reviewed.

We saw that the premises at Victoria Street were appropriately maintained in respect of supplied utilities, furniture, facilities and fixtures. There was specialist protection for equipment and belongings, for example, the television and ornaments, so that people could not be harmed from touching these. There was no moving and handling equipment used in the service, as people's needs did not require this.

People were assisted in keeping their own rooms in good order but any damages were addressed quickly by the organisation. We saw that maintenance contracts and certificates were held, for example, for fire safety, gas and electricity, to show when the service had been checked by an outside organisation or contractor. We saw that people's individual bedrooms had safety window restrictors fitted, that radiators had safety covers and hot water outlets were fitted with thermostatic control valves to prevent water being dangerously hot.

Good

Is the service safe?

Staff we spoke with told us they knew about the whistle blowing policy in place and the procedures they were to follow. They said they would not hesitate to use the procedure should they feel it necessary to do so.

Accidents and incidents were appropriately managed by the registered manager and staff. Up-to-date and accurate records were maintained to ensure accountability and to work towards reducing the level of accidents and incidents across the service.

We saw that there were sufficient staff on duty to meet the needs of people that received support. Staffing rosters we looked at and information we received from staff confirmed to us there was usually one care staff on duty at each shift throughout the day and one staff on sleep-in duty at night. This was because the one-to-one arrangement in place was sufficient to meet the need of people that used the service. We observed that people required support from staff regarding their personal care needs, nutrition, and safety at all times and any activities they engaged in. They also required support with daily decisions, behaviour and living their lives within acceptable social boundaries in the community.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone over the age of 16 applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with vulnerable people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in the two staff recruitment files we looked at.

Files contained evidence of application forms, DBS checks, references and people's identities and there were interview documents, health questionnaires and correspondence about job offers. There were induction records, opt-out forms for Working Time Regulations 1998 and records of disciplinary/grievance issues. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

The PIR told us that 'All staff complete accredited medication training and periodically take part in a medication competency. Medication received was checked on arrival from the pharmacy and audited every evening thereafter.' There were systems in place to manage medicines safely and we found that only staff trained to give people their medicines did so. We saw evidence that they were assessed periodically for competence in this task. We assessed the medication management systems used by the service and saw that medication was appropriately requested, received, stored, recorded, administered and returned when not used. We saw that medication administration records contained clear details of when and how medicines were to be given and they had been completed accurately by staff.

Good

Is the service effective?

Our findings

We were unable to speak with people that used the service to seek their views about staff skills and training. However, people said they liked the staff and enjoyed the support they received from them. Staff told us they completed training necessary to carry out their roles. We saw evidence of staff training in their recruitment and training files and this showed that staff were appropriately skilled and qualified to support people with a learning disability. For example, staff had competed training in Autism Spectrum. There was evidence of induction completed and supervisions and appraisals carried out to support staff in their roles and to ensure they were kept up-to-date with issues for their personal development.

We found that communication between people that used the service and staff was very much individual to the people that lived at Victoria Street and was based on their personal levels of ability to express themselves. Staff were observant and intuitive and sought peoples' needs by the process of asking them the most relevant questions to the situation. Staff eliminated what was not applicable and asked pertinent questions that they knew people could answer in order to make their needs known. This enabled people to relate to the 'development support messages' staff provided them in respect of their behaviour and social abilities.

Staff also ensured they obtained consent from people by asking people and waiting for an answer, or by observing gestures and body language, before providing them with personal care or support of any sort. Staff understood and followed the principles of consent so that people's rights were upheld in their everyday choices and wishes.

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

The 'provider information return' (PIR) for Victoria Street told us that 'All staff work within the

ethos of the MCA developing people's ability to make decisions that affect them, and where they have been assessed as having no capacity on a particular decision other relevant others are consulted and their comments documented'.

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 were informed by the registered manager that one person was restricted using a DoLS. This was in place to ensure their safety when out in the community and while spending time at home. The registered manager also told us there had been best interest meetings held for people whenever they were required. The service was following the principles of the MCA legislation, which meant that people's rights were upheld.

