

Mr D Kerrison & Mrs S Kerrison

Victoria Lodge

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Inadequate



Overall summary

We inspected Victoria Lodge on 20 and 26 October 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 26 October 2015.

Victoria Lodge is a large converted terraced house in the centre of Saltburn. The service can provide care and support for up to fourteen adults who have a mental health condition. At the time of the inspection only eleven people were living at the service. The service is close to all local amenities. It is located on a quiet residential street and services are provided over three floors.

The home has not had a registered manager in place since 27 February 2015. 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. At the time of the inspection the registered provider was supporting the service on a day to day basis alongside a management consultant.

Checks of the building and maintenance systems were undertaken to ensure health and safety. However the registered provider had failed to assess all areas of hazards in the service leading to a failure to ensure

Summary of findings

electrical safety and legionella safety had been completed periodically. The registered provider organised that these checks be completed as soon as they could arrange this.

We found that safe systems were not in place for the control of hazardous substances.

We saw that staff had an informal system of working to ensure they knew the whereabouts of people each day and that a missing resident's policy was in place. We found that this system often meant staff did not know the whereabouts of people who were out accessing the community and what time they would be returning. The system was designed to react to a missing person once they noticed a person missing, rather than proactively planning for the individual needs and risks of each person, particularly where there was known risks.

We found that one of the registered providers was working as part of the staffing numbers but was not taking part in the care and support tasks expected of the staffing deployed. We found that this meant that there were insufficient staff on duty to ensure people's needs were met. We discussed this with the registered provider and they agreed not to be a part of the staffing numbers.

Not all staff had been trained in the basic induction topics. Some staff had refresher training in essential topics. This means not all staff had received the knowledge to provide support to the people they cared for.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Not all staff had up to date safeguarding training and one person had never received this training even though they had commenced employment in 2014.

There were not effective systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out both by the registered provider and senior staff within the service. We saw that

not all had been completed regularly and that some had not been fully completed. We found that some of the audits were of a tick box nature and did not describe what was being checked.

We found that recruitment and selection procedures were in place and that checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people, but the registered provider failed to ensure the most recent employer provided references for one candidate as is required. They were also not ensuring all gaps in employment were investigated and the reason for them recorded.

Staff understood the requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards. We found no evidence of MCA assessments or best interest decisions made where they are delivering support to people who they feel do not have capacity in certain areas.

We saw that staff had received supervision on a regular basis and most people had received an annual appraisal, the registered provider had a plan in place to ensure all staff had received an appraisal within an acceptable timeframe.

We saw people's care plans were person centred and written in a way to describe their care, and support needs. These were not reviewed as needed. We saw evidence to demonstrate that people were involved in all aspects of their care plans. The registered provider was implementing a new system of support and care planning which they stated would ensure the views of how someone wants to be supported will be built into the plan

Risks to people's safety had been assessed by staff and these records had been reviewed. Risk assessments had been personalised to each individual and covered areas such as scalding, finance and moving and handling, choking, health and behaviour that challenged. This enabled staff to have the guidance they needed to help people to remain safe.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

Summary of findings

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well. People told us that they were happy and felt staff cared about them.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital and doctors appointments.

People's independence was encouraged and people who had the skills and motivation led very active lives. Where people who needed more support to plan and access activities we saw they had less active lives.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. We saw there was a keyworker system in place which helped to make sure people's care and welfare needs were closely monitored. People said that they would talk to the registered provider or staff if they were unhappy or had any concerns.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

The provider had not assessed properly all hazards and they had not ensured all safety checks were completed in the service.

Staff did not always have the skills, qualification and experience to carry out the role. Records showed that recruitment checks were not always carried out to help ensure suitable staff were recruited to work with people who lived at the service.

There were arrangements in place to ensure people received medication in a safe way.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not always have up to date training in basic knowledge required to do their roles. Staff had received supervision from the registered provider demonstrating they were supported well.

