

Derbyshire County Council

# 9 Victoria Street Care Centre

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

9 Victoria Street is a residential care home providing personal care for up to 16 adults or children aged 13 to 17 years who may be living with a physical disability, sensory impairment, learning disability or on the autistic spectrum. At this inspection there were six adults receiving care at the service.

This is a large service which was registered before the development and publication of Registering the Right Support and other best practice guidance. This states that people who use the service should be supported to live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. This means that people using the service should live as ordinary a life as any citizen.

The service a large home for the support of up to 16 people, which is larger than current best practice guidance for this service type. However, there were only 6 people using the service and the size of the service having a negative impact on people was mitigated to some extent, by the building design fitting into the residential area. There were deliberately no overt identifying signs externally, to indicate it was a care home.

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

The service continued to be safe. The provider's safeguarding, staffing, medicines and risk management arrangements for people's care, helped to protect them from the risk of harm or abuse. The provider took action for people's safety when things went wrong at the service and to prevent any reoccurrence.

The service was now effective. Enough improvement was made to fully ensure this. People's capacity to consent to their care was now consistently considered in line with the law. People were supported to make their own decisions and have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's care needs were effectively accounted for. Staff supported people to maintain or improve their health and nutrition, through consultation with relevant external health professionals when needed. This included timely support and relevant information sharing, if they people needed to move between services for care and treatment. People's needs were largely met by the adaptation of the premises. Work was in progress to further ensure this through the use of additional signage for people's orientation.

The service continued to be caring. People received care from kind, caring staff, who treated them with respect and ensured their dignity, equality and rights in their care. Staff knew people well; how to communicate with them and understood what was important to people for their care. People were actively informed, involved and supported to understand, agree and make ongoing decisions about their care and future living arrangements.

The service was now personalised. Enough improvement was made to fully ensure this. People received planned, co-ordinated care, that was now consistently inclusive and person centred. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Outcomes for people therefore reflected the principles and values of Registering the right Support and other best practice guidance.

Complaints were now managed in line with the provider's policy. Concerns and complaints were listened to and used to inform service improvements when needed for people's care. The service does not provide end of life care. However, staff took account of people's preferences and choices relating to end of life care as appropriate. People received the right support to enable them to cope with grief and loss when needed.

The service was now well led. Enough improvement was made to fully ensure this. The provider now sought regular opportunities to engage with and seek the views of people, staff and relevant parties, to effectively inform and ensure the quality and safety of people's care and to drive service improvement.

Management and staff understood their role and responsibilities for people's care. Operational management arrangements helped to ensure effective communication, record keeping, safe information handling and excellent partnership working for people's care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 June 2018) with two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made. The provider was therefore no longer in breach of regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 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?

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

# 9 Victoria Street Care Centre

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by a single inspector.

#### Service and service type

9 Victoria Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started and ended on 14 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authority who work with the service. We looked at notifications the provider is required to send us to tell us about important events when they happen at the service. We also reviewed the provider's information return. This is information providers are required to send us. It gives key information about their service, what they do well and any improvements the plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their care experience. We spoke with four care staff, an administrator, the registered manager and an external senior manager for the provider. We also spoke with two external health and social care professionals who work with the service for people's care.

We looked at a range of records relating to people's care and for the management and running of the service. This included three people's care plan records; medicines, staffing and complaints records; meeting minutes, complaints records and records relating to the provider checks of the quality and safety of people's care.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective arrangements in place at the service to safeguard people from the risk of harm or abuse. This included supporting and informing staff how to recognise abuse and keep people and children safe.
- People were confident of their safety at the service. One person said, "Yes, I am very safe here; I'd tell staff if I wasn't."
- The provider had acted in a timely manner to notify us of any safeguarding concerns when they happened at the service, and to ensure people's safety when needed.

Assessing risk, safety monitoring and management

- Risks to people's safety associated with their health condition, care equipment or environment, were mostly accounted for, to ensure people's safety at the service.
- However, environmental safety measures were not fully considered for one person's physical safety in relation to their mental health needs. We discussed our findings with the registered manager who took immediate remedial action to reduced any risk to the person from this.
- Staff understood any risks identified to people's safety and the related care actions they needed to follow for their mitigation, which were specified in people's written care plans. This included recognised care measures to support people who could sometimes behave in a way that could be challenging for others.
- A visiting health professional told us, "I have witnessed a potentially volatile situation where a resident appeared agitated and distressed; with a calm appropriate response, staff dealt effectively to diffuse this."
- The provider had ensure the timely servicing and maintenance of any equipment used in relation to people's care and for emergency contingency planning.
- A range of key safety procedures were provided for staff to follow when needed. Such as in the event of a fire alarm or any person being missing from the service.
- On call senior management arrangements were in place to support staff outside normal working hours, if needed for advice or direct input.

