Renovo Farnborough Limited

Victoria House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

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 a physical disability or sensory impairment as a result of an acquired brain injury. At the time of our inspection there were 19 people using the service.

People's experience of using this service and what we found
People we spoke with were positive about the service. One person said, "I really like it here. it is very, very good." Another person told us the service was well managed with motivated staff. A relative who had some concerns about aspects of the care still said, "It's a good place. There are some very good people working there."

We found staff supported people well with personal care and activities of daily living. However, there were insufficient in-house specialists to deliver the standard of rehabilitation therapies indicated by their assessments.

We identified necessary improvements to ensure people were kept safe in the event of a fire. People were protected against other risks, including risks of abuse and avoidable harm. There were processes in place to manage medicines safely. The provider had processes to respond to and learn from incidents and accidents.

People's care and support were effective. 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. People's rights were protected if they lacked capacity to make decisions and were at risk of being deprived of their liberty. Staff had appropriate training. People reported that meals were "excellent".

People's care and support were caring. Staff supported people with kindness and compassion. They respected people's dignity, privacy and independence. Where it was possible, staff involved people in decisions about their care and support.

People's care and support took into account their need for social inclusion and any communication needs arising from disability or impairment caused by acquired brain injury. Following the COVID-19 lockdown, staff had identified individual things people wanted to do outside the home, and had started to enable these.

There had been a period of inconsistent leadership at the home which had affected staff morale and the availability of therapies people needed. A new manager was in post who had started to make improvements. People we spoke with and staff were optimistic the new manager could make the required improvements.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection and update
The last rating for this service was good (published 5 March 2020). Since we awarded this rating, the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Victoria House

Detailed findings

Background to this inspection

The 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 could understand how ready the provider was to prevent or manage an infection outbreak, and to identify good practice we could share with other services.

Inspection team
The inspection was carried out by an inspector, an Expert by Experience and a specialist professional advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist professional advisor was an occupational therapist.

Service and service type
Victoria House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the manager was preparing their application to register. We received their application in the days following the inspection.

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 under the previous provider. We reviewed two targeted inspections to look at infection prevention and control measures which we carried out during the COVID-19 pandemic. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 10 May 2022 and ended on 16 May 2022. We visited the service location on 10 and 11 May.

We spoke with five people using the service both in person and by phone. We spoke with a relative of a person using the service by phone. We observed care and support people received in the shared areas of the home. We observed therapy sessions with two people, with their consent.

We spoke with seven staff including the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed care records for three people. We reviewed other records relating to the management of the service including fire risk assessments and recruitment records for three staff.

We reviewed all the evidence we gathered and used it to make rating judgements based on our published assessment framework.

Requires Improvement

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 under the previous provider we rated this key question good. At this inspection we have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There was insufficient assurance about people's safety in the event of a fire. A fire risk assessment dated 9 August 2021 had identified improvements needed to certain fire doors in the home. The risk assessment classified this as a low risk but recommended improvements within one month. The provider had investigated ways to make the necessary improvements but had not found a satisfactory method. People continued to be at increased risk from smoke spreading in the event of a fire. We discussed this with the manager and they undertook to resolve the issue promptly.
- Other risks associated with the building and premises were assessed, monitored and managed. There was a legionella risk assessment dated October 2021, and records of appropriate steps to protect people from risks associated with infection caused by these bacteria. There were records of equipment maintenance and servicing, including testing of portable electrical appliances.
- Risks arising from people's conditions and choices were assessed, monitored and managed. There were risk assessments to allow people to take part in their chosen activities safely. Other risk assessments included going outside the home, maintaining a safe environment inside the home, and enjoyment of alcoholic drinks. People had individual evacuation plans showing the support they would need in the event of an emergency.

