Derbyshire County Council

9 Victoria Street Care Centre

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

Overall summary

9 Victoria Street Care Home provides accommodation for up to 18 people with a learning disability who require personal care.

This inspection took place on 7 and 8 December 2015. The first day was unannounced.

Our last inspection of January 2014 found the provider was not meeting one regulation. This was in relation to staffing. At this inspection we found that the actions we required had been met. There were sufficient staff available and they received appropriate guidance and training to ensure they could meet people's needs.

There was a registered manager at the service. 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. However, they were absent from the post and an acting manager was responsible for the day to day running of the service, with support from the provider's other registered managers.

Summary of findings

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that the required interventions had been undertaken. The records had also been updated to reflect changes in people's care needs.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about how to reporting procedure.

Medicines were managed safely.

Consent to care and support had been sought and staff acted in accordance with people's wishes and legal requirements.

People told us they enjoyed their food and we saw meals were nutritious.

People's health needs were met. Referrals to external health professionals were made in a timely manner.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support.

Complaints were well managed.

People were able to take part in hobbies and interests of their choice.

Systems to monitor the quality of the service Identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

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**.

Staff were deployed effectively to ensure people were assisted in a timely manner.

Staff followed the guidance in people's risk assessments and care plans.

Medicines were managed safely.

People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable people were employed.

Good

Is the service effective?
The service was **effective**.

People's health needs were addressed. People received the support they required in relation to eating and drinking.

Staff had completed sufficient relevant training to meet the needs of people using the service.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Principles of the Mental Capacity Act 2005 were known and understood.

Good

Is the service caring?
The service was **caring**.

People were treated with kindness and compassion. Staff were aware of people's choices, likes and dislikes and this enabled people to be involved in planning their care and support.

Good

Is the service responsive?
The service was **responsive**.

Concerns and complaints were well managed.

People were encouraged to express their views and had been supported to participate in interests they enjoyed

Good

Is the service well-led?
The service was **well-led**.

Systems in place to monitor the quality of the service were effective.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns.

Staff were clear about their roles and responsibilities.

Good

9 Victoria Street Care Centre

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 took place on 7 and 8 December 2015 and the first day was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the provider is required to tell us about by law. We spoke with three health and social care professionals prior to the inspection visit.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

During the inspection we spoke with seven people who used the service and one external social care professional. We also spoke with the management team, seven staff, including staff from the care team, the domestic and catering team. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between people and staff. We spoke with two relatives by telephone following the inspection.

We looked round the building and accessed a range of records relating to how the service was managed. These included three people's care records, three staff recruitment and training records, and the provider's quality auditing system.

Good

Is the service safe?

Our findings

Our previous two inspections of January 2014 and June 2013 found there were insufficient staff to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received an action plan in February 2014 stating how the provider was addressing the issues. At this inspection we found the requirements of this regulation had been met.

There were enough staff to meet people's care and support needs in a safe and consistent manner. People and relatives we spoke with were satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to people's needs. The acting manager confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected people's individual needs. They said staffing levels were reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. This was supported by duty rotas that we looked at for the period 30 November – December 2015 and also by our observation during the inspection. We saw there were sufficient staff to respond to peole's requests in a timely manner. We saw that additional staff were made available so that people were able to attend activities of their choice and health care appointments. The provider information return stated a new staff rota was being introduced to ensure the most effective distribution of staff hours across all shifts. We found this was about to be put into practice and would ensure a deputy unit manager was available on each shift. The provider ensured there were sufficient staff available to work flexibly so people were safe.

All the staff we spoke with also told us staffing numbers were adequate to meet people's needs. They said this had improved recently and that as a result the atmosphere in the service was calmer.

We looked at how behaviour that challenges was managed. We found this had improved following a safeguarding allegation. The provider had re-assessed the remit of the service as a result of the allegation and ensured that the service established they could meet people's needs prior to admission. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs, for example in relation to managing behaviour that challenges. There were clear protocols in place to ensure any incidents were de-escalated and we saw staff following these. For example, one person needed to be approached in a particular way and we saw staff followed the guidance. This meant people's care was provided safely.

People who were able to talk with us confirmed they felt safe using the service and when being assisted with personal care. One person said "I feel safe" and a relative said of their family member "They keep [family member] safe".

There were clear procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person using the service. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Staff also told us they received safeguarding training, which was up to date, and had access to the provider's policies and procedures for further guidance. Records we saw confirmed training was up to date. The provider therefore minimised the risk of abuse occurring and ensured people were safe.

We found medicines were managed safely. People who were able to tell us said they were satisfied with the way their medicines were managed. One relative said "There has never been a problem" when describing how staff dealt with medicines.

Staff were able to explain the procedures for managing medicines, including controlled drugs, and we found these protocols were followed. Staff also knew what to do if an error was made. We saw these were monitored and action taken to minimise any repeated errors.

Medicines were stored at the correct temperatures to ensure they were safe to use. Records were kept of medicines received into the home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. We saw 'as required' medicines had clear instructions for their use. This meant people received their medicines according to the prescriber's instructions.

