Oakview Estates Limited

Victoria House Residential Home

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

The inspection visit took place on the 5 January 2016. This was an announced inspection with less than 24 hours' notice give. This was because we wanted to ensure staff and people would be available as people are often out doing activities.

We last inspected the service in June 2015 and found the service was not in breach of any regulations at that time. The visit in June 2015 was a follow up to confirm support plans had been reviewed and we found this was the case.

Victoria House provides care and support for up to five people who have a learning disability, there were currently three people using the service. The home does not provide nursing care. The service is two joined terraced houses situated in Darlington, and are close to all amenities and transport links.

There is a registered 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

Summary of findings

and associated Regulations about how the service is run. At the time of our visit, the registered manager was on maternity leave of which we were aware and we met with the team leader, interim manager and regional manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider was working within the principles of the MCA.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Some staff had also received more specific training in managing the needs of people who used the service such as autism and communication. There were sufficient staff on duty to meet the needs of the people and the staff team were supportive of each other and the management.

Thorough investigations had been carried out in response to accidents and incidents. Staff also had good knowledge and working systems to ensure health and safety and risk assessments were monitored and up to date. Medicines were stored and administered in a safe manner.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development.

We saw people's support plans were person centred and had been well assessed. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home, from going to work placements to helping to make the evening meal.

People told us they were happy with the care and support at Victoria House and we saw the service was supporting people well to lead active and fulfilling lives within their community.

The service encouraged people to maintain their independence. People were supported to be involved in the local community as much as possible and were supported to independently use public transport and accessing regular facilities such as the local G.P, shops and leisure facilities.

We also saw a regular programme of staff meetings where issues were shared and raised. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. This showed the service listened to the views of people.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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?
This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow. Staff had training and knew how to respond to emergency situations.

Good

Is the service effective?
This service was effective.

People were supported to have their nutritional needs met. People's healthcare needs were assessed and people had good access to professionals and services designed to help them to maintain a healthy lifestyle.

Staff received regular supervision and training to meet the needs of the service.

The staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

Good

Is the service caring?
This service was caring.

The home demonstrated support and care in a range of challenging situations and staff we spoke with spoke of the family style environment they were encouraging.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good

Is the service responsive?
This service was responsive.

People's support plans were now written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported.

The service provided a choice of activities based on individual need and people had 1:1 time with staff to access community activities of their choice

There was a clear complaints procedure in easy read format. People and staff stated that staff were approachable and would listen and act on any concerns.

Good

Is the service well-led?
This service was well-led.

Good

Summary of findings

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the management team to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the management team.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Victoria House Residential Home

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 visit took place on 5 January 2016. Our visit was announced as this was a small service and people are often out at activities so we gave 24 hours' notice so we could meet with people and staff. The inspection team consisted of one adult social care inspector.

For this inspection, the provider was not asked 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 spoke with the team leader and regional director about what was good about their service and any improvements they intended to make.

Before this inspection we reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and the infection control team. No concerns were raised by any of these professionals.

During our inspection we spent time and spoke with all three people who lived at the service, three care staff, the team leader, activity co-ordinator, regional director and new interim manager who was on their second day at the service. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

Good

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; "We have all had training about safeguarding and whistleblowing, all of us know what to do".

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. We saw local safeguarding contact details on display in the office and this ensured that staff had easily to hand the contact details and information they would require to raise an alert. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. We saw that information was available for people using the service in easy read format to encourage people to speak up and daily meetings were held with people to ensure people felt happy and safe.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and one person explained they were the trained fire marshal for the service and that after 7pm the service always endeavoured to have a fire marshal on shift although all staff were trained in responding to emergencies.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. One staff member explained the medicines system to us at the service. They were knowledgeable about all procedures and also about actions to take if an issue such as a dropped tablet was to occur. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

We saw that minimum and maximum temperatures relating to refrigeration had been recorded daily. We saw that temperatures for the treatment room were recorded daily which meant that medicines were stored within the recommended temperature ranges.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. The addition of the activity co-ordinator role had developed meaningful daytime activities further and all staff told us this had been a positive development. This meant there were enough staff to support the needs of the people using the service.

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees and also on a three yearly basis for established staff members. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of two staff who had been recently recruited to the service. As well as scenario based questions at interview which showed that potential applicants understood the nature of the service and type of support to be given, potential staff members could visit the service and meet with people using the service. We were told that one person who used the service had recently asked potential candidates questions which showed that people were enabled to be involved in the recruitment of staff.

The home had an induction checklist in place which included an induction to the home and the Care Certificate formal induction programme. We saw that in the first week of induction, staff completed the following training modules; moving and handling, first aid, health and safety and supporting people with a learning disability. Other units included safeguarding and positive behaviour support. We saw that for health and safety, moving and handling, fire safety, infection control and medicines management that 100% of staff at the service had completed training in the last year.

Good

Is the service safe?