Staffing and recruitment

- The staff team did not have the required mix of skills to support people safely with appropriate therapies to further their rehabilitation. There were no qualified therapists on site. There were no trained occupational therapists or psychologists. It was not possible to take a multi-disciplinary approach to planning and supervising people's therapy. The manager was aware of this, and they had plans to recruit professionals to meet people's rehabilitation needs. There was a risk people's rehabilitation and return to more independent living had been delayed.
- There were sufficient staff to support people with their personal care and daily activities. We saw staff went about their tasks in a calm, professional manner. People we spoke with told us they did not have to wait too long for staff if they needed assistance.
- The provider had a robust recruitment process which included the necessary checks, including DBS checks. [Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk from abuse

● The provider had effective systems and processes in place to protect people from the risk of abuse. People moving into the service had been made vulnerable by a new disability or impairment. Staff were aware of this, and of the risk of abuse, and what they should do if they suspected any person in the service was at risk. The provider worked with appropriate agencies to make sure these risks were managed. People we spoke with and their relatives all confirmed people were kept safe.

Using medicines safely

● People received their medicines safely and in line with good practice standards. People we spoke with were happy they had the right medicines at the right time. People received their medicines from staff who had been trained appropriately. The provider had appropriate procedures for managing medicines, including those bought over the counter. The provider's pharmacist had carried out a review of how medicines were managed.

● Medicines were stored safely and staff kept accurate records. There were appropriate facilities for storing medicines, including those that required refrigeration or additional security because they were on the controlled drugs list. Staff kept appropriate records, including where medicines were prescribed to be taken "as required". There were weekly checks on medicines records and a medicines stock check.

Preventing and controlling infection

● The provider had acted in line with government guidance during the COVID-19 pandemic. They had installed additional personal protective equipment (PPE) stations throughout the home, so PPE was readily available to staff.

● We were assured the provider was preventing visitors from catching and spreading infections.

● We were assured the provider was meeting shielding and social distancing rules.

● We were assured the provider was admitting people safely to the service.

● We were assured the provider was using PPE effectively and safely.

● We were assured the provider was accessing testing for people using the service and staff.

● 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 visits in line with government guidance.

Learning lessons when things go wrong

● In the event of safety incidents there were thorough investigations and analysis. There was an online system for recording and reporting of incidents. These were reviewed both at the location level and at corporate level. Where possible, learning from incidents was shared across all the provider's service locations.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was an effective process for assessing people's needs and choices. The manager carried out people's initial assessments, involving the provider's employed specialists and external specialists as required. Assessments took into account people's equality characteristics and identified any reasonable adjustments required in their care and support. People's daily care and support was based on effective assessments.
- The provider's policies and procedures were based on relevant standards, guidance and legal considerations. Care and support plans took into account relevant guidance from NICE (National Institute for Health and Care Excellence). The provider paid attention to NICE quality guidance and care pathways for traumatic brain injury, pressure injury and epilepsy as examples. People's care reflected national guidance and standards.

Staff support: induction, training, skills and experience

- Staff had the necessary skills and knowledge to support people according to their needs. People and their families told us staff knew what they were doing and appeared to have had the necessary training. One staff member had started an occupational therapy apprenticeship. The provider supported staff with appropriate training.
- New care staff had an induction based on two weeks' shadowing an experienced colleague, and a set of e-learning modules. Further training included fire safety, first aid, and life support. There was training available in specialist techniques, such as supporting a person who took food and liquids via a tube feed, and crisis prevention. Staff told us they were prepared to support people by the training offered.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their families were very complimentary about the quality of meals and choice available. One person said, "It's the best food we have had so far." A relative described the food as "excellent" with "a lot of choice". The food served at lunch looked and smelt appetising. Staff supported people discretely in the shared dining area. Others preferred to eat in their own rooms. Staff made mealtimes a positive experience for people.
- Kitchen staff were aware of and catered for people's individual nutrition needs and preferences. This included preparing meals for people living with diabetes, and presenting meals to look appetising where a person had to have pureed food. Staff offered people choices of menu. When staff noticed a person was not eating their lunch, they swapped their meal for the other option on the menu, which they finished.

Staff working with other agencies to provide consistent, effective, timely care

● Staff worked collaboratively with other provider locations and external healthcare services.
The manager worked with managers at other provider locations on the service's vision and objectives, and referrals. There was a qualified physiotherapist who worked across all the provider's locations.

● The manager worked with professionals from other healthcare services, such as community nurses, and the community mental health team. Working in collaboration with other agencies helped the provider to deliver effective care to people.