Good

Is the service safe?

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

Good

Is the service effective?

Our findings

People told us they saw a doctor or nurse when required. One person attended the doctor's surgery on the day of the inspection and another person went to the dentist. Relatives also confirmed that people's health needs were met. One told us they were pleased staff had recognised a health problem for their relative when they were ill. Another relative said staff knew their family member "Inside out" and identified any health issues at an early stage.

Care plans were regularly reviewed and detailed any support provided from outside health care professionals. This included chiropodists, specialist nurses and speech and language therapists. This was confirmed by external health professionals we spoke with. One health professional told us that progress was being made and that there was a lot of co-operation and working with other professionals to ensure people's health needs were met. We were confident that people's health care needs were addressed effectively.

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties. A staff member told us, "No one minds how many times I ask questions**".** Staff also demonstrated a thorough and detailed knowledge of people's individual needs, preferences and choices. Staff described the access to training as good and said they had received training in areas relevant to the needs of people using the service, such as dealing with behaviour that challenges. We saw that staff were skilled in reassuring people and maintaining a calm atmosphere.

Training records showed most staff were up to date with health and safety training and they identified which staff needed refresher training. The provider information return showed us that bespoke training to meet the needs of people with a learning disability and a mental illness, (known as dual diagnosis) had been identified as required to enhance staff skills. It was anticipated that this training would take place by April 2016. Staff were able to provide effective care based on the support and training they received.

People were supported to make choices and asked for their consent whenever they were able**.** We saw staff asking for people's consent to care or support throughout our inspection. We saw that where people had capacity to make decisions for themselves, records relating to consent were signed, dated and their purpose was clear.

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. We found the provider had followed the requirements in the DoLS by submitting applications to a 'Supervisory Body' for authority to restrict people's liberty where they thought it was in their best interests. Some applications had not been assessed by the Supervisory Body at the time of our inspection.

We saw in the records we looked at that best interests decisions had been made and documented for people who lacked capacity, for example in relation to finance and cigarette usage. This indicated that consent to care and treatment had been sought as outlined in the Mental Capacity Act 2005.

Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted. They told us they had received training in this area and records we saw confirmed this. People's legal and human rights were upheld.

People were supported to maintain good nutrition. Everyone could eat independently. We asked people about the food provided. They said it was good and we saw people enjoying their evening meal. One person said it was "Wonderful" and one relative said their family member "Seems well fed". There was a choice available and people told us they were offered alternatives if they did not like what was on the menu. We saw people were offered a variety of foods with drinks between meals.

Good

Is the service effective?

Catering staff were able to describe people's individual diet and nutritional needs. They told us people were involved in deciding the menus and that healthy options were encouraged. Records of meetings with people confirmed menus were discussed. They were also able to describe how they would cater for people with specialist diets such as gluten free or vegan. However, no one using the service had a specialist diet at the time of our inspection. People's nutritional needs were therefore met.

People's records showed nutritional assessments were in place. People were weighed monthly and any fluctuations in weight were monitored. People's dietary needs were met and this enabled them to maintain a satisfactory weight.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said “This is the best place I’ve ever lived” and another said “They [staff] are all good to me”. A relative told us they were always made to feel welcome and that staff “Are very approachable”.

We observed positive and caring relationships between people using the service and staff. People were treated with respect and approached in a kind and caring way. People were listened to and were comfortable with staff. We saw staff sat with people and engaged them in conversation. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

We saw privacy and dignity being respected when people were receiving care and support during our visit. We saw staff always knocked on doors before entering and ensured eye contact when conversing with people. Staff were able to give us examples of respecting dignity and choice. For example, all the care and support staff told us they respected one person’s choice regarding who provided their personal care. People were asked before tasks were completed e.g. moving around the building and during leisure activities. The service had gained a bronze award for dignity and the provider information return showed us that there were plans to apply for an enhanced award. People’s care was therefore provided in a dignified manner.

People and their relatives were involved in their care planning. A relative told us ‘We have monthly meetings” and they were “Really pleased” with the progress made. People were included in review of care and support plans. We observed that people were given clear explanations about care plans and that they were asked for their opinions about the support they received. We saw people were able to express their views and they were listened to. Staff told us they worked with the person to establish what their needs and preferences were.

We observed people were offered choices in their daily routines. Staff were able to describe how they offered choices to people; for example, regarding meals and what activities and events were on offer. They told us that they used pictures and examples of food options to help people decide what they wanted. Where people were able to refuse options, their choice was respected

Records we saw showed reviews of people’s care involved family and people important to the person. Where people had capacity to do so, they had signed their care plan. Care planning was therefore inclusive and took account of people’s views and opinions.

Good

Is the service responsive?

Our findings

People who were able to speak with us told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. One person said "I would tell the manager" and a relative said "I know how to make a complaint but I've not needed to".

