

Renovo Farnborough Limited

Victoria House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Victoria House is a residential care home providing personal care to up to 22 people. The service provides support and rehabilitation therapies to people with sensory impairment or a physical disability resulting from an acquired brain injury. At the time of our inspection there were 22 people using the service.

People's experience of using this service and what we found

We found the provider had made and sustained improvements since our last inspection. People we spoke with gave positive feedback about the service.

Staff continued to support people well with personal care and activities of daily living. The provider had built multi-disciplinary teams with the necessary specialists to support people with the rehabilitation therapies people needed.

The provider had made the necessary improvements to make sure people would be kept safe in the event of a fire. The provider continued to protect people against other risks, such as risks of abuse or avoidable harm.

The registered manager had made and embedded improvements in how the service was managed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 7 July 2022)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Victoria House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Victoria House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised two inspectors, a physiotherapist, an occupational therapist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Victoria House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Victoria House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about Victoria House since the last inspection, including the most recent provider information return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 11 July 2023 and ended on 17 July 2023. We visited the service location on 11 July 2023. We spoke with 10 people using the service and 3 relatives both in person and by phone. We observed care and support people received in the shared areas of the home. We observed people's therapy sessions, with their consent. We spoke with 6 staff including the registered manager. We reviewed records relating to people's care including care plans, minutes of multi-disciplinary team meetings, and medicines records. We reviewed other records relating to the management of the service including fire risk assessments and recruitment records. We reviewed all the evidence we gathered and used it to make rating judgements based on our published assessment framework.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we found necessary improvements to fire doors, which had been identified in a recent fire risk assessment, had not been addressed. At this inspection, the necessary works had been completed and the provider was seeking to have the fire doors checked and certified.
- Other risks associated with the environment at Victoria House were identified and reduced by means of a thorough set of environmental risk assessments. These included the risk of water-borne infections, such as legionella. Appropriate checks were in place to monitor the safety of the water system.
- The provider had maintained an effective system to identify, assess, monitor and manage individual risks arising from people's conditions and choices. These included risks associated with falls, pressure injuries, seizures and others. These were monitored via a health and safety dashboard and reviewed at weekly patient safety meetings and monthly site governance meetings.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- At our last inspection we found there were not sufficient qualified staff with the necessary mix of skills to provide therapies identified as required in people's assessments. This meant some people's rehabilitation from brain injury was not progressing as fast as it could. At this inspection, there were sufficient staff with the right mix of specialisms available to complete multidisciplinary teams. These included occupational therapists, physiotherapists, psychologists and a neurological speech and language therapist.
- There continued to be sufficient staff to support people safely with personal care and activities of daily living. The provider had reduced their dependency on agency staff and continued to recruit.
- The provider had an effective recruitment process to make sure staff were suitable to work with people made vulnerable by their brain injury. The recruitment process included making the necessary checks on

conduct when working with vulnerable adults or children, and DBS checks. Disclosure and Barring Service (DBS) checks provide information about convictions and cautions held on the Police National Computer. This helps providers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to operate effective systems to protect people from the risk of abuse. Staff were aware of their responsibilities and how to report concerns. Any concerns reported were dealt with professionally. The provider worked with the local authority safeguarding team and notified CQC of any allegations of abuse in a timely fashion.
- The provider's quality team had oversight of the location's safeguarding log. This was reviewed and updated at a weekly patient safety meeting. All safeguarding incidents and notifications were included in a monthly clinical governance meeting.

Using medicines safely

- Staff followed effective processes to store medicines safely and to support people to take their medicines safely and in line with their preferences. Where people had medicines prescribed to be taken "as required", there were suitable protocols and guidance in place. People were supported by staff who were trained appropriately and had their competence to administer medicines regularly assessed.
- The provider had a system of regular medication audits to identify gaps and improve medicines management. There was a process in place to report and investigate medicines errors. The provider took steps to share learning from errors. The provider took action to reduce the risk of repeat errors, including support, training and reflective practice.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had arrangements in place to keep premises clean and hygienic.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE (personal protective equipment) effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider continued to facilitate family and other visits in line with government guidance.

