The Disabilities Trust

Victoria House

Inspection report

Victoria House Residential Home
Maldon Drive
Hull
Humberside
HU9 1QA

Tel: 01482213010

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11 July 2018
12 July 2018

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 11 and 12 July 2018 and was unannounced.

Victoria House is a residential care home for up to 25 people with physical disabilities. The home is owned by the Disabilities Trust and is purpose built over two levels. Facilities include two adapted kitchens, a large and a small communal lounge, two passenger lifts, activities room, training/computer room, sensory room and gardens.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had received safeguarding training and were aware of how to recognise and respond to risk. Individualised risk assessments were in place and people were supported with positive risk-taking to maintain their independence, choice and control. There were sufficient numbers of staff who were deployed appropriately in the service to meet people's needs and support people to live safely and as they had chosen to.

Staff were equipped with the necessary skills to provide effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring; they promoted people's independence and treated them with dignity and respect.

People were supported to live their lives to their fullest, as active members of the community which enhanced their lives. They were supported to follow their interests and engage in things important to them. People's care plans were very person-centred and were reviewed regularly with them to ensure they were involved, and goals were set, which they were supported to achieve.

The service was well-led; systems were in place to assess and improve the quality of the service and complaints were responded to thoroughly. There was an open culture and learning was encouraged to drive improvement.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service has improved to Outstanding.	**Outstanding** ☆
Is the service well-led? The service remains Good.	**Good**

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 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 was a comprehensive inspection which took place on 11 and 12 July 2018 and was carried out by one inspector. The inspection was unannounced.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. We also contacted the local authority safeguarding and commissioning teams.

We looked at three people's care records and three medication administration records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included stakeholder surveys, quality assurance audits, complaints, recruitment information for three members of staff, staff training records and policies and procedures and records of maintenance. We also took a tour of the premises to check general maintenance as well as the cleanliness and infection prevention and control practices within the service.

We spoke with three people who used the service and five relatives. We spoke with six members of staff including the cook, activities coordinator and registered manager and deputy manager.

Good

Is the service safe?

Our findings

We found people were supported safely. We asked people if they felt safe and people answered, "Yes, definitely." Another said, "Yes, certainly I feel safe."

Staff completed detailed risk assessments for each person, which were person-centred and provided clear guidance to staff on steps they should take to minimise risks whilst promoting people's independence.

People were protected from harm by knowledgeable staff who had received both adults and children safeguarding training. A safeguarding policy was in place and staff were aware of how to report concerns.

Accidents and incidents were recorded by staff and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager had oversight of these and inputted this information on to an electronic record, which was monitored by the provider.

Medicines were managed safely and people received their medicines as prescribed. People's medication needs were assessed and documented in their care plan, where people were able to manage their own medicines this was supported and encouraged. The registered manager told us, "We can't take that skill away from people." A relative told us, "I have never come across a problem. [Person's name] has their medication and it is reviewed." A person said, "I have medication five times a day. I use my call bell and they bring to it me." Medicines were stored safely in a locked cabinet in people's own bedrooms, which made this more personalised. Medication administration records (MARs) were completed correctly without omissions. A policy was in place to provide guidance to staff and they received training before administering medicines.

A sufficient number of staff were in place and deployed appropriately around the service to respond to people's needs in a timely manner. We saw staff were recruited safely, in line with the provider's organisation policies and procedures. Appropriate recruitment checks were undertaken; staff had written references and enhanced disclosure and barring service (DBS) checks in place before they started work. The DBS helps employers to make safer recruitment decisions and prevents unsuitable people from working in the care industry.

The service was well-maintained, clean and tidy throughout. We saw the service regularly reviewed environmental risks and carried out safety checks and audits. Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. We found soap, paper towels and hand washing signs in place at sinks and staff had access to gloves and aprons. A person told us, "Staff wear gloves and aprons and always follow procedure."

Good

Is the service effective?

Our findings

The service provided effective care and support. People's needs were assessed and they were supported to meet their desired outcomes. One person said, "I think the service is good. Staff look after us really well."

Staff had the relevant skills and abilities needed for their role. One person told us, "Staff are always on training and keeping up to date." Training records confirmed staff had received necessary training to equip them with the skills to support people effectively. Staff received an induction when they started in their role and continued to be supported with regular supervisions and a yearly appraisal.

People's nutritional needs were met and choice was provided. People's dietary needs were documented in their care plan and this was communicated with the kitchen staff. Some staff had undertaken training on the 'Nutrition Mission'. Nutrition Mission is a dietetic led award for optimizing nutrition in care homes. A person told us, "We have just changed the menu; we had a meeting a few weeks ago because we were all getting bored of the same thing. Now it's going well and people are enjoying the choices." Another person said, "The food is really nice, we have a variety. Whatever is on the menu we can have; if it is not on the menu but is within their capability they will make it."

