



# HORTON



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EDUCATION AND CARE

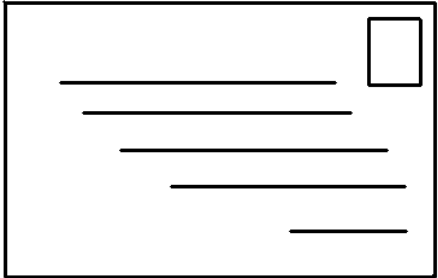

## CQC Report

# Victoria Avenue



# What we think about Victoria Avenue

## Easy read report

	<p><b>Address:</b></p> <p>122 Victoria Avenue</p> <p>Hull</p> <p>HU5 3DT</p> <p><b>Phone:</b></p> <p>01482 875191</p>
	<p><b>Date the inspection was done:</b></p> <p>23 April 2014</p>



Victoria Avenue is registered to provide care and accommodation for two people who have a learning disability. The home is located close to the city centre and has good access to all local amenities and facilities. The home also has good public transport links to the city centre.



**About the Care Quality Commission**



We are an organisation called the Care Quality Commission (CQC).

We checked to see whether the service given by Victoria Avenue is safe, caring, meets people's needs gives good results and is managed well.



Here is what we found.

## The five questions we ask about services and what we found



Is the service safe?

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly, therefore not putting people at unnecessary risk.

The manager set the staff rotas, they took people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. This helped to ensure people's needs were met.

The provider had policies and procedures in place for staff to follow to report any abuse they may witness or become aware of. Staff also received training about how to keep people safe.



Does the service give good results?

People's health and care needs were assessed with them and they were involved in writing their plans of care. Specialist dietary needs had been identified in care plans where required. People were provided with a

wholesome and nutritious diet and their dietary needs were monitored. Health care professionals were consulted if required.

People's care plans detailed the person's preferences and their method of communication. This enabled the staff to identify when the person was not happy or felt uncomfortable with any given situation.



Is the service caring?

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. Staff demonstrated a good understanding of the needs of the people who used the service and could describe subtle

non-verbal signs people used to communicate their feelings and thoughts.

Risk assessments were completed which ensured staff knew how to keep people safe. People had been involved with the formulation of their care plans and where needed people had been supported to make informed decisions. Health care professionals, for example doctors, speech therapists, occupational therapists and psychologists, had been consulted and their advice sought when people needed more specialist care and attention.



Does the service meet people's needs?

The service had a complaints

procedure which people could access. People were therefore assured that complaints were investigated and action would be taken as necessary. The provider consulted with people about how the service should be run and any issues were addressed. People were consulted about their care needs.

Staff followed instructions from visiting health care professionals for example doctors and district nurses. This ensured people received the care and attention they required to meet their needs.



**Is the service managed well?**

The provider consulted with people about how the service was run and took account of their views.

Relevant persons who had an interest in the care and attention people received had also been consulted and their opinions taken into account about how the service



	<p>was run. Staff received training which equipped them to meet the needs of the people who used the service. The provider also gave staff the opportunity to gain further qualifications.</p>
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## What happens next?



We have not asked this service to make any changes, but we will go back to check this again in the future.

# Getting in contact with us



If you would like this report in another format or language, or you would like to tell us something, you can contact us at:

Phone: **03000 61 61 61**

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Victoria Avenue

122 Victoria Avenue, Hull, HU5 3DT

Date of Inspection: 23 April 2014

Date of Publication: May  
2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Horton Establishments Limited
Registered Managers	Mrs Audrey Dixon Miss Heidi Michelle Riding
Overview of the service	Victoria Avenue is registered to provide care and accommodation for two people who have a learning disability. The home is located close to the city centre and has good access to all local amenities and facilities. The home also has good public transport links to the city centre.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

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### What people told us and what we found

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The inspection was carried out by one inspector. We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

We used a number of different methods to help us understand the experiences of people who used the service, because they had complex needs which meant they were not able to tell us their experiences.

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with the staff supporting people who used the service and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service caring?

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. Staff demonstrated a good understanding of the needs of the people who used the service and could describe subtle non-verbal signs people used to communicate their feelings and thoughts.

Risk assessments were completed which ensured staff knew how to keep people safe. People had been involved with the formulation of their care plans and where needed people had been supported to make informed decisions. Health care professionals, for

example doctors, speech therapists, occupational therapists and psychologists, had been consulted and their advice sought when people needed more specialist care and attention.

Is the service responsive?