Staffing and recruitment

- The provider's arrangements for staff recruitment, retention and deployment helped to ensure people's safety at the service.
- Staffing levels were reviewed and increased when needed. Staff, and external health and social care professionals involved in people's care, felt sufficient staffing levels were ensured for people's safety at the service. A health professional said, "When people required additional support hours because of changes in

care needs, management have liaised with the social worker to agree this [for people's care and safety]."

- Required employment checks were carried out to make sure staff were safe to provide people's care at the service, before they commenced their employment there.

#### Using medicines safely

- The provider followed relevant protocols to ensure people's safety in relation to their medicines.
- Staff were trained, competency checked and understood how to support people to take their medicines safely when needed.
- People confirmed they received the level of support agreed with them, to enable them to take their medicines safely at the times they should.

#### Preventing and controlling infection

- The provider's arrangements for the prevention and control of infection at the service, helped to protect people from the risk of a health acquired infection.
- People were satisfied with the standard of cleanliness and hygiene at the service, which they helped to ensure in some areas, as part of their care. One person said, "It's nice and clean here; Thursday's is the day we clean my room; staff help me - we do it properly."
- We saw the environment, furnishings and equipment used for people's care were visibly clean, hygienic and well maintained. Information was provided for people and staff to follow in relation to good hygiene principles, such as hand washing.
- Staff were trained, equipped and understood how to ensure infection prevention and control at the service. For example, to follow nationally recognised universal principles concerned with cleanliness, infection prevention and control.

#### Learning lessons when things go wrong

- The provider had taken action for people's safety when things went wrong at the service, to help prevent any re-occurrence. This included following a recent safeguarding incident, which the provider notified us about.
- The provider ensured regular management monitoring and analysis of any health or safety incidents involving people who received care at the service. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.

# 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 the last inspection this key question was rated as requires improvement. At this inspection the key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider did not ensure people's capacity to consent to their care had always been considered in line with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). There was no person subject to any DoLS at this inspection.

- We checked whether the service was working within the principles of the MCA and found this was followed to ensure people's care was lawful and in their best interests.
- Staff were trained to understand the requirements of the MCA and obtained people's consent for their care.
- Records showed related assessments and decisions had been properly taken, when people were unable to make specific decisions about their care because of their health condition.

### Staff support: induction, training, skills and experience

- Staff received the care induction and support but had not always received timely training when needed for provide people's care.
- Management remedial action was in progress to rectify this through a targeted training plan with identified timescales for completion.
- Discussions with care staff and individual care plans we looked at showed regular, timely inputs and advice from relevant external health and social care professionals, which staff understood and followed. This helped to mitigate any risk to people from receiving inconsistent care that was not effectively informed.

- A visiting health professional told us, "Any concerns in relation to [person's] mental health have always been addressed as needed by staff; this includes requesting support from myself or the intensive support team."
- During our inspection staff demonstrated effective, informed care intervention, to support one person's mental health needs when needed.
- Staff were supported to obtain relevant national vocational qualifications relevant to their role.
- New care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non professional care staff are expected to adhere to when they provide people's care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care

- Arrangements for people's care, helped to ensure effective delivery against nationally recognised guidance and practice standards, that met with people's individually assessed needs and choices. These were regularly reviewed in consultation with them, or their representative.
- People's care plans showed their health conditions, how they affected them and the related personal care requirements, which staff understood and followed.
- A visiting health professional said, "I have a patient here with quite complex needs who has been effectively support by staff at Victoria Street, including during a very difficult time for them."
- Action was taken to ensure timely communication and relevant information sharing with external care professionals or providers when needed for people's care. For example, if someone needed to transfer to hospital due to ill health, or to support people's planned move to live more independently. One visiting health professional told us, "Support for people to access relevant healthcare when needed has always been ensured at the service."
- A range of care policies and guidance were provided for staff to follow for people's care. These were periodically reviewed, to ensure they met with nationally recognised guidance and practice standards.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain or improve their health and nutrition and to eat and drink sufficient amounts of food they enjoyed.
- Staff supported people to access any relevant external health professionals and followed their related instructions for people's care, when needed. This included for both routine and specialist health screening. A visiting health professional said, "Staff have always sought and followed any advice in a timely way".
- Staff understood people's health conditions, how they affected them and their related care needs. For example, to help people make healthy lifestyle choices for their mental, physical and nutritional health. This information was detailed in people's care plans; subject to regular review.
- People were supported to eat and drink sufficient amounts of food they enjoyed, which met their dietary needs, independence and choice. This included ensuring their active involvement in menu planning and individual food preparation.