People were supported to make choices in relation to their food and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs

Good



Is the service responsive?

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People who were independent accessed a variety of activities of their own choosing. People who needed more support in this area did not have as much activity to choose from.

Good



Summary of findings

People's views were heard in both informal and more formal settings during meetings. People knew how to raise concerns if they needed to.

Is the service well-led?

The service was not always well led.

The service has no registered manager in post. The leadership and management of the service was found not to be effective.

Quality processes were not robust and were not being fully completed therefore the service did not show good governance, which means the service was not operating effective systems to ensure compliance with requirements.

People were regularly asked for their views and their suggestions were acted upon.

Inadequate



Victoria Lodge

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 checked 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 inspected the service on 20 and 26 October 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 26 October 2015. The inspection team consisted of two adult social care inspectors and one expert by experience on day one of the inspection. On day two of the inspection 26 October 2015 the inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR) which we received prior to the inspection. 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 analysed all the information we held about the service which included recent whistleblowing information and we spoke with the local authority contracts and commissioning team.

At the time of our inspection visit there were eleven people who used the service. We spoke with ten of the people who used the service. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some people showed us their bedrooms.

During the visit we spoke with both partners who are the registered provider, the management consultant, a senior support worker, a support worker and the cook.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people receiving support.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at two staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota which identified that one of the partners formed a part of the rota four days per week. We spoke to the registered provider and staff about this situation. The registered provider outlined plans to develop a tool which identifies people's needs and dependency levels, this will then be used to map staffing levels based on dependency in the future.

The registered provider told us that they do not deliver personal care to people and that they do not administer medications. However no additional staff had been employed to cover this aspect of the care. There are two staff (inclusive of the partner) on the rota twenty-four hours per day. We found that the majority of the people who used the service needed assistance with their personal care. During our discussion the registered provider agreed that this was not safe as there were insufficient staff to meet people's needs. It was also agreed that the registered provider would not be one of those team members because they do not perform care tasks. The registered provider altered this practice and will no longer be deployed as part of the staffing levels at the service.

This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected.

We saw that the registered provider had in place risk assessments to manage the health and safety of the service. Not all the hazards had been fully assessed or identified, for example, a five yearly safety check of the electricity within the building had not been completed, and also the annual checks for legionella had not been completed. The documented risk assessments were not effective in ensuring all hazards were identified and control measures in place to manage the service safely.

The registered provider responded on the day of the inspection to ensure the relevant checks were organised for electricity and legionella.

One person told us "there is going to be an accident, as when the stair lift is used it is left upstairs and I have trouble getting around this." No risk assessment could be found on how to manage the chair lift safely for all people supported.

We saw that the system in place to manage substances that are hazardous had not been kept up to date. The policy was dated December 2014, was in date and described how to manage safety. A locked storage area was provided and on day one was found to be left open. The safety data sheets that tell staff how to deal with emergencies involving substances that are hazardous were for products that were no longer used. This meant staff did not have the most up to date information to manage the products safely and advice of what to do in an emergency.

We observed staff asking each other where a particular person was on day one of the inspection. We discussed with staff how they would know if people were at home and safe or where they were if they had left the building. People were observed leaving the building freely to enjoy their independence in the community. People did not communicate where they were going or when to expect them back and staff were not observed to ask people either. Staff told us they used key parts of the day to complete a check, for example at lunchtime they would ensure everyone was there for their meal, at night when medications were administered this would ensure everyone was home. Staff and the registered provider told us about the missing resident's procedure they had in place if someone was found not to be home when expected. Everyone explained this process works for the people they support as it balances their right to freedom and privacy against the services need to ensure people are safe. No risk assessment could be found which assessed this area to outline to staff how to manage the service, and only one person had a specific risk assessment of their own needs. This meant the service was not planning to ensure people were safe.

