The Disabilities Trust

Victoria House

Inspection report

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Date of inspection visit: 3 December 2015
Date of publication: 22/01/2016

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

This inspection was undertaken on 3 December 2015, and was unannounced. The service was last inspected on 9 April 2014; at that inspection the service was compliant with all of the regulations that we assessed.

Victoria House is situated in the east of Hull on the banks of the river Humber. The home offers accommodation to a maximum of 26 people with a physical disability. The home is owned by the Disabilities Trust, which is a national organisation. There is a large dining room on the ground floor, with a sitting area and a large lounge on the first floor. Rooms are spacious and equipped with en-suite facilities.

At the time of our inspection there was 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

Summary of findings

'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.

The service was purpose built to support people who were living with a physical disability. A wide range of equipment was available which helped people to maintain their independence. Two purpose built rehabilitation kitchens were in place; in which the height of the worktops and hobs could be adjusted to enable people to access them more readily and allow people to develop their independent living skills.

People who used the service had their assessed needs met by kind and attentive staff who understood their abilities, levels of independence and personal preferences. During interactions staff were empowering, supportive and respectful. People's freedom to make choices and enjoy their privacy were respected by staff.

People who used the service were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

Staff had completed a range of training pertinent to their role which enabled them to effectively meet the needs of the people who used the service. Staff told us they received supervision, support and professional development. Systems were in place to manage medicines safely. Staff who administered medicines had completed relevant training to enable them to do so safely.

People's nutritional needs were met; their preferences and special dietary needs were known and catered for. Advice from relevant health care professionals such as dieticians and speech and language therapists were requested as required.

People who lived at the service were safe. Care workers had been trained to recognise the signs which may indicate someone was suffering from abuse and knew what actions to take if they suspected abuse had occurred. Staff had been recruited safely; relevant checks had been completed before prospective staff commenced working within the service. Suitable numbers of staff were deployed to meet people's needs.

Before people were offered a place within the service a pre admission assessment was completed. The assessment along with relevant information from the placing authority was used to develop a number of personalised support plans. Risk assessments were in place to reduce the known risks to the people who used the service.

A quality assurance system was in place that consisted of audits, checks and service user feedback. When shortfalls were identified action was taken to improve the level of service.The registered provider's senior management team were aware of the day to day running and management of the service.

Independent Mental Capacity Advocate (IMCA) information was displayed to enable people to request their support as required. The registered provider's complaint policy was displayed at the entrance to the service so people could access it if they needed to raise a concern or make an official complaint.

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?

Good

The service was safe. People were protected from abuse and avoidable harm by staff that had been trained to recognise the signs of potential abuse.

People's needs were met by suitable numbers of adequately trained staff; who had been recruited safely.

Medicines were ordered, stored, administered or returned safely.

Is the service effective?

Good

The service was effective. People were offered a number of choices of meals to meet their personal preferences. People were encouraged to make their own meals, drinks and snacks to maintain their independence and develop their independent living skills.

People's consent was gained before care and support was provided. Staff had been trained to ensure they could carry out their roles effectively.

A range of healthcare professionals were involved in the care and treatment of people who used the service.

Is the service caring?

Good

The service was caring. Staff spoke to people in a friendly, inclusive and familiar way.

Staff gave people time to respond to questions and actively listened to their answers, before carrying out people's requests.

People's preferences regarding how care, treatment and support was to be delivered was recorded in their care plans.

Is the service responsive?

Good

The service was responsive. There was a complaints policy in place which provided guidance to people who wanted to complain or raise a concern.

People's care was reviewed on an on-going basis to ensure they received the most appropriate care to meet their needs.

Staff encouraged people to participate in activities in the service and the community. People were supported to maintain relationships with their families, friends and other important people in their lives.

Is the service well-led?

Good

The service was well led. Staff we spoke with told us the registered manager was approachable and supported them to develop their skills.

A quality assurance system was in place that consisted of equipment and facilities checks, audits and questionnaires.

The registered manager understood their responsibilities to report notifiable incidents as required.

Victoria House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

This inspection took place on 3 December 2015 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, we had not asked the registered provider to complete a Provider Information Return (PIR) before the inspection was undertaken. A PIR is a form that is completed by the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Therefore, we looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We spoke with the local authority safeguarding and commissioning teams to get their views on the service help us to make a judgement about the service.

During our inspection we spoke with the registered manager, an assistant manager, five members of care staff, the activities co-ordinator, two cooks, five people who used the service and one visiting relative.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care which helps us to understand the experiences of people who could not talk with us.

