

Victoria House (North East) Limited

Victoria House

Inspection report

10-12 Victoria Terrace
Bedlington
Northumberland
NE22 5QA

Tel: 01670828396

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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

Victoria House is a residential care home converted from three terraced houses. Residential care is provided for people with a learning disability, physical disability or those with autism. The service provides personal care and support to up to nine people. At the time of the inspection there were nine people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received person-centred care which met their needs. A plan was in place for the ongoing review of care plans and risk assessments to ensure they reflected the support people received. People were encouraged to be independent and measures were identified to mitigate the risks they were exposed to.

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 told us they felt safe. Systems were in place for reporting and responding to any allegations of abuse. Staff knew how to safeguard people and were confident to raise any concerns. The deputy manager was the identified safeguarding officer for the service.

There were enough staff deployed to meet the needs of people and staff worked flexibly to accommodate this. Staff were recruited safely and received training relevant to their job role to enable them to work effectively. Staff received supervision and appraisal in line with the provider's policy and staff told us they felt supported by the management team.

Staff were polite and treated people with dignity and respect. The cultural needs of people were considered in the planning of care and individuals were involved and consulted in how they wanted support to be delivered. Systems were in place to communicate information to people in a way to maximise their understanding.

People were encouraged to be independent and links were established with the local community. Opportunities were available for people to engage in a range of activities and social events of their choice. Relevant referrals were made to health and social care professionals and staff followed their advice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 August 2018) and there were breaches of good governance and safe care and treatment. 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 and the provider was no longer in breach of regulations.

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 safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Victoria House

Detailed findings

Background to this inspection

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

The inspection was carried out by one inspector.

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. 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.

What we did before the inspection

We checked all the information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

We used all of this information to plan our inspection.

During the inspection

The registered manager was not present during the inspection visits. We were supported by the home's deputy manager and office manager throughout the inspection. We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and office manager.

We spoke with one visiting health and social care professional and received feedback from three other visiting professionals.

We reviewed a range of records in relation to the safety and management of the service. This included a variety of care records for seven people. We looked at four staff files in relation to recruitment and staff supervision. Records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure comprehensive risk assessments were in place for all people living at the home. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Risk assessments were in place for people. A plan was in place to review all risk assessments to ensure they accurately reflected the risks people were exposed to.
- Risk assessments considered the independence of the person. Staff supported people's wishes and choices through positive risk-taking. The benefits of positive risk-taking can outweigh any possible harmful consequences of avoiding risk altogether.
- Emergency plans were in place to ensure people were supported in certain events, such as fire.
- The provider had ensured premises checks had been completed to help ensure the safety of the building.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse and people told us they felt safe. Staff understood their role in how to protect people.
- A visiting health and social care professional spoke about the skill of staff in supporting safe care. They said, "I have no safety concerns. They [staff] were already identifying potential risks and addressing these."

Staffing and recruitment

- Safe recruitment procedures were in place and were followed.
- There were enough staff deployed to meet the needs of people. Staff worked flexibly to meet the needs of people.
- Staffing was provided by a stable and consistent staff team. Staff understood the needs of the people they supported well.

Using medicines safely

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.
- Medicine assessments were completed to determine the level of support people required. This included consideration being given to the person's ability to self-medicate.

Preventing and controlling infection

- People were protected from the spread of infection. The environment was clean, homely and had no malodours.
- Infection control procedures were in place which minimised risks to people. Personal protective equipment such as gloves were available for people and staff to use.

Learning lessons when things go wrong

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks.

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 good. At this inspection this key question has remained the same. 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

- Pre-admission assessments were in place. No one had been admitted to the service since our last inspection.

- Records confirmed an assessment of people's needs had been completed.
- Assessments were updated when there was a change in need for people. Records were reviewed and updated at the frequency identified by the provider.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. Staff understanding and skills were checked and monitored through supervision, observations and team meetings.
- A plan was in place for all staff to complete the Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care-based roles. At the time of the inspection two staff had completed this training.
- Staff reported they felt well supported by the management team. One staff told us, "I've never had so much support from an employer as I have had here. If you need anything or just want a chat they [management team] are always there. I know they are my manager but it's like having an extra family, they are so supportive."
- Newly recruited staff completed a comprehensive induction programme.

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

- Staff were knowledgeable about people's dietary needs and preferences. People had access to food and drink during the day when they wanted it.
- Staff had completed training in food safety and the service had been awarded a five star food hygiene rating.
- The meal time experience was relaxed. Staff engaged with people to make meal times a socially enjoyable experience.

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

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy. One visiting professional told us, "They [Victoria House staff] have been excellent and very forward thinking. All recommendations that we have given have been picked up. Their communication with other health professionals GP, hospitals and nurses has been very good."

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

- The home was designed to meet the needs of all people living at the service.
- A rolling programme was in place for redecoration. People told us they were involved in decisions about the decoration of the premises and could personalise their bedroom with furniture and belongings of their choice.