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

- People were consulted and happy with their environment and supported to personalise their own rooms as they wished.
- The environment was well maintained and adapted to meet people's independence, choice, orientation and safety needs. Work was in progress to develop additional signage, to further enable this. Such as the use of picture signs, or by the display of personal memorable items, to help the find their own rooms.
- People were able to move freely around the home, which provided sufficient communal and private living

space for people and their families or friends who may visit. A dedicated 'flat' area, with a domestic kitchen was refurbished and adapted since our last inspection. This increased people's opportunity to practice and develop some of the daily living skills needed for their independent living. One person said, "I make my own breakfast there and I am going to make a sandwich for lunch today."

- Garden and outdoor space had been developed with and for people using the service. This was done in a way which ensured their active involvement, access and enjoyment.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same as 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; Respecting and promoting people's privacy, dignity and independence

- People received care from staff who were kind, caring, knew people well and were respectful of their diverse needs.
- People we spoke with told us staff were kind and caring, and felt they had good relationships with them. One person said, "Staff are nice; they know when I'm feeling sad; they have helped me so much." A visiting healthcare professional told us, "During my visits all of the staff have been pleasant, professional and caring with towards people."
- We saw staff interacted with people in a positive, respectful, caring manner and knew how to communicate with people in the way they understood.
- Relevant information was recorded in people's care plans and staff were trained, to ensure people's equality and rights in their care.
- Staff were working in consultation with people using the service, to update their 'Dignity in Care' award from the local authority. This included the use of a craft and discussion project to enable people to express their views and wishes for their care in relation to their equality, diversity and human rights. A 'dignity tea' had been held with people and their families to help promote their related inclusion and understanding.
- Management checks were planned to commence, to ensure staff followed the provider's published aims for people's care; to ensure their dignity, equality, independence, choice and rights.

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

- People were supported and involved to make decisions about their care in way that was meaningful to them.
- A range of methods were used which included regular meetings held with them, such as one to one care reviews and home group meetings.
- People said staff listened and supported them to make choices about their care, daily and future living arrangements, which were recorded in people's care plans This was done in a way that promoted people's independence and rights to live as ordinary citizens.
- Information was visibly displayed in a format people could understand, to enable their access to independent or specialist advocacy services, if they needed someone to speak up on their behalf. These services were being actively accessed by two people at the time of our inspection.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 people's care was not always person centred to reflect their preferences. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- People received personalised care, which took account of their choices, views, preferences and aspirations.
- People we spoke with were happy with their care, daily living arrangements and positively about their related support from staff for their independence, choice and inclusion.
- During our inspection people were supported to access the local community to participate in social, recreational and occupational activities of their choice; and to meet with friends and family who were important to them, or held similar interests.
- Two people told us how staff supported their chosen hobbies, individual lifestyle interests and personal learning and development. This included supporting them to achieve their independent living goals. One person said, "Staff let me decide; they are helping me to get a flat where I can still have some help, my friends and things I like doing."
- People's engagement and inclusion in home life was actively promoted through regular meetings, discussions and activities held with them.
- One person told us about their involvement in a garden and outdoor space improvement project at the service. We saw people's related planning work and design ideas. This included a large garden model, which they had worked on, to craft together with staff support, to help agree how the garden would look.
- We saw the outdoor improvement work, which people had already completed and also in progress. This included a 'garden to plate' fruit and vegetable project; flower bed growing areas; greenhouse and garden furniture restoration projects. The provider had also responded to people's design wishes and provided a dedicated astro-turfed area, providing basket ball, football nets and tenpin bowling facilities.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in a way they could understand. For example, easy read or pictorial formats to help inform people's care, what they could expect from the service and how to keep safe or raise any concerns they may have.
- Staff were provided with relevant training to support people's communication and engagement. For example, Makaton and British Sign Language (BSL). Makaton is designed sign and symbol language used with speech in spoken word order. BSL is a form of sign language used in Britain, which involves the use of hand movements, gestures, body language and facial expressions to communicate.

#### Improving care quality in response to complaints or concerns

- People and their representatives were informed and supported to make a complaint, or raise any concerns about the service or care provide, if they needed to.
- Complaints received by the provider were effectively accounted for, investigated acted on and used to make service improvements when needed.
- One person told us they had written down some concerns and given this to staff. This was subsequently reviewed and acted on in consultation with the person to agree a resolution, which the person was happy with.
- At the time of our inspection there was one complaint investigation in process. Discussions with management and related records showed this was subject to due process, to ensure the right outcome for the person receiving care.