This is a breach of Regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at the staff files for two staff members and for a more recently recruited staff member and saw that the registered provider did not always operate a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure

Is the service safe?

and Barring Service check (DBS) which was carried out before staff started work at the home. 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 saw that not all gaps in employment were accounted for. We were told by the registered provider the staff had been raising a family for numerous years which explained the gap in employment but this was not recorded on their file. We also saw that one staff had a reference from a previous employer but that it was not their last employer. The registered provider told us they had preferred to seek a reference from an employer where the person had been working as a carer. Although this does add to understanding how a person will perform in a similar industry employers must seek references also from a person's last employer to ensure safe and effective recruitment.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as, moving and handling, pressure area care and eating.

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "All the people and staff here are ok, I feel safe here." Another person said, "I feel safe, if I don't at night I can put my door on the catch."

The registered provider had an open culture to help people to feel safe, supported and to share any concerns in relation to their protection and safety. We saw that information on how to raise concerns and report safeguarding was available in communal areas and in people's own rooms.

We spoke with the registered provider and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. We saw that how to raise concerns was built into procedure

and staff were provided telephone numbers for the people they could contact to raise concerns. People have recently whistle blown and the registered provider responded in a way that saw them work alongside different agencies to investigate and implement change to improve the service.

We saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. Records did not show who had taken part in the evacuation which would make it hard to know that everyone was proficient in evacuating the building. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that accidents and incident forms were completed by staff and that on a monthly basis someone analysed any trends or patterns within that month. We saw a falls book in place that monitored people's falls and there was evidence that referrals were made to professionals to seek advice to prevent recurrence for people. Staff we spoke to confirmed they had done this for one person.

We saw that staff complete the forms when there was an accident or incident and that a space was provided for manager sign off. A manager signing this space would indicate they were aware of the accident/ incident and that they had ensured all that was required had been done following the occurrence. We found that this space had not always been signed by a manager meaning we could not find evidence they were aware of all accidents/ incidents that had occurred.

One person told us "there is enough staff and they are all very nice."

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection most people who used the service were supported with their medication. People told us they got their medication at the right time by people trained and one person said "I get medication in the

Is the service safe?

morning and at night, staff doing their NVQ are observed by their tutor, to see how they interact and care for people, I have been involved in this.” Another person said “Only trained staff can give medication.”

We observed staff administering medications safely, storage of medications was also safe. We saw records of medication administration. They include the medication administration record (MAR) and a self-medication risk assessment for people who do self-administer their medications. We also saw records explaining the protocols for ‘as and when required’ medications which included the maximum dose a person can take within 24 hours.

We saw that people used topical creams that were prescribed and that no guidance sheet was being used for staff to follow correct administration as per the prescription. The registered provider worked with staff on duty whilst we were completing the inspection to source and implement a sheet to improve their practice.

We saw people asking for medication during the inspection for pain and we saw staff give correct guidance to people around how many hours gap they must leave before the next dose.

We saw staff completing their daily audit of medications and they reported an error they had found whilst completing their audit. They were able to track the root cause of the error and they explained how they would be reacting to ensure the person was safe and to prevent a reoccurrence. On the second day of the inspection we saw that the incident had been correctly documented.

The service had a medication policy in place, which staff understood and followed.

Is the service effective?

Our findings

We saw records that told us not all staff training was up to date and that some people who were new in post had not received their mandatory training within the first six weeks as the induction procedure described should happen. For example only 76% of staff have up to date food hygiene training and they were involved in the preparation and storage of food, some staff had never received this training. Only 31% of staff had current infection control training. Only 62% of staff had first aid training in date and again some staff had never received this training.

We saw the training matrix which evidenced only 46% of staff employed had up to date safeguarding training. The registered provider told us that a new online refresher course had been purchased and that staff would be expected to complete the training update by the end of November 2015. One staff member who joined the team in November 2014 had never received safeguarding training.

Staff responsible for administering medication had received medication training. The records showed that only four out of the six people administering medications had been competency checked within the last 12 months to say they were safe to administer medications. Records we saw showed that the registered provider had a plan to complete the competencies by the end of October 2015.