We were told by staff that people ate foods of their choosing and staff explained that sometimes these foods were not especially nutritious or healthy, but that people had the right to choose their own lifestyles and nutrition intake. Usually people only ate what they liked and would not eat foods they did not like, which meant staff devised the healthiest possible menus for people based on these likes and preferences. Where possible staff advised healthier eating and people had personal budgets if they wished to enable them to determine their own menus and shop for the foods they needed.

People were not left alone when food preparation was underway as they were at risk of harm from hot liquids, pans and utensils. We observed a meal time and saw that staff were careful to follow the risk assessments in place for people regarding their need for soft diet and cooled food. This was because people were independent with eating, but were unable to protect themselves from harm in the kitchen.

People's health care issues were monitored by staff that ensured risk assessments were followed, that people accessed their GP when they needed to and they were

Good

Is the service effective?

accompanied to hospital appointments whenever necessary. Staff told us they advised people about very minor health issues: oral hygiene and foot care, for example. We were informed by staff that people's care files contained details of their health care needs, any diagnoses of health conditions and information on how best to support them to maintain optimum health. We saw these instructions and the information held on people in their care files.

The premises were those of a domestic household, as there were no people using the service that required any specialist equipment or facility to be in place. People were physically able and independent with their mobility and therefore required no specialist adaptations or equipment. Communal space was appropriately furnished and decorated and people's personal space, which we saw with people's permission, were maintained according to the individual's standards and were personalised.

Good

Is the service caring?

Our findings

We observed some of the interactions between people and staff that used the service and saw that people were relaxed and comfortable and enjoyed the closeness of sitting next to a staff member. Staff were not so self-conscious as to be able to sing with people and touch their hair while talking about hair styles and colours. People liked this because they joined in with the singing, smiled and agreed with what staff said.

We observed that staff and people got on well together as 'friends' would do, but also saw that staff recognised professional boundaries. The staff member's approach to particular behaviour was to be firm but kind in their explanation to people that what they did wasn't nice. Staff calmly and kindly asked people not to repeat their actions.

The staff were seen to be considerate of people's needs and involved them in ways of meeting them, for example, when a person's clothing was the focus of their attention the staff checked that the person was satisfied with the clothes and because they said, "No" asked them to choose what they wanted and assisted them to change. Staff also involved the person in regularly checking their meal was cooling sufficiently to be able to eat it without being hurt. We observed staff always informing people with information about what they could expect from them and what staff would like people to do to assist.

We found that the service ensured people were not discriminated against in any way because of having a disability. We were told by the registered manager about incidents where staff had been good advocates for people when out in the community, which ensured their rights were upheld.

People's wellbeing was also considered by the service and its staff. Activities that were offered and one-to-one support were important for people to ensure their happiness and satisfaction was maintained. Extra support was provided to people when they were low or in need of 'extra attention' and staff spent time ensuring people were content with their daily routine. All information about people was kept confidential and shared with only those that needed to know. Records held on computer and in paper format were secure in the service and held according to the Data Protection Act 1998.

People's privacy, dignity and independence were upheld at all times by thoughtful and caring staff. People were guided by staff with meeting their personal needs to ensure this took place in private and any uninhibited display of behaviour in public was quickly recognised by staff to prevent any undignified situations from arising. This was handled sensitively and firmly so that people understood what was being asked of them and conformed to more appropriate behaviour, and at the same time learning from experience.

Good

Is the service responsive?

Our findings

We were unable to ask questions of people that used the service but staff assisted us with some information. We looked at people's care files after seeking their permission to do so. We saw that care plans contained all of the documents required to ensure people's care and support needs were assessed, planned for and met. Files were written in a person-centred way, were well maintained and contained sufficient information to show that the person had been fully assessed and the action staff needed to take to support them was clear and precise.