#### End of life care and support

- The service does not provide end of their life care. However, people's related preferences and choices were explored with them and agreed, as appropriate.
- Staff facilitated effective and informed support for one person living at the service, who was experiencing grief from loss. Related feedback we received from the person, and a relevant external health professional involved in their care; showed staff consistently supported the person with sensitivity, compassion and in a way which helped to ensured their dignity, comfort, choice and best interests.

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

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility.

- The provider operated effective systems to monitor, sustain and improve the quality and safety of people's care when needed. We found a range of targeted care and service improvements were either made or in progress from this, to enhance or improve people's care experience. Examples to help ensure this, included revised staff training and care measures; record keeping and environmental improvements and the provision of accessible information for people at the service.
- Improvements made from the findings of our last inspection in April 2018, were sufficient to ensure people's care was consistently effective, responsive and well led. This included ensuring people's capacity and consent to their care was fully considered and lawful. It also helped to ensure people's care was designed and operated to reflect nationally recognised voluntary care standards for support living. The standards aim to ensure each person is able to live the life they choose, with the same choices, rights and responsibilities as other citizens.
- Arrangements were in place for the safe handling and storage of people and staffs' confidential personal information, in line with national guidance and legal requirements.
- The provider had met regulatory obligations for their registration and also in relation to their duty of candour (DoC) responsibility. The DoC places legal responsibilities on organisations to be open and honest when things go wrong.
- The provider had sent us written notifications about any important events when they happened at the service, to help us check the safety of people's care there when needed. They also ensured the required display of their most recent inspection summary and rating for public information.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support

- There was an open, quality focused, person centred care culture at the service. Managers and staff understood their roles and responsibilities for people's care.
- There had been a change of registered manager since our last inspection. The registered manager understood the requirements of their registration.
- People, staff and external health and social care professionals we spoke with were highly confident in the management and leadership at the service. All confirmed the registered manager was visible and accessible to them.
- We received many positive comments about the registered manager's leadership at the service. This included, 'I love my job; The registered manager is open and supportive.' And, "The registered manager is excellent; has made lots of positive changes and works in clients best interests to make sure they have

choice and independence."

- There were clear lines of accountability, communication and reporting established within the service for people's care. Staff felt well supported and informed to understand their related role and responsibilities. Revised management measures concerned with staff performance, support and supervision helped to monitor and ensure this was effectively followed by staff when needed.
- The provider had a comprehensive range of operational policy guidance for staff to follow for people's care and safety. These were periodically checked against nationally recognised standards, to make sure they provided up to date guidance for staff to follow for people's care and safety.

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

- People, staff and others with an interest in the service, were regularly consulted, engaged and informed to help inform and drive care and service improvement.
- A range of communication methods were used with all relevant parties, such as regular meetings, care and service reviews, electronic communications and by ensuring accessible information and feedback.
- Where any changes or improvements were needed for people's care, staff and related records confirmed this was communicated to them in a timely, targeted manner to ensure this was understood and followed.
- Examples of recent changes or service improvements resulting from people's views included, revised food menus and meal arrangements; additional environmental signage to support people's orientation; the introduction of flexible staffing levels for people's independent living skills support and community access. A collaborative working project was also in progress, to develop the garden and outdoor space at the service in the way people chose.
- Staff felt there was an open culture at the service, where they could raise any concerns relating to people's care and safety, if they needed to. The provider's whistle blowing procedure also supported this. Whistle blowing is the act of reporting a concern about a risk or wrong doing in the public interest. It aims to ensure an early warning system that gives managers an opportunity to put things right before anything catastrophic happens.

Working in partnership with others

- The provider worked in partnership with relevant agencies, including educational, external health and social care partners and providers, when needed for people's care. For example, to ensure the right support for people to achieve new skills and maximise their independence and life opportunities. We saw written thanks to the service from an external home care provider regularly involved in one person's care; for working with them to ensure personal care and daily living continuity for the person when they were admitted to the service on a short term basis for support with medical treatment changes. The letter stated, "Thank you for working together with us to maintain continuity for [person] and making their regular care team so welcome; [person] is doing great back at home."
- A social worker involved with another person's complex care needs at the service had also sent a recent letter of thanks to the manager and staff team. This included, "Thank you for all the work and support which has gone over and above, to ensure the right outcome and [person's] best interests.
- The Herbert Protocol was followed at the service. The Herbert Protocol is a national scheme introduced by the police authority and other health and social care agencies, which encourages care professionals, staff or people's family carers, to compile useful information which could be used in the event of a vulnerable person going missing.