We asked staff to tell us about the training and development opportunities they had completed at the service and they told us they had completed a wide range of training, which included the mandatory training such as food hygiene, moving and handling and fire safety.

The registered provider had a training and development policy which outlined the need for development areas in training such as mental health, person centred care and specialised courses.

This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and

support to staff. We saw records to confirm that supervision had taken place, but that not all annual appraisals had been completed, however a plan was in place to ensure these were completed.

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.

We checked whether the service was working within the principles of the MCA.

The registered provider and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. The registered provider and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. They understood the practicalities around how to make 'best interest' decisions.

However we found that the staff had not completed capacity assessments for people who may lack capacity or completed 'best interest' decisions within a multi-disciplinary framework. For example people had their finances controlled by the local authority and there were no records about when the person was deemed not to have capacity to allow for this to happen or that it was in the person's best interests.

At the time of the inspection, no people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. Staff we spoke with had a good understanding of DoLS.

The registered provider had a policy regarding MCA and it did not make reference to how a person could have fluctuating capacity and could regain capacity and how this would be managed. The forms also did not allow for staff to record the persons past and present views about the decision being made so this can be used to make the best decision in the interests of the person. The form also did

Is the service effective?

not allow for staff to record all the options considered and therefore demonstrate how the one chosen was the least restrictive for the person and therefore in their best interests.

One person we spoke with told us “the cook is very good, she manages the budget well, I like salads, Sunday roasts and hot dogs, you get a choice of meals, and the cook makes cakes on your birthday too which is nice.” Another person said “the food is lovely, I like tuna or chopped pork sandwiches with salad and Sunday roasts.” Someone else “the food is ok, you get two choices at lunch and if you don’t want them you can have sandwiches, for dessert you can have jelly, fruit or tonight it is apple pie and custard.”

People were seen entering the kitchen area freely and accessing drinks and snacks alongside those provided at formal meal and snack times. One person told us that at times they were supported to prepare their own meal.

We observed lunchtime and could see that support staff were in charge of preparing this meal. The cook worked later in the day to ensure the evening meal was prepared each day fresh. Because staff were not trained in catering we observed they coped well providing food for a large volume of people, whom all chose different options, some of them off the menu.

Because it was the day of the inspection more people than usual were in the vicinity of the kitchen and dining room creating an atmosphere of being busy and stressful. Some people had to wait for food and lost interest in waiting and left the area. But soon returning for their meal.

We observed some positive interactions during lunchtime where people were offered choice. People were seen being independent and helping by clearing plates away. Staff allowed people to be independent at the table and intervened only by verbal prompts when needed. This allowed people control at mealtimes.

Staff and people who used the service told us that they were involved in making choices about the food that they ate. We saw the menus that were planned and they included a varied mix of food.

We asked the registered provider what nutritional assessments had been used to identify specific risks with people’s nutrition. The registered provider told us that staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist.

One person told us that “I feel better now I have moved downstairs.” Another person was observed to be in pain and staff worked throughout the morning to ascertain how they could support the person with the pain relief they were prescribed and later by organising a visit to the GP to investigate the cause.

We spoke with staff about how they had supported one person whose health needs had changed and how they had linked to professionals to ensure they had the correct support. The person’s care file reflected this and also how the team had worked with professionals to support the person as their needs changed.

Staff and people supported told us that the environment at times can be difficult to navigate, particularly when their mobility reduces. We observed that the entrance had steps that the doors were heavy for people to open and the shower room on level one was not accessible for someone with mobility difficulties. We discussed with staff the importance therefore of assessing changing needs and moving people on to appropriate accommodation when their needs change. Staff told us about one such incident recently where this was supported to happen for someone.

Is the service caring?