We saw that care files were in sections, with personal details, pen pictures, likes, behaviour trigger details, risk assessments and guidelines for support, all listed clearly for staff to follow. We saw that care plans followed individuals' day and night time routines, held information on assessed needs and had goal plans in place and guidelines on each area of care or support need.

We were told by staff that people undertook activities of their own choosing and were supported in these by staff if necessary. Activities were often community based: parks, local pub, walks, shopping, but other pastimes included music, singing and dancing as well as viewing music channels on the television. There was a risk of isolation for people that used the service if they wanted to spend time in their bedroom as the service was very small and one-to-one staffing was in place. However, we were told by staff and saw that people sometimes liked to have a little time to themselves, but they were still supervised discreetly and any signs of isolation were broken up by staff interaction.

We saw that people were assisted to maintain close family relationships and that staff were well acquainted with people's relatives. Staff reminded one person that their parent was visiting later that day and supported the person to prepare for the visit. Care files showed the importance of this visitor to the person and explained to staff how often and when the visitor would call to see them.

We saw there was a complaint policy and procedure in the service and that records of complaints, compliments and comments were held. There was documentation available to record any verbal complaints people made and to record more formal written complaints. These included details of the investigation undertaken, the outcome and satisfaction levels as well as details of the complaints made. We were unable to gain the views of people that used the service but we saw that they made their dislikes known by their reaction to situations or by their decision to take themselves to another part of the service. One person first met us in a 'sister' service that they were visiting close by and they made it clear that they wanted to return to their home without delay. We saw from records held that there had been no complaints made to or about the service in the last 12 months.

Requires improvement

Is the service well-led?

Our findings

The registered manager informed us that the service had no formal quality assurance system in place and was therefore unable to effectively monitor the quality of service delivery or to formally record how improvements to the service were made. They told us that a quality assurance package had been purchased two years ago but that it really related to a service providing care to older people and it needed some adjustments to suit the service at Victoria Street. They told us that satisfaction surveys were given out to people in January 2015 but none had been returned and there were some new ones to be issued in January 2016.

While there were no audits carried out the registered manager told us they allocated approximately half an hour each day, for example, to check people's care files, the safety of the premises and speak to staff about concerns, care practices or information that came into the service. They explained that people's relatives or other stakeholders were always quite happy to phone the service and discuss with them any concerns or areas of care delivery they thought required improvement. However, overall the systems in place did not ensure that peoples' care delivery was improved upon using a quality monitoring and assurance system to identify where improvements were needed.

This was a breach of regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Any improvements for individuals were made through the care support systems and encouraging people to develop their personalities and behaviour so that they could lead fulfilling and acceptable lives within their community.

The 'provider information return' (PIR) stated, 'The culture of Victoria Street is - do with the service user, don't do for the service user.' We found the culture to be one of homeliness and personalised support from a small and friendly staff group.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post that had been the registered manager for over three years. Staff told us that they respected the registered manager, as they were approachable and willing to listen. Staff said they could go to the registered manager anytime with concerns and they said the registered manager understood people's needs well because they sometimes worked in the service providing one-to-one care for people.

People that used the service were encouraged to use community services as much as possible to lead fulfilling lives and to experience a variety of interactions with other people. They usually went out daily for walks around the area, to shop for foodstuff and clothing and to improve their general wellbeing through exercise and fresh air.

The service had a generic 'statement of purpose' which included all five services registered with The Care Quality Commission under the registered provider, Mr Donald Smith. The aims of the service included to provide a safe environment, develop people's potential, encourage self-determination, offer protection and implement the best possible outcomes for people. The objectives were to provide community based support for people with an autistic spectrum disorder and to strive to provide people with every opportunity to lead as normal a life as possible.

There had been no changes to the registration requirements since the service was first registered in 2012. All records containing details about people that used the service, in relation to staff employed in the service and for the purpose of assisting in the management of the service, were appropriately maintained, were held securely and were kept up-to-date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: People who used the service were not assured a quality service because there was no effective system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). 17 (1) and (2)(a). The service did not evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraph (a). 17 (1) and (2)(f).