

# Mr John Albert Pownall

# Victoria House

## 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 9 February 2016 and was unannounced. Victoria House provides accommodation and personal care for up to six people with a learning disability. On the day of our inspection six people were using the service.

The service had a registered manager. 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 were protected from the risk of abuse because staff understood their responsibilities to keep people safe. Action was taken following any incidents to try and reduce the risks of incidents happening again. Any risks to people's health and safety were assessed and well managed, without restricting people's freedom.

People were supported by a sufficient number of staff and staffing levels were flexible to meet people's needs. Effective recruitment procedures were operated to ensure staff were safe to work with vulnerable adults. People received their medicines as prescribed and they were safely stored.

Staff were provided with a comprehensive range of training courses and received regular supervision. Sufficient quantities of food and drink were available and people chose what they wanted to eat and when. People received support from health care professionals when needed.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and how this might affect the care they provided to people.

There were positive relationships between staff and people. People were supported to make decisions about the care and support they needed. Staff treated people with dignity and respect, ensuring that privacy was maintained and encouraging their independence.

People were provided with responsive care and staff encouraged people to be as independent as possible. There was a comprehensive and individually tailored programme of activities available which enabled people develop important life skills with the support of staff. There was a clear complaints procedure in place and people felt comfortable speaking with the registered manager.

There was an open, relaxed and transparent culture in the home and good community links. The registered manager led by example and staff felt able to speak with them about any concerns. There were systems in place to monitor the quality of the service and these were well utilised and resulted in improvements being made. People's views about the quality of the service they received were respected and

changes made in response to feedback.

## 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 received the support required to keep them safe and reduce risks to their safety.

There was always a sufficient number of suitable staff available.

People received their medication when required and it was stored and recorded appropriately.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received on-going training and regular support.

People provided consent to their care and staff respected people's right to make their own decisions.

People had access to sufficient food and drink and access to healthcare professionals such as their GP and dentist when needed.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were fully involved in making decisions about their own care.

Staff understood the importance of maintaining people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received the care and support they required and there was a focus on helping people become more independent. There was a comprehensive programme of activities which were planned with each person.

There was an appropriate complaints procedure in place and people felt comfortable speaking with the registered manager.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open and transparent culture in the home.

The registered manager led by example and there were robust management structures in place.

People's feedback about the service was acted upon and there were effective quality monitoring systems in place.

# Victoria House

## **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.

We visited the service on 9 February 2016, this was an unannounced inspection. The inspection team consisted of one inspector. Prior to our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete 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. We also reviewed the most recent report from the commissioners who fund the care for all people living at the service.

During our inspection we spoke with four people who were using the service, two relatives, two members of care staff, the provider and the registered manager. We also observed the way staff cared for and interacted with people in the communal areas of the building. We looked at the care plans of two people and any associated records such as incident records and daily logs. We looked at four staff files as well as a range of records relating to the running of the service, such as audits, maintenance records and three medication administration records.

# Is the service safe?

## Our findings

The people we spoke with told us that they felt safe living at the home and did not have any concerns. One person said, "Yes I do feel very safe. I would speak to [named member of staff] if I had any concerns at all." The relatives we spoke with felt their loved ones were safe living at the home. One relative said, "Yes [my relative] is safe." We observed that the atmosphere in the home was calm and relaxed, people were clearly very comfortable in the presence of staff and others living at the home.

People were protected from the risk of harm and had their rights upheld by staff who had a clear understanding of their role in keeping people safe. Staff took proactive steps to protect people by ensuring that they pre-empted any situations where people may be put at risk. Staff had a detailed understanding of each person's support needs and what may cause an incident to occur. Staff were provided with training in managing any situations where people had been affected by the behaviour of others. Staff told us how they recognised that an incident may be about to happen and tried to distract people in order to prevent it occurring. There was a clear focus on providing people with a range of activities and one to one time with staff to reduce the likelihood of any incidents happening. This was backed up by information in people's care plans about how to support them to stay safe. When incidents had occurred, the registered manager worked with staff to understand why it had happened and what could be done differently next time.

People and staff had access to information about safeguarding which was available in the home. The provider had ensured staff received appropriate training and development to understand how to protect people. Staff were able to describe the different types of abuse which can occur and how they would report it. Although no incidents had been required to be reported to the local authority, there was a clear process in place to ensure that this would happen.