Our findings

At the time of the inspection there were eleven people who used the service. One person told us “Since I have been here X and X (registered provider) have helped pick me up, and get me back how I was, they’ve done so much for me and they’re always on the go.” Another person said “X (staff member) washed, cut and blow dry’s my hair for me, she’s always been very pleasant and asks if I am okay with what she is doing.” Also “I get on really well with X (staff member) she shows me how to crochet.”

A visiting professional feedback to us that they observed staff to be helpful and that new staff they met who didn’t know people well displayed a positive attitude and they were helpful in finding information about people for them.

We saw people chatting and having lively banter with each other. One person openly chatted to the registered provider about their health issues and the registered provider was seen to be compassionate and caring towards the person supported.

Another person approached the registered provider for a chat; we observed the provider support the person to a private room to do this, and when they returned the person told us the registered provider was a nice person.

We spent time on the inspection observing staff and their approach supporting people. We saw that staff knew people well and that they responded to people’s needs with a caring and kind approach. For example a person who needed personal care support was supported in a calm and dignified way to access their room and to change.

One person told us they were reminded by staff to make positive choices for themselves; another person told us “it’s always clean and tidy here.” Someone else said “you can go out when you want, staff always knock on your door before they come into your room.”

We observed a calm atmosphere during the inspection with people looking at ease in their surroundings. We saw

that people’s own choices and decisions were supported and respected by staff. People were treated as individuals. This means people were treated with dignity and respect. People supported told us that staff maintained their dignity and privacy.

We saw that people were encouraged to be independent, for example, one person told us “I am encouraged to bathe myself and staff support me with running my bath.”

The registered provider and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

We saw that people as well as being at ease they were directing their routine and what they wanted to do both at home and when accessing the community. One person showed us their room and discussed plans they were making to move on in the future. We saw another person choosing to visit friends on the day of the inspection. Another person who is a keen charity collector told us the large amount they had raised and about an award they had received from the Mayor for their hard work.

People spent their recreational time as they wanted and everyone had access to the whole communal areas on offer. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

People told us that staff do ask their opinions on what they would like to do and be organised for them. We saw that activities were discussed in the residents meeting. One person said “We discuss with staff how we think we can go further and I love reading so I decided to read more.”, another person told us that they had family visit them and that they enjoyed visiting the seafront for fish and chips.

We were told that the registered provider and staff were organising a trip to the cricket club to see the fireworks on bonfire night. Staff were also busy organising a Halloween party for people.

The registered provider told us they organised trips, but find it frustrating that when they day arrives people then chose not to go on the trip.

On the day of the inspection we observed people finding their own activities by spending time with each other, going out into town or to visit family and others watching TV and spending time in their room. No formal activities were offered by staff during the inspection. We saw the results of the annual survey completed by families and people supported, some of the comments people made were that people were bored at times but that they were happy living at the service. We saw that games were available in the lounge area, we asked someone about how often they used them and they said “I used to play with them.”

People told us that staff do listen to them and discuss places to visit. One person said “I listen to classical music in my room and staff organise days out to Whitby.”

Another person told us they were very active accessing the gym, swimming and skateboarding. We found that where a person was motivated to occupy themselves they had lots of activity in their lives. Where a person maybe needed more support to organise activities and to motivate them to join in they had less activity in their lives. We did not see evidence of review in the documents we were shown in this area.

During our visit we reviewed the care records of two people. Care records we saw contained a lot of detail and were person centred but they needed to be reviewed as they were not up to date. One of the peoples care records we saw was subject to a community treatment order, but neither this nor the conditions were referred to in their

assessment or care plans. We discussed with staff the need to have this information to hand, particularly reasons why they may be recalled to hospital. All the care records needed to detail any triggers that a person was becoming unwell and actions staff might need to take at that time. The staff immediately contacted the person’s community psychiatric nurse to get this information so they could update the care record.

We were told by staff that the care plans were in the process of being reviewed by them and that they were being involved in developing them. We saw that one side of the care plan documentation reflected the person supported opinion and the reverse described the plan of care from the staff’s perspective. A new section had been introduced to record what the person would like to achieve in each area of need. This information we were told by the registered provider will help to assess outcomes for people when a review is held.