People's health and wellbeing was monitored and they were supported to access healthcare. The service maintained close links with healthcare professionals, such as occupational therapists, physiotherapists and the district nursing service. People's care records contained evidence of consultation with medical professionals when required.

The premise was purpose built with wide corridors and door frames; all areas were accessible for people using the service, including those who had specialist mobility chairs. Other adaptions such as adjustable height worktops in the kitchen meant people could access these more readily. Each person's bedroom was personalised and reflected their own preferences.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguard (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was following the principles of the MCA and decisions had been made in people's best interests. Staff had received training on the MCA and had good awareness of its application. The registered manager had made relevant applications for DoLS; where these had been authorised and where conditions were in place these were being complied with.

People told us staff asked for their consent before providing support and we saw people had signed consent to their care plans.

Good

Is the service caring?

Our findings

The service was caring. A relative told us, "Staff are really good and have a good approach with [Person's name]." Another relative said, "We are very happy and staff are very approachable." A third told us, "Staff are friendly. They chat to us and have time for us." Another relative approached us to tell us, "Everyone is really friendly. I just wanted to come and tell you that it is smashing here."

Staff demonstrated a positive regard for what was important and mattered to people. One person told us, "Staff are an amazing bunch. I can't speak any more highly of them. I wouldn't be the person I am today without them."

During the inspection we observed a calm and comfortable atmosphere throughout the service. We observed interactions between staff and people which were positive and friendly. A person said, "I love living here." Relatives described the home as, "Ever so homely" and "Just a nice place to be."

People's care records contained information about their preferences and wishes to help staff support their personal aspirations. People told us staff respected their wishes and involved them about decisions and choices, with regard to their support, in a respectful and meaningful manner. A member of staff said, "People all have their individual likes and dislikes." Another told us, "I don't assume because they wanted something yesterday, they want it today. I wait for them to respond and see if they want anything else."

Staff were aware of the importance of supporting people's independence and supported people to develop and build on existing skills. A relative said, "Staff like to encourage independence. They tailor things to the needs of the person." A member of staff told us, "I make sure I let people do as much as they can for themselves."

Staff promoted people's dignity and privacy, knocking on their doors and waiting for approval before entering. A member of staff said, "I always knock on the door and talk through what I am doing." A person confirmed, "Staff know what they are doing. They shut the door to maintain my privacy."

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). Staff were able to describe how they would support people to communicate who had different communication needs. The accessible information standard was followed and easy read versions of documents were available.

Information was available about the use of advocacy services to help people have access to independent sources of advice when required, and people were supported to access these services if required.

Outstanding ☆

Is the service responsive?

Our findings

People were supported to live their lives to the fullest. A member of staff said, "It is a really nice home. We help people to live the lives they want to lead." People told us they engaged in a wide variety of activities, volunteering and college courses. We saw people were supported to pursue their hobbies and interests including swimming, shopping and attending concerts and football games. One person said, "I like to go bowling and to the pictures. I go to college every Wednesday evening. It is the summer break at the moment and I will decide what I want to do next year." People were supported to access community facilities and services which met their individual needs. For example, the registered manager told us, "If someone wanted to go to the hairdresser, they go out to the hairdresser. Being part of the community is about doing everyday things."

Staff had excellent knowledge of the people they supported. A relative said, "Staff know what [Person's name] likes and they know their sense of humour. They love music and to go to shows." Systems were in place to match people with staff who shared similar interests, so people could have meaningful experiences.

People's relationships were valued and respected. Staff ensured people who used the service and their visitors had privacy. Staff supported people to maintain relationships by facilitating a homely and inclusive environment where people felt welcome. A relative said, "We have been invited to activities being held." This meant that people who used the service could maintain important relationships with their families and friends. Staff had an innovative approach to using technology which also enabled this. People had access to an eye reader. Eye reading technology enables people to control computers by eye movement. One person used this to maintain relationships with their family on skype who did not live locally. Staff were assisting another person's family to set up a skype account so they could also use this technology. Staff assisted people to make the most of their own technology, such as using voice commands on their mobile phones.

Both staff and people that used the service were involved in developing links with the local community, which enhanced their lives and enabled them to be active members of the community. A member of staff told us, "We have focused on connecting the service with the community." Links with other community resources were encouraged and sustained. For example, some people volunteered for Hull City of Culture and others were involved in volunteering for a variety of charities. A summer fair was being organised for people, staff, family and the local community to attend. Staff also told us one person gave a talk at a local school, to build awareness of disability and the school children visited the service for occasions such as singing at Christmas.