Any risks to people's health and safety were assessed and well managed. Comprehensive risk assessments were carried out which identified risks to people and ensured measures were in place to reduce the risks. There was a focus on positive risk taking appropriate to people's individual needs and their level of independence. For example, some people were able to leave the home on their own to visit local shops or their college. Before they left, staff checked that they had their mobile phone with them and asked them what time they intended to return to the home. There was a missing person's protocol in place should a person not return as expected and staff were fully aware of this.

The staff we spoke with had a detailed knowledge of risks to each person and described how they worked with people to reduce the risks. For example, one person had experienced issues with their weight and had been deemed to be underweight. Measures had been put into place to reduce the risk of malnutrition and these had achieved positive results. There were also general risk assessments that applied to all people living at Victoria House, such as the risk of being scalded by hot water. The water temperatures were regulated and checked on a regular basis to ensure people were not exposed to this risk.

When any incidents had occurred in the home, these were clearly documented along with what action was taken immediately afterwards. Staff worked to reduce the number of incidents that happened by analysing

incident records to identify any patterns or trends. This information was used to identify if the care and support provided to people could be adapted.

People lived in an environment which was well maintained and appropriate safety checks were carried out. Routine maintenance tasks were reported to a maintenance provider in a timely manner. For example, a section of guttering had become loose in recent poor weather and this had been reported on the morning of our inspection. Regular safety checks of the building were carried out such as testing of the fire alarm and gas safety checks.

The people we spoke with told us that there were enough staff to meet their needs as well as the other people living at Victoria House. One person said, "There are always at least three staff on. I always get my one to one hours." The relatives we spoke with also felt there were enough staff to meet people's needs.

We observed that there were enough staff to meet people's needs during our visit. When one person requested to go out a member of staff was immediately available to support them. There was always at least one member of staff in the home to ensure that anybody remaining in the home could be assisted if required. The staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people and also so that they could complete administrative and domestic tasks.

There was a minimum staffing level set for the daytime and night time and the rotas we checked confirmed that this was adhered to. Staffing levels were flexible and planned in advance taking into account any activities and appointments that had been arranged. There was also an emergency on call system and a sickness cover rota. This ensured that, should any emergencies or sickness occur, a member of staff, the registered manager or the provider could be on site quickly. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The people we spoke with were satisfied with how their medicines were managed and told us they received medicines as prescribed. Two people had a detailed understanding of the different medicines they took and what they had been prescribed for. During our inspection we observed staff following correct procedures when giving people their medicines. Staff also correctly described the procedure they would follow when giving out people's medicines and the records they made.

Staff had access to detailed information about each person's medicines including any allergies and how they preferred to take them. Staff received training in the safe handling and administration of medicines and had their competency assessed. The medicines people had taken were appropriately recorded and ordering was carried out in a timely manner. There were suitable facilities in place for the secure storage of medicines, either at room temperature or in a fridge.



# Is the service effective?

## Our findings

People were cared for by competent staff who received a comprehensive level of training and support. The people we spoke with commented that staff were well trained with one person saying, "They are all very good. New staff get shown around as well." The relatives we spoke with felt that staff were well supported and provided effective care.

We saw that staff received a wide variety of training covering areas such as safeguarding, medication and first aid. Staff were also provided with training relevant to the needs of the people they cared for, such as epilepsy awareness training. During our discussions with staff it was evident that the training they received had a positive impact. For example, staff could describe in detail what they would do should somebody experience an epileptic seizure. Staff told us that the training they received was of good quality and they had found it enjoyable. The provider told us they invested heavily in good quality training and ensured it was provided on a regular basis. Newer staff had worked through various modules of the Care Certificate. The Care Certificate is designed to ensure all care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

New staff were provided with a comprehensive induction comprising of shadowing experienced colleagues and attending various training courses. The induction also introduced new staff to the provider's policies, procedures and the ethos of the care being provided. Staff also received regular supervision, records confirmed that this was an opportunity for staff to discuss any support they required. Staff told us they felt very well supported through supervision and also that they felt able to approach the registered manager at any time. The annual performance appraisal process had begun shortly before our inspection as Victoria House had only recently opened.

The people we spoke with told us they had provided consent to the care they received. One person told us they had been fully involved in their care planning and had signed to confirm their consent. People also told us that staff asked for their consent before providing any care and support. We observed this to be the case during our visit and staff understood that people's ability to make certain decisions varied. For example, staff commented that one person's ability to make decisions may be affected by tiredness or their mental state at the time the decision needed to be made.