We looked at four people's care plans along with the associated risk assessments and their Medication Administration Records (MAR). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included staff training records, policies and procedures, audits and internal quality assurance systems, stakeholder surveys, recruitment information and records of maintenance carried out on equipment and the premises. We also took a tour of the premises.

Good

Is the service safe?

Our findings

People who used the service told us or used their preferred methods of communication to confirm staff were deployed in suitable numbers. When we asked people if they were sufficient staff to meet their needs they either confirmed that there were or told us, "Yes there are enough staff, I have a buzzer so can call them anytime", "They [the staff] are always here "I am very independent, but the staff are there to help me whenever I need them."

A visiting relative confirmed said, "There isn't an issue with staff, there is always someone around when she [the person who used the service] needs them" and went on to say, "She is very safe, I trust all of the staff, it's as simple as that, I've never been let down."

People told us they felt safe living in the service and that they received their medication as prescribed. When we asked one person if they felt safe, they smiled and gave us a 'thumbs up' to indicate they felt safe. Another person told us, "I am safe? That goes without saying; of course I am." We asked one person if they received their medication every day and they confirmed they did and another person said, "They look after all of my medication, they are never late and there is never any problems."

People who used the service were protected from discrimination, abuse and avoidable harm. Staff had been trained to recognise the signs of potential abuse and knew what actions to take to ensure people were protected. Staff told us they would report anything they considered to be poor practice, one member of staff said, "I put my life and sole into this place [the service] if I thought anyone was being mistreated in any way I would report it immediately." Another member of staff told us, "Everything we do is about inclusion, we try and involve everyone in everything we can, we would never neglect anyone or let their care drop form the highest standards." The registered provider had equality and diversity policy in place as well as a safeguarding policy for staff to refer to as required.

The registered manager confirmed they were aware of and utilised the local authorities safeguarding matrix and understood the importance of reviewing incidents to ensure action could be taken to prevent their reoccurrence. They told us, "I look at each incident that occurs; I will ring the safeguarding team and they will investigate or ask me to but I always like to check things out with them" and "When I look at the incidents I look for patterns and trends to see if there is anything we need to change."

The registered provider had a 'critical incident plan' in place to deal with foreseeable emergencies including the loss of essential services, fires, floods and natural disasters. Personal Emergency Evacuation Plans (PEEPs) had been developed for each person who used the service which contained guidance for staff and the emergency services regarding type and level of support people required during an evacuation. The registered manager told us, "We have very detailed plans in place and the staff know what action to take to keep people safe."

People who used the service received their medicines as prescribed. We saw that an effective system was in place to ensure medicines were ordered, stored, administered or returned to the supplying pharmacy as required. Medication Administrations Records (MARs) were used within the service to record when medicines had been administered. The ones that we saw had been completed accurately without omissions. Guidance was in place to ensure when PRN (as required) medication was prescribed it was done some following appropriate guidance. The registered manager told as and training records confirmed; only staff who had completed training in relation to the safe handling of medicines administered medication.

Staff were deployed in suitable numbers to meet the assessed needs of the people who used the service. The registered manager confirmed, "We get a basis from the care funding calculator but we look at everyone's individual needs and plan [staffing levels] accordingly." We saw evidence that when people's needs had increased or their abilities had developed staff levels were increased to meet the evolving needs of the people who used the service. At the time of our inspection there were 24 people who used the service. Their needs were met by a team leader and six care staff as well as an activities co-ordinator, a cook and domestic staff. The registered manager and assistant manager were supernumerary. A member of staff confirmed, "If we need either of them [the registered manager and assistant manager] they will come on the floor and help out."

Throughout the inspection we observed staff spending time with people and providing care in an unhurried manner. Call bells were answered quickly which helped to

Good

Is the service safe?

provide assurance that people did not have to wait for extended periods when they required support. The deputy manager informed us that each person who used the service had been given a 'call bell wrist alarm' apart form one person who had a wheelchair 'foot pedal call bell' which was more suitable to meet their needs. Providing people with a portable 'call bells system' helps to ensure they can request the support and assistance of staff at any time.

We checked three staff files and saw that staff had been recruited safely in line with the registered provider's recruitment policy. Before prospective staff were offered a role within the service an interview took place, references were requested and a Disclosure and Barring Service (DBS) check was undertaken. A DBS check is completed during the staff recruitment stage to determine whether an individual has a criminal conviction which may prevent them from working with vulnerable people.This, as far as reasonably practicable helped to ensure people were supported by staff who had not been deemed unsuitable to work with vulnerable adults. We spoke with a recently recruited member of staff who confirmed they could not commence working within the service until satisfactory references and DBS checks had been received.