We were given feedback during the inspection that some of the people supported didn’t understand some elements of their support. For example someone knew their medication had changed but did not know why. We discussed this with the registered provider. They explained they would build into the new support plan better information for people supported to understand all their support.

We discussed how people’s finances were organised with the registered provider. Some people had their money managed by the local authority and the registered provider was initially given this money to pass onto the individual. Some people requested the registered provider to keep money for them. Other people had money handed to them by the registered provider which comes from the local authority as well as having other benefits paid directly into their own account. It was not clear from care records how each individual’s money was managed and the support they needed with finances. There was also no risk assessment to analyse hazards with the support in this area and therefore no control measures outlined in how to support and protect people.

We also had feedback that people were confused about which services the registered provider paid for. We saw that the service user guide clearly stated what the person would purchase themselves and what was covered in their fees. However we discussed with the registered provider that

Is the service responsive?

some of this information was confusing for example, it states that daily newspapers would be used as an activity, but it does not state the registered provider would not be purchasing them.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. We saw that this was also available in peoples own rooms for them to use if they wanted to raise concerns. We saw the complaints file and saw that no complaints had been received in the last 12 months. People also told us they knew how to complain.

Is the service well-led?

Our findings

At the time of the inspection no registered manager had been in post since February 2015. One of the partners had been spending four days per week at the service, managing the service and being part of the staff numbers on shift to support people. We discussed with the partner their knowledge around managing the service to ensure people's needs were met safely and staff supported safely. They openly acknowledged they lacked the skills and knowledge for the role. We found that they did not understand what action was needed to oversee the service to ensure that practices were in line with recommended good practice.

We observed both partners who form this registered provider and found them to have warm and kind interactions with the people supported.

The registered provider recognised that a manager was needed for the service and the registered provider discussed all the actions they had taken to recruit to this post. The registered provider was also aware that failure to have a registered manager is a breach of their registration condition and they assured us they were proactively seeking to fill this post.

During the inspection we saw that duty free cigarettes were being sold to people who use the service by the registered provider. We spoke openly with the registered provider, they told us they did not earn a profit and were trying to support people who had low incomes but who chose to smoke. We asked that this practice stop immediately. The registered provider on day two of the inspection confirmed this practice had stopped.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We saw the quality assurance policy dated December 2014 and felt that the policy did not outline robust systems and process that need to be in place, some of which currently are in place to ensure that quality service is being delivered.

The audits we saw were of a checklist/ tick box nature and did not describe what was being checked. Not all audits were carried out in the correct timescales for example the management audit checklist was last completed in June 2015. We also saw that not all processes were fully completed for example the manager sign off of accident forms were not always signed.

Because the quality process was not robust and was not being fully completed the service did not show good governance, which means the service was not operating effective systems to ensure compliance with requirements.

This is a breach of Regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that regular staff meetings had taken place since May 2015 and that the residents meetings were being held. We could see from the minutes of those meetings that staff and people supported were having the opportunity to raise concerns and be involved in decisions about the service. Changes were discussed and staff were given updates on good practice areas such as infection control.

We observed the registered provider working closely with staff and both parties communicated well. Staff were keen to do things right and well. They were seen to openly challenge where they did not understand or they disagreed. We observed team work on both days.

The staff we spoke with said they liked coming to work and that they were enjoying their roles at Victoria Lodge. The staff spoke highly of the support offered by the registered provider and told us that they felt valued. This was evident in the way they took time to complete their roles. For example one person was seen trying to motivate someone to sit with them to look at the person care plans. They were kind and respectful towards the person and were seen to try and explain why it would be a good thing to do.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes are not established and used effectively to ensure compliance with requirements of good governance of the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The Health and Safety systems and arrangements in place were not fully assessing risk and therefore the service was not doing all that was reasonably practicable to mitigate any risks it could.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons being deployed to carry out regulated activity safely.