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. The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and had followed appropriate procedures where it had been deemed necessary to restrict people's freedom to leave the home. Where a DoLS application had been approved, the conditions attached to it were being met.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA) by assessing the person's capacity and implementing a best interests decision. The staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions. Staff had been provided with training in understanding the use of the MCA.

People had access to sufficient food and drink and were fully involved in choosing what they wanted to eat and when. One person said, "We choose what we what to eat, the food has been very good so far." Another person told us they would be helping to prepare vegetables for the evening meal and we observed this to be the case. The relatives we spoke with told us their loved ones got enough to eat and drink. One relative said, "As far as I know [my relative] gets enough to eat."

Because people had their own plans during the day there was not a set lunch time, however staff ensured people were provided with food when they asked for it. People also had snacks, such as toast, and drinks regularly throughout the day. People did not require any support to eat or drink. Staff encouraged people to maintain a healthy and balanced diet. Healthier options, fruit and vegetables were encouraged and we saw guidance in people's care plans about their dietary preferences.

The staff we spoke with told us people got enough to eat and that there was 'always enough food available' and this was confirmed by our observations. Where staff had concerns that one person was not a healthy weight they had contacted a healthcare professional for advice. The person was provided with supplements to boost their intake and staff ensured these were provided as necessary. Their diet was also being fortified with the addition of higher calorie options and we saw the person's weight had started to increase.

People had regular access to a range of healthcare professionals when required. One person was experiencing some discomfort on the day of our inspection and staff arranged an appointment on the same day for them. The registered manager told us they had good relationships with healthcare services in the local area and felt this had benefitted people.

Staff told us that they arranged appointments for people and would also attend with them when required. The records we viewed contained detailed information about the appointments people had attended and any advice and treatment provided. The records confirmed that people regularly saw professionals such as their GP, dentist and, where required, mental health services. Any changes to people's care plans were made following an appointment, such as a change in the medicines they were prescribed. Staff described the action they would take in an emergency situation and told us they would not hesitate to call for paramedics if their assistance was required.

# Is the service caring?

## Our findings

The people we spoke with told us that all staff were caring and they had positive relationships with them. One person said that staff were, "Great." Another person commented that they found staff to be friendly and they could have a laugh and joke with them. The relatives we spoke with were complimentary about staff and felt they were caring. One relative said, "I have found the staff to be very nice when I have visited the home."

During our visit we observed many positive interactions between staff and people living at Victoria House. One person became upset and staff told us that a recent event had affected their confidence. Staff demonstrated that they were empathic towards the person and also offered support to reduce any distress. Staff praised people's achievements and offered lots of positive feedback. For example, one person had been successful in obtaining voluntary employment and was keen to tell staff on their return to the home. Staff responded enthusiastically to the good news and we saw this had a positive impact on the person's mood and confidence.

Staff knew people well and understood their individual needs which meant they had formed good individual relationships with each person. The staff we spoke with also told us about how people preferred to be supported which matched the information in care plans. The ethos of Victoria House was to enable people to be independent and staff told us they considered themselves to be visitors in the home. We witnessed staff talking enthusiastically with people and giving them control of how they wished to spend their time. Staff told us they enjoyed working at the home and felt that all staff were caring towards people.

The people we spoke with told us they were fully involved in making their own decisions and making their care plans. Records confirmed that people were fully involved in making decisions about the care they received and staff used different techniques to engage people. For example, some people did not wish to read their care plan, however they still sat with staff on a regular basis to discuss their care. Everyone had created an 'All About Me' file which contained information about what was important to them, their likes and dislikes. The people we spoke with told us they were proud of them and that staff were aware of the information contained in them.

We observed staff offering people choices and responding to them in a positive way. One person had changed their mind about wanting support from staff to accompany them to local shops. Staff did not question this and immediately made arrangements for somebody to accompany the person. Staff encouraged people to access some fresh air each day or partake in an activity within the home, however respected people's wishes if they chose not to. The staff we spoke with also told us they involved people in making decisions about their care and support. One staff member said, "We are just here to help, not do things for people. If someone needs help we will provide it, but we respect their wishes. It is their home."

Two people were using an advocate at the time of our inspection and information about local advocacy services was available to everyone. Staff ensured that people could see their advocate in private. Advocates are trained professionals who support, enable and empower people to speak up.