Good

Is the service effective?

Our findings

People who used the service confirmed they were supported by capable and competent staff. When we asked one person if they thought the staff had the skills and experience to carry out their roles effectively they indicated they did; another person confirmed they were supported effectively, whilst other people told us, "The staff are really good, they take me out and look after me", "The staff do a great job, I'm really well looked after and they will do anything to help me" and "They [the staff] are absolutely fantastic, I can't fault them."

A visiting relative confirmed staff supported their family member effectively. They told us, "The staff know what they are doing. The manager is always here and happy to talk to me but I have never had a problem with the care she [the person who used the service] gets" and "The staff are truly wonderful, knowing how good the care is make my life so much easier."

Staff had completed a range of training pertinent to their role which enabled them to meet the assessed needs of the people who used the service. Training records provided evidence that staff had completed training in relation to health and safety, fire awareness, food safety, dignity, moving and transferring, infection prevention and control, safeguarding, first aid, The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Further specific training had also been completed in nutrition and hydration and epilepsy. The registered manager explained, "Some of the staff know Makaton and British Sign Language (BSL) as well" and "We have a training plan in place and staff will complete challenging behaviour training and acquired brain injury training next year."

Staff had the skills to communicate with people effectively. We saw people communicating with people using finger spelling Makaton (A form of communication where letters of the alphabet are signed) whilst other people used communication boards. A member of staff explained, "He [the person who used the communication board] loves the board it is really helpful; but he hates it if we try and finish his sentences" and went on to say, "We also have the computers with the eye readers so he can use that as well." We saw that training sessions were delivered to enable people to use the eye readers. Eye reading technology enables people to control computers by eye movement. Another member of staff told us, "We have to really read people and that comes with experience. You have to look at their body language, facial expressions, listen to the tome of their voice and the pitch. You can only see they are not happy when you know how they are when they are happy, it comes with time but I think we do it really well."

We saw that staff were supported through regular one to one meetings with their line manager and yearly appraisals. The deputy manager told us, "We have an induction process where staff complete mandatory and specialised training and spend time shadowing more experienced staff." A member of staff we spoke with said, "I have worked in care [the care industry] before but this was the best induction I have ever had, we covered everything."

We saw that people or their representatives had provided written consent to the care and support they required. The registered manager told us, "Lots of people [that lived in the service] have capacity so are fully involved with decisions about their care." People's capacity was recorded in their care plan and capacity assessments were completed when people's capacity to make informed decisions themselves was questionable. We saw that a number of best interest meetings were held in relation to the care and support people required. Independent Mental Capacity Advocates (IMCA) information was displayed within the service so people could access their support as required. The deputy manager told us, "We have just had a review for one lady and spoke to her about using an IMCA but she has not come round to the idea yet."

The 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 is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS and had made applications to ensure people were only deprived of their liberty lawfully in line with current legislation.

Good

Is the service effective?

We observed the lunch time experience and noted people came into the main dining room of their own accord and chose where they wanted to eat. People shared jokes and laughed with staff whilst waiting for their individually prepared meal to be provided. A wide variety of meals were available for people to choose from and menu boards were used to display what was available. The cook told us, "We try and be like a café; people can choose anything they want really, we have the boards up which change every day but they [the people who used the service] will let me know if there is something they fancy and I will make it for them."

The registered manager explained, "Lunch is served from 12.30 until 3.30. I know that is a long time but some of the guys go to college and wanted to eat when they got back so we extended the times to accommodate them." This helped to ensure the service was flexible and made adjustments to meet people's individual needs.

People had their health and social care needs met by a number of health care professionals including neurologists, GPs, occupational therapists, social workers, dieticians, nutrition and dietetic professionals, physiotherapists, falls professionals and emergency care practitioners. This helped to ensure people's needs were met effectively in line with current best practice guidance.

Good

Is the service caring?

Our findings

People who used the service felt their needs were met by caring and attentive staff. One person told us, "They are more like my friends then staff, we talk to each other every day and support each other, we're like a big family." Another person commented, "I am really happy living here. This place has given me a new lease of life, the staff are lovely people and have really supported me and treat me like they do everybody else, which means a lot to me." When we asked other people if they thought they were supported by caring staff they smiled and used hand gestures to show they were or verbally confirmed they were.