Adapting service, design, decoration to meet people's needs

● People had access to specialist equipment to support their rehabilitation. There was a small physiotherapy gym. Some of the equipment appeared worn but was all within date for maintenance and servicing. There was a small occupational therapy kitchen which was not in use at the time of our inspection. Staff told us people could be supported in the kitchens in their individual flats and studio flats.

● People had access to outside space, quiet areas, areas for activities and private areas. People we spoke with appreciated the facilities available to them. One person particularly enjoyed the enclosed garden when they needed quiet, private time. There was a separate therapy room, and a shared kitchen for people living in the home. The activities room had a pool table. When the provider Chief Executive Officer (CEO) visited the home, they had a regular weekly game of pool with one of the people living in the home. The service had adapted the home to meet the needs of people living there.

Supporting people to live healthier lives, access healthcare services and support

● People had access to healthcare services but experienced issues with the availability of some community based healthcare services. This meant the provider had struggled to arrange a dental appointment for one person. The local GP did a regular "ward round", and other professionals such as speech and language therapists had visited to assess three people. People we spoke with said appointments were arranged promptly. One person said, "When I need one, they just call them and make an appointment." Staff supported another person to attend outpatient appointments for necessary treatment.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider worked within the guidelines of the MCA and its associated code of practice. They applied promptly for authorisations under the Deprivation of Liberty Safeguards. Where conditions were applied the provider had taken steps to comply with them.

● Staff understood the need to obtain people's consent and were aware of the requirements of the MCA. People confirmed staff obtained consent before supporting them with their personal care. One person said,

"Yes, they always do."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated and supported in a caring manner. One person said, "Yes, for example, I have always got someone to talk to. There are staff I like." We saw caring, positive interactions between staff and people they supported. Staff used encouragement and praise when supporting people to move around the home. Staff used a calm tone of voice and used appropriate hand touching to calm people. People were treated with kindness and compassion.
- The provider took into account the need to respect equality and diversity in their care assessments and support. Staff were aware of the impact on peoples' abilities following a brain injury. The service was designed to take into account people's physical disabilities and communication needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were able to express their views and participate in decision making about their care and support. Staff were aware of people's individual communication needs and supported them to express themselves. We saw staff making sure communication tools, such as an electronic tablet, were working when people sat down for lunch. People were able to share their day to day decisions about care and support with staff.
- People we spoke with were happy they or their families were involved in relevant decisions and could express their views. One person said, "Yes I can do what I want." Another person's family member confirmed they were consulted in decisions about their relative's care, although they were not always satisfied necessary changes were put in place quickly enough.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with and their families all said staff respected their dignity and privacy. One person said, "When I want to speak to someone in private, I can do it." Another person told us staff always knocked before coming into their room, "Even if you know they are coming, they will still knock." Staff promoted people's rights to privacy and to be treated as individuals.
- The provider had made effective use of the space available to promote privacy. There were different offices and therapy rooms where people could receive therapy or discuss their care and support in private. Arrangements were in place to protect people's personal information. There was a strong focus on confidentiality.
- Staff took account of the need to preserve people's independence as much as possible. People had individual accommodation inside the home. There was a combination of flats, bed sitting rooms and rooms with en suite facilities where people could be supported to be independent according to their needs and

abilities. The shared dining area had been designed in consultation with people. It had a number of areas where people could prepare their own food. These included a toastie maker, cold buffet, an omelette preparation area, breakfast bar, snack bar and drinks area. People could look after their own nutrition and hydration needs with support from staff if necessary.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

● People's care did not always fully reflect their physical, mental, emotional and social needs. One person's family member told us they did not always receive physiotherapy they needed as part of their rehabilitation. They said, "It goes through phases. I did his physio once with him this week. I can't see any reason for him not having his physio." Another person's care file showed they had been assessed for physiotherapy and occupational therapy, but there were no records to show their therapy had been delivered for three months before our visit. The manager was aware of this, and they were already taking steps to recruit more professionals to supplement the therapy team.