The people we spoke with told us that staff treated them with dignity and respect. One person said, "The staff are very polite and they treat us well." The relatives we spoke with were complimentary about staff and the way in which their loved ones were treated. One relative said, "I think the staff are very nice. They seem friendly when I have visited."

Staff were respectful when speaking with people and ensured they used their preferred name. One person preferred to be known by a nickname, staff knew this and used the nickname when speaking with them. The staff we spoke with had a clear idea of how to ensure any personal care was provided in a dignified way. For example, one person required some assistance with showering. Staff described how they would ensure the person's dignity was maintained throughout.

We observed staff respecting people's privacy during our visit and respecting people's personal space. Staff always knocked and waited to be invited into bedrooms and people confirmed that staff always did so. Visitors were welcomed to the home at any time and, although there were no visitors during our inspection, the relatives we spoke with confirmed they could visit at a time convenient to them.

## Is the service responsive?

### Our findings

The people we spoke with told us they received any support they required and staff were responsive to their needs. The people living at Victoria House were very involved in planning their care and staff encouraged this. One person said, "I always get my one to one hours, staff are flexible." Another person commented that staff had helped them to research local places of interest that they might want to visit. The relatives we spoke with felt their loved one received the care and support they needed. One relative said, "[My relative] seems very happy and is a lot more confident than they used to be." We observed staff responding immediately when people asked for help during our visit. Staff understood that, due to some people's care needs, they may not be able to tolerate having to wait for assistance. For example, one person requested a fresh bath mat so they could have a shower and staff provided this straight away. Another person said they were experiencing pain and staff immediately arranged an emergency appointment for them.

Staff had a thorough knowledge of people's support needs and preferences about how they liked to spend their time. Some people were independent and did not require assistance with personal care and staff told us they encouraged people to be independent. Where people required some assistance staff described the care they provided and that they still encouraged the person to do as much as possible for themselves. There was detailed information about people's care needs available which matched what staff told us. People had completed an 'All About Me' file which contained information about them, their interests and things that were important to them. Each file was personalised and people were proud of them. This information was used by staff to plan individual targets and activities with each person.

People were encouraged to carry out domestic tasks within the home as part of a drive towards developing their independent living skills. This included doing laundry, shopping and household cleaning tasks. During our visit we saw that one person was enjoying helping to prepare the evening meal and was taking great care as they wanted to do a good job. There was a rota in operation so that people would take it in turns to complete the various domestic tasks. Staff did not enforce this rota and were flexible if somebody did not wish to complete a task on their allocated day. The registered manager told us that, where possible, their aim was to help people develop their independent living skills so they could move into more independent accommodation. One person had progressed to the point that they had been identified as being suited to more independent accommodation. People's care plans were regularly reviewed and their progress against their individual targets was recorded. There were detailed notes which demonstrated how a person had developed during that month.

Several people also attended a local college and received support to further their education. One person described the course they were attending and told us they were enjoying it. People were empowered to travel independently where staff were sure they were able to do so. They had been helped to obtain a bus pass and staff worked with them to ensure they knew which bus to catch. Arrangements were in place with the college so that a phone call would be made to the home when the person had arrived. Staff told us that it was important to people to have this level of independence. Other people were not always confident in going out without staff and they also received an appropriate level of support.

There was a comprehensive range of activities available which was tailored to each person's interests and abilities. Staff responded to what people told them about the activities they would like to try. There were regular house meetings and records showed that people were involved in these meetings. One person had recently been supported to obtain employment and this had a positive impact on their confidence. Another person had engaged well with a placement helping out at a local stables. People also planned their weekly activities with the activities coordinator and developed a timetable for the week ahead. There were group activities such as bowling and a trip to a local pub for dinner as well as individual activities. Should somebody wish to stay at Victoria House for the day, rather than do their planned activity, this was respected and there were activities available within the home. If a person had not enjoyed their activity for any reason, this was discussed with them and alternatives were discussed.

Staff assisted people with their financial and budgeting skills when they were saving money towards a larger purchase. For example, one person was saving some money to pay for a holiday they wanted to go on. Another person told us about the money they had saved since they had stopped smoking. The activities coordinator told us that they had been set the challenge of arranging a musical involving staff and people living at the home. It was evident that their enthusiasm about this had generated excitement amongst the people who would be taking part. One person told us about their role in the musical and the costume they would be wearing. There were also links developed with people living in other care homes operated by the provider. For example, people often went for meals and attended parties with the residents of the other care homes.