During lunch we saw one member of staff supporting someone to eat their meal; the support offered was inclusive and person centred. The staff member's attention remained focused on the individual throughout the episode of care which ensured the experience was positive and meaningful for the person who used the service. The member of staff showed patience and consideration; each offering of food was described so the person was aware of what was being provided.

Staff were observed engaging with people in an inclusive, friendly and relaxed manner which showed positive and familiar relationships had been developed. Staff took the time to listen to people and at times repeated what they thought the person had said or signed to ensure they had not misunderstood the person. Staff bent down to speak to people at their eye level, spoke clearly and slowly when required to ensure it was clear their attention was focused on the person during their communication.

Staff had completed dignity training and were aware of the importance or supporting people in a way that maintained their dignity. During discussions staff described how they would uphold people's dignity and respect their privacy, comments included, "It is very important we don't do the things that they [the people who used the service] can do for themselves, some days things are not as easy but we have to encourage people and support them to do things themselves", "I never try and guess what people are trying to say; I always let them finish and check I have understood", "This is their home so if they want to spend time alone or go to their room I respect that" and "I do the obvious things like close doors and curtains when giving personal care and knock before going in people's rooms; really I just treat people how I would want to be treated and I don't think you can go wrong doing that."

People were provided with information and explanations about the care and treatment they required in a way that met their individual needs. Advocacy information was made available to people if they required support to make relevant decisions about their on-going care and support. The assistant manager told us, "We have just had a review for one lady and we have tried to persuade her to use an advocate but she does not want their help, she is very independent and wants to make her own decisions."

The registered manager told us and relatives confirmed that there were no restrictions placed upon visiting times. The registered manager said, "Relatives can stay as long as they want; if someone was ill and their family wanted to stay with them we wouldn't have any problems with that. When we have had events that have lasted late into the night one person's Mum stayed in their room with them."

People's personal details and private information were held appropriately. The assistant manager told us, "People's care plans are stored in their rooms, it was their choice and that was what they wanted." We saw that copies were kept on the electronically and were informed by the registered manager, "All information is backed up and held by the trust [registered provider]."

Good

Is the service responsive?

Our findings

People who used the service told us they received responsive care to meet their needs. One person told us, "If I'm not well they will ring the doctor for me." Another person said, "We have lots of equipment so I can do things myself which were difficult before." We were also told, "I have all the equipment I need,

People told us they knew how to complain or raise concerns with the care and support they received. One person said, "Yes, I know how to complain; if I didn't like what someone was doing I would say so at the time." Another person told us, "I could tell any of the staff if I want to complain but I haven't ever needed to."

Victoria House was purpose built to meet the needs of people with different levels of physical disabilities. The service had two passenger lifts connecting the ground and first floor, wide corridors and large entrances to communal lounges, dining areas and bathrooms which enabled people in wheel chairs or specialist mobility chairs to access all areas of the service. A sensory room, computer eye readers, adapted computers, large mouse controls, large keyboards and adapted tablets, specialist mobility vehicles, turn table stand aids, tracking hoists, walk/wheel in showers, adapted cutlery, plate guards, call systems with neck and wrist pendants or foot pedals were amongst the equipment utilised by the service to enable people to maintain their independence. One person who used the service told us, "This place has given me a new lease of life, I was stuck before and now I am enjoying life again. I have the freedom and things I need to live my life."

People were encouraged to use the two rehabilitation kitchens which contained adjustable height worktops to enable people to access them more readily and allow people to develop their independent living skills. Easy grip handle pans, adapted tin opens, specialist hobs that alerted people when the unsuitable equipment was placed on the surface and a water boiler (for people who cannot use a kettle) were also available which helped people complete tasks independently. The assistant manager explained, "We have a neater eater which is a specifically calibrated tool that allows people to eat independently, the lady that uses it had issues with not having a steady hand so food would fall from her fork but that's not a problem now." One person who used the service told us, "I don't want to stay here forever; I am learning skills that I will be able to use when I get my own place. The staff help me to shop and make meals, I really enjoy doing it."

People were supported to follow their personal interests, to undertake further education and work opportunities. One person who used the service had recently obtained slots on a local radio station. They told us, "I do a radio show once a month now, I really enjoy it. I'm working on my DJ sets and hope to do some work next year." The registered manager told us that four people who lived at the service attended college. A person who used the service said, "We do all sorts, we play games, have singers come in, I go to watch the rugby and we have the team [the local professional team] coming in to see us, I'm so excited."