We saw the complaints procedure was on display. We reviewed complaints that the service had received. No formal complaints had been received that required an investigation in the previous twelve months. Responses to other informal complaints had reached a satisfactory conclusion. This meant people's concerns were addressed properly and appropriate action taken.

The acting manager told us they listened to people and staff. We also found the service gathered feedback from staff and people and used this to identify improvements. An external health professional told us the service had improved, acted on issues raised and was now more stable. The provider strove to ensure that any issues raised were used to improve the service.

Records we saw contained detailed information about people's health, personal and social care needs. Each person had a social history outlining their lifetime events, achievements and experiences. This provided a basis for engaging with people who were unable to give this information. The information we saw reflected how people would like to receive their care, treatment and support including individual preferences, interests and aspirations.

People were supported to follow their interests wherever possible and take part in social events. One person told us they liked knitting and another said they enjoyed going on shopping trips. Staff knew people's likes and preferences and we saw these were recorded in people's care plans. This enabled staff to offer people activities and opportunities that were more personal to them. The service had a member of staff responsible for organising events and outings. They showed us evidence of the wide range of activities provided. People had participated in hobbies of their choosing such as membership of a snooker team, craft work and following football. They had also enjoyed themed events such as a Halloween party and were involved in fundraising for charities. We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms.

Staff told us they tried to be responsive to people's needs. One staff member told us "We know people's routines" and said they were able to encourage people's independence. We saw one person being assisted to go to the doctor's independently. Staff also knew what people's individual care needs were and how they liked to be supported. For example, one person had very specific routines and we saw staff adhered to this to ensure the person did not become agitated. People were responded to appropriately to ensure their preferences were met.

Good

Is the service well-led?

Our findings

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. One relative said, "The staff are very approachable and I can bring up any issue with them." This meant that people and their relatives felt able to raise suggestions and concerns, and these would be acted on.

Staff also felt able to raise concerns or make suggestions about improving the service. All the staff we spoke with praised the acting manager. One staff member said they were, "Very approachable" and another said "They've made a real difference. I feel listened to."

The service had been undergoing a period of transition following the absence of the registered manager and a safeguarding allegation that necessitated a review of the service's purpose. This had contributed to a period of instability and change. The provider had taken action to resolve the issues raised such as appointing an acting manager to oversee the service in the registered manager's absence and starting a review of the service. The registered manager had been seconded to another role on a temporary basis until March 2016.

The acting manager understood their responsibilities, for example, when and why they had to make statutory notifications to the Care Quality Commission. We found that they had made some improvements to the service such as supporting staff and giving clear guidance.

The acting manager described the support they received from the provider as good. There was a senior staff team in place to support the manager, including senior care staff and deputy unit managers. The acting manager told us she had worked hard to ensure a stable staff team to maintain consistent care. They had achieved this by providing guidance and support, acknowledging hard work and good practice and giving people responsibility for their roles and areas of interest. As a result staff morale had improved and we found staff we spoke with were motivated to provide good care and support to people and wanted to enhance their skills and knowledge.

The provider information return had identified that bespoke training for managers was required to enhance and consolidate leadership skills and team working. It also stated there were workshops for managers to provide opportunities for shared learning and practise, dissemination of strategic direction and changes in policy and procedures. The provider was proactive in supporting managers and providing leadership for the service.

Records showed that staff supervision took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service. Staff told us this was useful and were positive about their job role. One staff member said "We definitely get listened to".

Our discussions with the acting manager showed they understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff and deputy managers had designated duties to fulfil such as ordering medicines, organising activities and events and monitoring staff training.

Health and social care professionals we spoke with said that they recently had concerns with the support the home provided in relation to managing behaviour that challenges. They said they could see the acting manager was making improvements and that the concerns had been addressed. The management team was responsive to concerns raised and took action to rectify issues and ensure people were safe.

The provider had a system of quality assurance in place which was designed to identify areas for improvement in the service. Although these audits identified issues, there were inconsistencies in the record of the action taken to resolve them. For example, an infection control audit undertaken in April 2015 identified a number of areas where cleaning needed improvement but there was no record of any action taken to address them. We discussed this with the acting manager who agreed to look into the areas identified.

We found the provider had gathered people's views on the service. Surveys had been completed in September 2015 and meetings for people occurred monthly. These showed people were satisfied with their support. For example, one person had described the food as "Brilliant" and another had commented about living in the home "There is nothing I don't like". This showed people were satisfied with the care provided.

Good

Is the service well-led?

People made suggestions about the service and we saw these had been acted on, for example in the provision of menu choices. The provider used people's comments and opinions to assess the quality of the service.

The management team told us they were continuing to develop links with the community and were actively involved in supporting people to use local facilities such as sporting venues and social clubs. They also maintained professional contacts with relevant agencies such as advocacy services and local medical centres. They told us they were trying to improve the service and ensure that it maintained a defined role in order to meet people's needs and aspirations. Additional finance had been agreed to improve the fabric of the building by refurbishing bathrooms and toilets and developing a specified space for people to use to gain independent living skills. The provider was therefore proactive in improving the service.