Learning lessons when things go wrong

- The provider continued to operate an effective online system to learn from incidents, accidents and near misses. Learning took place from adverse events, such as falls. Following any incident, staff completed a report which included any actions taken. This was then shared with the staff team via handovers and staff meetings. Staff followed processes to protect people from the risk of avoidable harm.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection we found people did not always receive support and therapy which met their needs for rehabilitation following brain injury. At this inspection we found the provider had arranged for therapists with the necessary skills and specialisms to be employed or available to people when required. People and their relatives told us there had been improvements in this area since our last inspection.
- Our observations and discussions with staff showed people's therapy sessions were arranged to meet their needs, respected their choices, and were in line with current standards and good practice. This was reflected in people's care records which showed regular involvement with and input from specialist professionals.
- Staff continued to deliver day to day care which reflected people's needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Interactions between staff and people they supported showed staff understood people's communication needs and preferences. People's care plans included sections which described and assessed their communication needs, and guided staff to meet those needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider continued to support people to avoid social isolation. This included supporting people to have access to their family safely outside the home, and to attend events such as a family barbecue.
- The provider continued to support people to take part in relevant activities both inside and outside the home. Where it was not possible to support people safely, staff suggested and arranged alternatives that were agreed by the person. People told us they could do things that interested them such as cinema, going to the pub to watch football, and going for a walk in the local park.

Improving care quality in response to complaints or concerns

- The provider dealt with complaints and concerns effectively. Where possible concerns were addressed immediately during people's routine day to day care reviews. Where it was not possible to do this, there was

an online system for recording complaints. Complaints were managed professionally and feedback from people's relatives was positive about the impact this had.

End of life care and support

- The provider had arrangements in place to support people in their final days should they wish to spend them at Victoria House. Staff had discussed with people and their families any arrangements needed to respect cultural or religious considerations. Where necessary, advance care decisions and best interests decisions were recorded. There was an end of life staff champion who had received specialist training to ensure people's final days were as dignified and pain-free as possible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection there had been a period during which there was no registered manager in post. The provider had recently appointed an experienced manager who successfully registered with us soon after that inspection.
- The registered manager had introduced a period of stability, which had improved staff morale, and communications with staff, people who used the service, and their families. Improvements which had recently been made at our last inspection had been embedded and sustained. There was an agreed service improvement plan which showed a commitment to continuous improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection we found a period of inconsistent leadership had affected the positive culture at Victoria House. Staff had focused on person-centred, inclusive care, but they did not have the necessary skills and expertise to deliver the required rehabilitation therapies. This had limited the extent to which people were empowered to move on to more independent settings.
- At this inspection, there were sufficient staff with the necessary skills to deliver a fully rounded empowering culture for people. People had more positive outcomes which included meeting their personal goals at Victoria House, and completing their rehabilitation so they were ready to move on to more independent settings. The culture in the home reflected the provider's values of compassion, accountability, respect and excellence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. There was a culture of openness and honesty. This included sharing of information by the provider with people using the service. Information about the provider's directors including their responsibilities was readily available which meant people knew who managed the service in addition to the registered manager and onsite staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider continued to engage and involve people using the service by means of meetings and individual contact. There were "you said – we did" style notices which explained how staff had found ways to

respond to people's suggestions.

- There was regular contact with people's families. Relatives told us communications had improved. The registered manager felt that relationships with people's relatives had improved.
- The provider had worked with people who use the service, their families and staff to draft the service's mission, vision, and values. The provider had further consulted with people and staff to identify and agree specific behaviours they wanted to see and did not want to see to support the agreed values.

Continuous learning and improving care

- The provider's processes for continuous improvement had been sustained and embedded since our last inspection. The provider had an agreed quality improvement plan which was interlocked with the risk register and their programme of monthly audits, which included areas such as cleanliness and hygiene, records, and infection prevention and control. The quality improvement plan was reviewed every two months.
- The registered manager reported to the provider on a monthly and bi-monthly basis. There was a review of the risk register every two months. Other reports, such as health and safety, and clinical governance reviews were monthly.

Working in partnership with others

- The provider continued to work in partnership with other agencies to maintain a high level of service quality that met people's needs. The service had a good relationship with the local NHS care home support teams. The provider had followed advice to improve areas of care such as wellbeing, leisure activities and interests, medicines and diet.
- The registered manager was positive about support they received from pharmacy specialists and their local GP practice. There was a "ward round" every two weeks, and the registered manager described the GP as "brilliant".