People were supported to maintain contact with important people in their lives. The registered manager told us, "We try and support people to see their families whenever we can, because some people's families are getting older or don't drive we will be taking them [the people who used the service] to see their families over Christmas." The assistant manager told us, "For people who don't have family in the area we support them [the people who used the service] to use the eye readers and skype so they can stay in touch."

We saw evidence to confirm people or their appointed representative were involved in the initial planning and on-going management of their care. Pre-admission assessments were completed which captured people's health and social care needs as well as any equipment the service required to provide effective care and support. The assistant manager told us, "We have refused to let people move in until we have got specific equipment or had the right training so the staff are up to speed. We need to know we can meet people's needs before they move in."

People's preferences regarding the delivery of their care was recorded along with personal information about them which enabled staff to develop their knowledge and understanding of the people they were supporting. During the inspection a review of one person's care was being carried out. The review was attended by the person who used the service, a social worker and the service's assistant manager.

A complaints and compliments policy was in place at the time of our inspection which included acknowledgement

Good

Is the service responsive?

and response times, further information about how complaints would be investigated and how people could escalate their complaint if they felt the response provided by the service was unsatisfactory. We saw evidence to confirm when complaints were received action was taken in line with the registered provider's policy. We also saw a response from a complainant expressing their gratitude regarding how their complaint had been handled.

Compliments slips were available in the main reception and we were told an easy read version of the complaints and compliments policy was available for people who used the service if required. The registered manager told us, "We try to use all of the information from complaints and compliments to improve the service."

Good

Is the service well-led?

Our findings

People who used the service told us the service was well-led and the registered manager was a constant presence within the service. Comments included, "The manager is great, she has really helped me; we get on really well" and "[Name of the registered manager] is always there when I want to talk to her; her door is always open."

A visiting relative told us, "It's [the service] really well run. [Name of the registered manager] is really approachable I can talk to her about anything. She does a really good job."

Staff we spoke with confirmed the registered manager was supportive, fair and that the service was well-led. One member of staff said, "The manager encouraged me to go for this role [assistant manager] and helps me with anything I need." Another member of staff told us, "The manager is pretty good; she will help us with anything we need and always make sure the residents have everything they need, I can't say anything bad about her really."

The registered manager told us the service had links with the local community, "We have regular slots at the theatre, they all know us there" and "We had a hamper donated from [a national supermarket chain] and the Christmas tree donated by [another national supermarket chain]. The activities co-ordinator informed us that people who used the service had season tickets to watch the local professional rugby team and that the players were booked to visit the service in 2016.

A quality assurance system was in place at the service that consisted of audits and questionnaires and checks of equipment and facilities. Audits were completed by the registered manager about all aspects of care delivery and performance including care plans, the environment, infection control, the kitchen, medication, service user lifestyle and staff training. Checks were completed as required on all of the equipment utilised within the service as well as all fire safety and prevention systems.

We saw that the registered provider's quality assurance advisor visited the service and completed quarterly assessments of the service. The registered manager told us, "Anything we have escalated to the board in our reports gets looked at when the quality assurance advisor comes."

We saw evidence confirming when concerns had been highlighted by the quality assurance advisor an action plan had been developed by the registered manager which included realistic timescales for implementation of improvements.

The registered manager confirmed they attended management team meetings held by the registered provider. We saw, clinical governance, quality assurance, health and safety, budgets, accidents and incidents, business plans and modernisation programmes were also discussed. The registered manager told us, "I send reports to the board and discuss things that happen within the service at the meetings. This helped to provide assurance that the registered provider was kept up to date and aware of the day to day running and management of the service.

People and their relatives were asked to provide feedback on the service through quality questionnaires. We saw that action was taken following people's feedback. A newsletter was completed periodically and sent to people who had an interest in the service to ensure they were kept up to date. The 'summer' newsletter we saw highlighted the fundraising work undertaken by service, the 10 kilometre run completed by staff and the people who used the service and numerous pictures of people enjoying a range of activities around the local area.

The registered provider had a mission statement which indicated their priorities for how care and support was to be delivered. It stated, 'Inspired by the potential of people with disabilities, we are working in partnerships to provide the highest quality services for those within our area of expertise. The values of the registered provider were embodied in the statement, 'People with disabilities are at the heart of all that we do. While meeting care and support needs, we will endeavour at all times to enhance their independence and promote the rights of disable people as equal members of society.'

The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the Care Quality Commission and the local authority safeguarding team. Our records showed that we had been informed as required.