The home is a two storey building on a terraced street. We saw that entry to the premises was via a locked door and all visitors were required to sign in and show identification. The home was clean, spacious and suitable for the people who used the service. We saw that personal protective equipment (PPE) was available around the home as well as liquid soap and staff explained to us about when they needed to use protective equipment. This meant people were protected from the risk of acquired infections.

Risk assessments had been completed for people in areas such as risks associated with going out into the community. We spoke with the lead health and safety staff member at the service who was very knowledgeable about ensuring risks were monitored but people also had opportunities to live in a normal domestic dwelling and experience normal community participation. The risk assessments we saw had been signed to confirm they had been reviewed and were also read by all staff. We saw copies of incident and accident review forms, which were electronically recorded and analysed for any trends. We saw an example of how the service worked to reduce accidents. The home had a wetroom bathroom and staff may be required to support people with personal care. A member of staff slipped on the wet floor and so the service implemented shoe covers to be worn by all staff in the wetroom to maintain their safety. The home also had an environmental risk assessment in place.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested.

Good

Is the service effective?

Our findings

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. We discussed DoLS with the team leader and one staff member, who were aware of their responsibility with regard to DoLS. We saw there were two people using the service who needed an authorisation in place. We looked at their support plans and saw they had been assessed as lacking capacity and best interest decisions had been made in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was recorded within the person's support plan. We saw evidence of authorisations and review date had been agreed. Everyone had an up to date assessment of capacity for being able to manage their finances and for medication carried out by a psychiatrist and this was discussed with people and their family at their three monthly review meetings. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. One staff member told us; "We all utilise our supervision sessions for support." There was a planner in place, which showed for the next 12 months all the dates when staff were booked in to have supervision sessions.

We viewed the staff training records and saw the majority of staff were up to date with their training. We looked at the training records of all staff members which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, personality disorder, support planning, health and safety, customer care, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. This showed that staff received training to ensure they could meet the needs of people who used the service. One staff member told us of a six week course they had recently undertaken at York University on the subject of autism. They told us they had found the training very stimulating.

Staff told us they met together on a regular basis. We saw minutes from regular staff meetings, which showed that items such as day to day running of the service, training, medicines, and any health and safety issues were discussed.

Each person had a keyworker at the home who helped them maintain their support plan, liaise with relatives and friends and support the person to attend activities of their choice. People at the service told us about their keyworkers and that they enjoyed planning their personal holidays and shopping with them.

The home had a domestic kitchen and dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes. We saw that menus had been developed with people and they were discussed on a daily basis with people expressing their choices to staff.

The menu was planned with the staff team and people living at the home and as well as planning and cooking, everyone also helped with the food shopping. We saw one person at the service enjoyed making drinks for other people and staff.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. People's weights were recorded regularly which meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. People were supported to attend exercise and slimming classes and we saw that staff were encouraging of peoples attempts to lose weight.

We saw that the provider's psychiatrist and occupational therapist visited the service and provided input on a

Good

Is the service effective?

regular basis. We saw that where appropriate referrals were made to other healthcare specialists such as speech and language therapists. One the day of our visit one person was visiting the podiatrist and we saw that records of such visits and those to GPs or other healthcare professionals were maintained. The team leader told us that all people who used the service were registered with the same doctor. We were told that the GP practice was very supportive. Staff completed a health equality framework document with each person to ensure people had the right and quick access to health intervention.

Each person had a Hospital Passport and a health action plan in place, These are easy read documents all about the person using photographs and symbols and which told other services how people how people needed to be communicated with and any allergies or sensory needs. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Good

Is the service caring?

Our findings

We arrived at the service at 9am and were warmly welcomed by a staff member and one person who lived at the service who offered to make us a cup of tea.

We were shown around the premises by the team leader who demonstrated an exceptional knowledge of people using the service, describing their personalities, likes and dislikes as well as their care and support needs. One person using the service told us; "This is the nicest place I have ever lived. I love it here and the staff are all lovely."

We asked staff how they would support someone's privacy and dignity. They told us about ensuring people's bedroom doors or bathrooms were kept closed and staff told us about how they discussed this in staff meetings and supervision sessions.

We looked at two support plans for people who lived at Victoria Embankment. They were all set out in a consistent way and contained information under different headings such as an easy read summary (a summary of how best to support someone), a key information sheet, a comprehensive assessment detailing what support needs people had and what outcomes the service was assisting people to achieve. The support plan was written with the person if they were able and was very much written from the perspective of the person and shared through reviews with relatives and other professionals who knew the person. This showed that people received care and support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious so that the staff approach was consistent for the person.

We observed the care between staff and people who used the service. We saw people were treated exceptionally by staff who had an in-depth appreciation of people's needs. People were treated with kindness and compassion. Staff were attentive and interacted well with people, there was lots of banter and laughter. Staff were very aware of people's likes and dislikes and we saw that in reading profiles in support plans that staff adhered to these with everyone throughout the day so people were supported and communicated with in a consistent and meaningful way. One person who had limited verbal communication brought us several photographs to show us trips and activities they had been on with staff support and they were laughing at people's faces on fairground rides!