● Staff delivered day to day care and support which reflected people's needs and preferences. People told us their preferences were respected. One person said, "I would rather be at home with my family, don't get me wrong. But I can go shopping when I want, go out for a meal, I can go out when I want to." Another person said, "If I want to go to the pub, a worker comes with me." People's care plans had individual information about people's needs and preferences. For instance, there were details about how to support a person with arm splints. People's care reflected their own choices 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.

● We saw staff understood people's communication needs and supported them appropriately. People's care plans identified where people needed support in relation to communication.

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

● Staff supported people to avoid social isolation in the home. One person's family member told us staff had been instrumental in supporting their relative to make friends. They said, "[Staff] have really brought him out of himself. He has learnt to accept that the other people are in fact ok and he will come out of his room to eat with everyone else." People had support to make new social contacts.

● People took part in activities that were important and interesting to them. Activities outside the home were limited during the COVID-19 pandemic. Since restrictions were lifted the provider had asked people to identify three external activities they would like to take part in. These ranged from going out to lunch to a

boat trip with their family and taking part in an indoor sky-diving experience. One person told us, "Yes, I am able to follow my interests."

Improving care quality in response to complaints or concerns

● People knew how to complain if they needed to. One person told us, "I would complain to the manager, but I haven't got much to complain about." The provider raised people's awareness about the complaints process at residents' meetings and via posters in the home.

● If complaints were made, the provider had an appropriate process for managing and responding to complaints. There was one complaint in progress at the time of our inspection. The provider's process included an online complaints recording system, which meant lessons learned were easily shared with other locations.

End of life care and support

● Staff training was in place to support people in their final days in a caring, pain-free and dignified manner. There was nobody on end of life support at the time of our inspection. The provider had linked with MacMillan nurses to assist with planning future support to people who chose to spend their last days at the home.

Requires Improvement

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 under the previous provider we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been no registered manager at Victoria House since 1 March 2022 when the previous registered manager, who had been in post since June 2021, left. The provider had appointed an experienced manager with a track record of achieving outstanding ratings in a similar service. The new manager had applied to register as the manager of Victoria House.
- During a period of inconsistent leadership people's experience and staff morale had suffered. A person's relative described organisation as "chaotic" with information about people's care needs not always communicated to staff. The new manager had clear ambitions to improve the service, and they had been supported by senior management. However, improvements made were still to be embedded and sustained. The manager's quality improvement plan identified actions required for further improvement. These were not all financed and supported by an overarching business case. The provider's policy was to sign off individual improvement actions as and when required.

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

- A period of inconsistent leadership had affected the positive culture in the home. Staff had continued to focus on person-centred care with an open and inclusive ethos. However, some people had not received consistent therapy to support their rehabilitation. This meant they did not always have good outcomes, and they were not always empowered to move on to more independent settings.

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 manager was aware of and understood the duty of candour. They had started to establish open and honest relationships with people and their families.

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

- There were a variety of means to engage with people, their families, and staff. These included meetings with families, and regular email and telephone contact where appropriate. The provider engaged with people's families and friends to develop "This is me" pen pictures of people. This allowed staff to see people as a whole individual.

● The provider's HR and quality teams engaged with people to gather their thoughts and opinions about the service they received. The activities coordinator had arranged residents' meetings which had identified ways to enhance people's wellbeing. An example of this was drawing up "bucket lists" of things people wanted to do and prioritising them.

Continuous learning and improving care

● There was a process for continuous improvement. The provider had undertaken a mock inspection which had formed the basis for a quality improvement plan. This was being worked on at the time of our inspection, and it would be monitored at weekly senior leadership team meetings alongside performance indicators including safety and clinical governance.

● The provider encouraged continuous learning and improvement across the organisation. Following CQC reports at other locations the provider had made improvements to their clinical governance. These included daily meetings to discuss people's safety and weekly meetings to discuss safety across all locations. There was learning from incidents and good practice from other locations.

Working in partnership with others

● Staff at Victoria House worked with sector partners such as the local authority, safeguarding, and clinical commissioning groups to develop appropriate care plans for people. The manager had plans to develop multi-disciplinary teams drawn from other provider locations and community healthcare teams to oversee people's rehabilitation therapy.