The people we spoke with told us they would feel comfortable making a complaint and knew how to do so. The relatives we spoke with told us they would have no hesitation in speaking to the registered manager should they have any complaints. During our inspection we saw that people were very comfortable in the presence of the registered manager and provider and regularly came to the office door to ask questions. Responses to any queries people raised were immediate and positive.

The complaints procedure was available in an easy read and standard format and provided to people when they moved into Victoria House. The staff we spoke with told us that people were aware of how to complain and felt that the provider and registered manager would take any complaints seriously. There had not been any complaints made by people using the service or their relatives so we could not assess how the complaints procedure worked. However, an anonymous concern had been received which the provider thoroughly investigated. Actions had been taken to amend some of the food that was brought for people as a result of this complaint being raised.

## Is the service well-led?

### Our findings

The people we spoke with told us they felt comfortable living at the home and that there was a relaxed, open and friendly atmosphere. One person said, "It really is exceptional here. Everyone is so friendly. I can speak to anyone whenever I want." The relatives we spoke with told us they felt there was a relaxed and open culture and that they would feel comfortable raising any concerns they may have.

The culture of Victoria House was open, transparent and focussed on providing the best possible service to people. One staff member said, "It is a really nice place to work. I have known [the provider] for a long time and feel comfortable speaking with them about anything." The registered manager and provider told us that they encouraged staff to raise any concerns with them and there was a policy in place supporting this. Staff told us that they would feel confident that they would be treated fairly if they made a mistake and would be willing to tell the registered manager.

There were regular meetings for staff which we saw were advertised for the year ahead and generally well attended. Staff told us they felt comfortable speaking up in the meetings and that their ideas and suggestions were taken seriously. Records confirmed this and also that the registered manager made clear their expectations of staff. During our visit we observed staff working together as a team to ensure the best outcomes for the people living at the home. There were also good links with the local community as people regularly visited facilities such as the library and leisure centre. There had been a summer fair at the home and staff told us they enjoyed good relationships with neighbours.

People told us that they got on well with the registered manager and provider and this was evident during our visit. The registered manager made time to speak with people and operated an 'open door' policy. The registered manager and provider also spent a lot of time in the communal areas of the home helping staff and people and commented, "We wouldn't ask staff to do anything that we wouldn't do ourselves." The registered manager was also responsible for other homes operated by the provider. There was a robust system in place to ensure that management cover was always available at Victoria House. An assistant manager also oversaw the day to day operation of the home and the provider visited on a daily basis.

Staff told us they felt the service was well led and that registered manager and provider led by example. During our visit it was apparent that everybody worked together as a team and the registered manager adopted a hands-on approach. An assistant manager also provided support to staff at the home as well as carrying out tasks such as quality audits. The provider told us that they understood the importance of investing time in developing staff and felt this had resulted in low levels of staff sickness and turnover. The provider ensured that a comprehensive training and support package was in place for staff and had a good awareness of upcoming changes in legislation. For example, the provider told us that they had prepared in readiness for the introduction of the National Living Wage.

There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were delegated to staff to carry out, such as the ordering of medicines and responsibility for auditing people's finances. Resources were provided to enable staff to meet people's

needs and to ensure the building remained in a good state of repair. Staff told us that any equipment they needed would be purchased if they could demonstrate why it was required.

There was a registered manager in post and they understood her role and responsibilities. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with told us they were aware of different ways in which they could provide feedback about the service. People also felt their views were taken seriously and acted upon when possible. One person said, "We have regular service user meetings where we discuss about food and what activities we want to do." Another person commented that they felt comfortable speaking in the meetings and felt that staff and the registered manager listened to their views at any time. Surveys had recently been distributed to people and relatives to complete, however none had been returned at the time of our inspection.

There were effective systems in place to monitor the quality of the service people received. Regular audits were carried out by the registered manager and provider which covered areas such as medication and the cleanliness of the building. Where any issues were identified these were addressed by the registered manager with staff immediately. The registered manager and provider also carried out periodic night time spot checks and came into the home at times which allowed them to meet with the night staff. There were also regular meetings for people living at Victoria House. Records confirmed that any ideas people had were looked into and taken on board when possible. For example, one person had expressed an interest in visiting an antique fair and the activities coordinator had researched possible venues for them to visit.