People were actively encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home and people who used the service were able to visit their relatives and friends regularly. One person also told us of their relationship with another person who lived at another of the provider's services and we saw how they were supported to visit each other and maintain their friendship. We asked how family were kept informed and was told that people were supported to make regular calls to those relatives who were involved with the service. One person had been supported by staff to use social media safely to maintain a relationship with long distance relatives.

Staff told us that keyworkers reviewed support plans on a monthly basis with the person and checked whether people were happy with the care and support they received.

We saw a daily record was kept of each person's care. They also showed staff had been supporting people with their care and support as written in their support plans. In addition, the records confirmed people were attending health care appointments such as with their GP or podiatrist.

Posters were on display at the home about advocacy services that were available and staff told us that advocates were involved in any Deprivation of Liberty Safeguarding process as well as supporting people with their regular review meetings that took place every three to six months.

Good

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the management sought the views of people using the service on a regular basis and this was recorded. This included people who lived at Victoria Embankment as well as relatives and visitors. The complaints policy also provided information about the external agencies which people could use if they preferred. This information was also supplied to people who used the service using symbols and an easy read format. People told us about a new daily community meeting that was taking place for people to raise any issues or concerns. This was introduced by the staff team with the support of the occupational therapist to enable people to discuss in a positive framework the issues of living with other people. One person told us; "The meetings have been really good, I can talk about my frustrations." Staff also told us the meetings had led to a 'more harmonious house'.

We looked at the arrangements in place to ensure that people received care and support that had been appropriately assessed, planned and reviewed. During the inspection we reviewed the care records of two people who used the service. We found that these were focused on the individual needs, wants and likes of each person. The plan clearly described what the person could do for themselves and the help they needed from staff. This helped to ensure that care was delivered in a way that ensured the wellbeing of the person. We saw that care records were reviewed and updated on a regular basis by keyworkers with the person and that a multi-disciplinary review was also held every three months. This meant that people's mental and physical support needs were reviewed by professionals and advocates and family members were also invited to reviews if the person so wished.

Staff demonstrated they knew people well. Talking to staff, they told us about the three people currently living at the service. They knew about each person and their individual needs including what they did and didn't like. Staff were responsive to the needs of people who used the service. For example staff provided lots of encouragement to one person who had been swimming that day. The service was trying to encourage this person to lose weight and maintain a healthy lifestyle so they made a big fuss of their achievement. This showed that staff at the service were responsive to the individual needs of people.

On the day of our inspection, one person was out swimming and another was going out shopping for personal items. Another person was carrying out their laundry which they enjoyed. Staff told us they worked flexible shifts to ensure people got to activities. We met with the activity co-ordinator who had developed a programme of person centred activities to ensure people got 25 hours of meaningful activity a week. We saw that since our last visit people had attended new activities for example gentle exercise sessions and a computer course for older people that the activity co-ordinator had sourced. We saw that activities were reviewed to ensure they met people's needs and records could evidence what had gone well. The activity co-ordinator told us that one person had a work placement but they were also working with a centre in Northallerton to look at future work placements for other people.

The organisation had developed a family forum newsletter which was sent to relatives and which contained updates and information in an easy to understand format about issues affecting the service and activities.

Good

Is the service well-led?

Our findings

The home had a registered manager but they were currently on maternity leave. The registered manager had been in post for several years and shared their time with another residential service located in Darlington but was at the home several times a week. The staff we spoke with said they felt the registered manager was supportive and approachable. The team leader who had been supporting the service in the manager's absence was knowledgeable in the running of the service and staff on duty spoke very highly of them.

One staff member told us; "We are a good team and we help and support each other."

The regional manager told us about their values which were communicated to staff. They told us how they promoted a person centred approach to ensure that people who used the service were treated as individuals. The team leader was very focussed on people having the choices and as much independence as possible and the feedback from staff confirmed this was the case. We saw that the team leader led by example and witnessed them dealing with a person who became anxious in a calm, professional manner.

Staff told us that morale and the atmosphere in the home was better and that they were kept informed about matters that affected the service. Staff told us that staff meetings took place regularly and that were encouraged to share their views and to put forward any improvements they thought the service could make.

The home carried out a wide range of audits as part of its quality programme. The team leader explained how they routinely carried out audits that covered the environment, health and safety, support plans, accident and incident reporting as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place.

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the home was run in their best interests. The service had undergone a "peer review" process which was carried out by a person with a learning disability from another service. Questions used were in an easy read format and talked about whether the service was person centred, as well as questions about the friendliness and professionalism of the staff and the cleanliness and presentation of the home. Staff told us that one person from the service had carried out a similar process at another of the provider's homes. This showed the service listened to the views of people and sought innovative ways to ensure people could be involved in where they lived.

During 2015, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about and the registered manager kept us informed of all updates in relation to the service via telephone.

We saw the home had an ongoing service development plan and also specialist plans such as Christmas contingencies so that staff had the appropriate support and contact details for maintenance and other emergencies through the holiday period. Staff told us that they were working on ensuring new easy read templates were introduced for support plan reviews. This showed the service was constantly striving to improve.