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

- People received a learning disability annual health check with their local GP surgery and had 'hospital passports'. The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities.
- A healthcare companion system was operated. This involved a designated member of staff overseeing any health related issues from start to finish. This ensured staff were knowledgeable about what had been discussed or agreed at previous health appointments and were able to share accurate information with the staff team.

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 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).

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 had the appropriate legal authority and were being met.

- Staff followed all of the principles and guidance related to MCA and DoLS authorisations.
- Staff ensured people were involved in decisions about their care.
- Capacity assessments were requested from the relevant health and social care professionals where it was felt people lacked capacity to make a particular decision for themselves.

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. 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

- Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way. For example, people were supported to register to vote in local and general elections.
- People we spoke with told us the provider and staff were caring. The provider had paid for holidays for some people who did not have the financial means to fund this themselves. Comments from people included, "I like all the staff, the staff are all kind and they help me a lot" and "The best thing about living here is the staff are all kind."
- Throughout the inspection we observed staff treating people with warmth, compassion and kindness.
- Staff knew people very well, including their personal history and preferences. Staff were respectful and worked in ways to ensure any cultural needs for people were met. People's religious views were recorded in care plans.

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

- Staff supported people to be involved in and agree decisions about their care.
- People's communication needs were recorded in care plans. Staff knew people well and understood which communication strategies worked best for each individual.
- Staff knew how to refer people to advocacy services if this was required. An advocate helps people to access information and to be involved in decisions about their lives. No one was using advocacy services at the time of our inspection.
- The service employed an interpreter to aid communication with people where English was not their first language.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways which maintained the privacy and dignity of the people they cared for. Staff described ways in which they worked to ensure the dignity of people was maintained. Staff always sought consent before carrying out any personal care support.
- People were given privacy and time alone when they requested this. People had choice and control regarding when they wanted to socialise with others or spend time alone.
- People were encouraged to be independent. This included people being encouraged to participate in completing household tasks to maintain their own bedrooms. One person said, "The staff help me to be independent. They encourage me to do things for myself."
- People's confidential information was stored securely and could be located when required. This meant

people's confidentiality was maintained as only people authorised to look at records could view them.

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 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 the provider had failed to ensure personalised care plans were in place which reflected people's needs and choices. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- Care plans contained person-centred information which reflected people's needs. Staff delivered personalised care and support to people which met their specific needs.
- People were involved in the development of their care plans. Staff encouraged people to have choice and control in their lives to maximise opportunities to be independent.
- Staff considered least restrictive ways of working. This positively impacted on people's wellbeing. For example, care plans were in place for some people to access the community independently.
- Visitors were welcomed into the home. Staff supported people to maintain relationships with family and friends.

Meeting people's communication needs

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.

- Information was available for people in accessible formats. For example, easy read documents had been produced using pictures for people who could not understand written words.
- Technology was used to improve outcomes for people. This included the use of web based programmes to support people to maintain contact with relatives who were unable to visit in person.

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

- People were offered a range of activities that were specific to their needs, likes and dislikes. Staff explored what opportunities were available within the local community to promote inclusion and supported people to attend social events. One person said, "I'm going on holiday with the staff in September, I can't wait to get there."

- Staff understood what was important to people and supported them to engage in activities of their choice.

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged and investigated. The provider had a clear policy which detailed how any complaints would be investigated and responded to. No complaints had been received.

End of life care and support

- No one at the service was receiving end of life care. Staff had spoken with people regarding their wishes for their end of life care. All of these conversations had not been formally recorded in care plans. The deputy manager told us care plans would be updated to ensure this information was reflected.

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.

At our last inspection the provider had failed to ensure effective systems were in place to monitor or improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had delegated some responsibilities to the deputy manager and office manager. The management team understood their responsibilities in what needed to be reported to CQC.
- Staff understood their roles and some staff had additional areas of responsibility, such as infection control champion.
- A 'buddy' system was in place for people and staff. A member of staff was allocated to work with individual people to ensure their care was coordinated. Staff also had an identified 'buddy' as part of the systems in place to support staff.
- Responsibility and accountability were demonstrated through the use of audits. Action plans were developed to address areas where required improvements were identified.

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

- A positive culture of person-centred care which respected the rights of people was promoted by the management team.
- Staff knew people well and understood the individual requirements to ensure their needs were met. Person-centred care was delivered to people and opportunities were available to enhance people's well-being. Links were established within the local community.
- People and visiting professionals told us the service was well managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Monthly house meetings were held to give people the opportunity to discuss day to day issues which were important to them.

- People, relatives and staff were encouraged to share their opinions about the home. Surveys were used as a tool to gather feedback.
- Staff told us they felt supported by the management team. The provider had systems in place to recognise and reward staff for their contributions.

Working in partnership with others

- The service was an active part of the community and worked in partnership with other health and social care professionals
- External health and social care professionals were complimentary of the service and the care provided.