The service was extremely inclusive. Two members of staff and one person using the service attended Parliament to showcase some charity work they had been involved in. The service had won a sum of money, as a chosen charity; they used this money to build a greenhouse and a fountain in the garden. The greenhouse and gardening work bench had been measured for every person's wheelchair so it was accessible for everyone to use. The greenhouse had been built by another organisation which was part of 'NHS Hull 2020 Champions'. This is a programme to share skills and develop links in the community. In return for the organisation's support building the greenhouse, staff and people using the service would

share their skills with the organisation.

There was a fantastic approach to recognising and challenging discrimination. People were actively encouraged to address discrimination, as a result. A person using the service told us they had found lots of old worn pavements made it harder for them to get about in their local community in their wheelchair. They had been supported to raise the issue on a news programme and had campaigned about accessibility issues to raise awareness and help drive change. Staff also told us about how they had supported people using the service to challenge a local venue following a refurbishment, which they felt had become less accessible.

People's individual needs were met in a way that ensured flexibility, choice and continuity of care. The keyworker was responsible for ensuring people's individual needs were met and developed a personalised activity plan with each person, which was reviewed monthly. During reviews people would set their own goals, tailored to their needs and preferences. This meant that people improved their independence and were supported to achieve their aspirations.

Care plans were very person-centred and contained extremely detailed and personalised information about people's abilities, health needs, likes and dislikes. Staff were knowledgeable about people's preferred routines and interests and we saw this matched what was documented in people's care plans. One person told us, "Staff wouldn't do anything without me signing and agreeing it. Staff always ask me before the review what I want to talk about and I decide who to invite." Another person said, "Just recently I had a review and I am always involved. The team leader asks if there is anything I want to change. I sign my care plan and have a coffee and chocolate while doing it." A relative told us, "We always get invited to reviews, it's always official and we get papers to sign and minutes to read." Records showed staff had carefully consulted with each person about the care they wanted to receive and care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

People who used the service were empowered to make positive changes in the service. A service user engagement officer worked for the provider and a member of staff was the champion for this; their role involved encouraging people to become involved in decision making and facilitated their involvement. Resident's meetings were regularly held and people's family were also invited. A person told us, "We have service user meetings every two weeks. I don't attend if I'm busy, but [Staff members name] always comes and asks me my views and includes them in the minutes."

There were robust arrangements to ensure people's complaints were responded to in order to improve the quality of care. A relative said, "We know we can go to [Registered managers name]. We go to [Team leaders name]. If they are not around you can go to anybody." One person told us, "I would start of by seeing my team leader. If there was still an issue I would go to the deputy manager." We saw complaints which had been received had been responded to thoroughly.

People had been consulted on future care planning. Staff had liaised with people and with their relatives to establish how best to support a person when they approached the end of their life. We saw this was recorded in people's care plans when they had wished to discuss this. At the time of the inspection, nobody was being supported at the end of their life. However, people were able to remain at the service in their home, until the end of their life, if they chose to. Staff told us how they would provide suitable provision to support people at the end of their life to have a dignified and pain-free death.

Good

Is the service well-led?

Our findings

A registered manager was 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 '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. There was also a deputy manager in post.

People told us the registered manager and deputy manager were approachable and the service was well-led. A person told us, "The manager is very good." A relative said, "Everyone seems to know what they are doing and everything runs smoothly." A member of staff told us, "The team leaders are really good; I can't fault them."

The service had an open and positive ethos and welcomed the involvement of staff and people who used the service. Regular meetings were held with both staff and people who used the service to enable them to participate and provide feedback on developments in the service. One person told us, "We have service user meetings to let us know what is going on." There were also regular meetings for staff and management where information was shared between staff and best practise was discussed to encourage learning and development.

People told us they felt listened to and their views were acted on. Feedback was regularly gained from people, staff and relatives and used to drive improvement. For example, through questionnaires. The registered manager told us about a new initiative called 'big ideas and big ambitions'. This was about people using the service and staff sharing ideas about the running of the service with the provider.

The registered manager promoted a 'no blame' culture and encouraged learning within the service. They told us, "We want people to be able to come forward about mistakes and learn from them." Following an incident, it was identified that somebody's wishes regarding a specific health related issue had not been followed. The registered manager had taken appropriate action to ensure lessons were learned from this incident to help drive improvement. Communication was improved with staff and information was shared more proactively to improve staff awareness.

Effective quality assurance systems were in place to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. Responsibility for completing regular audits was shared between the registered manager, deputy manager and team leaders which included audits of care plans, recruitment, medication and nutrition.

The registered manager had established links with other organisations and professionals to ensure people received a good service. This included working in partnership with health and social care professionals.

The registered manager was aware of their duty to inform the Care Quality Commission (CQC) of notifiable incidents. We reviewed the accident and incident records held for the service and found that they had notified the CQC as required.