The service had a complaints procedure which people could access. People were therefore assured that complaints were investigated and action would be taken as necessary. The provider consulted with people about how the service should be run and any issues were addressed. People were consulted about their care needs.

Staff followed instructions from visiting health care professionals for example doctors and district nurses. This ensured people received the care and attention they required to meet their needs.

Is the service safe?

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly, therefore not putting people at unnecessary risk.

The manager set the staff rotas, they took people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. This helped to ensure people's needs were met.

The provider had policies and procedures in place for staff to follow to report any abuse they may witness or become aware of. Staff also received training about how to keep people safe.

Is the service effective?

People's health and care needs were assessed with them and they were involved in writing their plans of care. Specialist dietary needs had been identified in care plans where required. People were provided with a wholesome and nutritious diet and their dietary needs were monitored. Health care professionals were consulted if required.

People's care plans detailed the person's preferences and their method of communication. This enabled the staff to identify when the person was not happy or felt uncomfortable with any given situation.

Is the service well led?

The provider consulted with people about how the service was run and took account of their views. Relevant persons who had an interest in the care and attention people received had also been consulted and their opinions taken into account about how the service was run. Staff received training which equipped them to meet the needs of the people who used the service. The provider also gave staff the opportunity to gain further qualifications.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone



number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at the care files which belonged to people who used the service. The care files contained information about the person's next of kin, GP, religion, marital status, medical needs and current medication they were taking. The files also contained information about the person's life history and their likes and dislikes. There was a description of the person and their preferences; this was written in the first person, for example "I like" and "I don't like." There was also information about how the person spent their day, for example, what time they preferred to get up and what activities they were interested in. There was also information about the amount of support the person required to undertake daily activities and whether they could undertake some independently. This ensured the person received the care which was appropriate to meet their needs.

The care files contained assessments, which had been completed by the placing authority, health care professionals and senior staff at the home. From these assessments a care plan had been formulated. We saw people who used the service had been consulted about the care they received. We saw people's ability to make an informed choice or decision had been assessed and support was provided where needed. We saw meetings had been held if the person had difficulty making an informed choice or decision. The meetings included health care professionals, people's relatives and staff from the service; this ensured any decisions made on the person's behalf were in their best interest.

The care plans instructed staff in how to meet the needs of the person and recorded daily activities, for example games, going out shopping and attending other activities outside of the service. We saw there was a record of when people's reviews had been held and saw evidence of people's needs assessment being updated on a regular basis or as and when their needs changed. This ensured staff had up to date information to follow and people's needs were met appropriately. Daily notes made by the staff showed what care had been provided and how the person's needs had been met.

We saw a record of health care professional's visits, for example, speech therapists, psychologists and GPs, was kept. There was a record of any advice given or any changes to medication. There was also a record of any outpatients or hospital appointments which the person had attended and the outcome of these.

We saw people's nutritional and dietary needs had been assessed and this was monitored by staff. Appropriate referrals were made to health care professionals when needed, for example if someone's weight fluctuated and their appetite changed. We saw people had been seen by a dietician and staff followed their advice and guidance. People's weight was recorded on a monthly basis and their food and drink intake recorded on a daily basis.

We saw key worker input was recorded and this included things like talking to the person on a one to one basis, accompanying them on outings and undertaking activities within the home. This also included planning the person's care.

The care plans contained risk assessments which informed the staff how to support people to keep them safe from harm. These included risk of falls, nutrition, pressure area care, mobility around the home, personal safety and any behaviour which might put the person or others at risk of harm or challenge the service.

Staff were able to describe people's needs and had good insight into how to keep people safe from harm.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw safeguarding policies and procedures were in place for staff to follow. Staff we spoke with were knowledgeable about the procedures and how to recognise abuse. We found from our records that the provider responded appropriately to any allegation of abuse.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Care workers had the opportunity to attend training to enable them to safely and appropriately manage behaviours that may challenge the service. Risk assessments and care plans had been developed to support care interventions.

There were no on-going safeguarding investigations being undertaken by the local authority safeguarding team at the time of the inspection.

Staff we spoke with confirmed they had received training about how to recognise and report any abuse they may become aware of and we saw records which confirmed this. They were also able to describe the provider's procedures for reporting abuse. They told us they felt well supported by the management team and could approach them if they had any problems or concerns. They also told us they felt the management team would deal effectively with any concerns or allegation they may raise.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained.

The service was provided in a large family type house located in a residential area. It had good access to local facilities and shops. Parks and restaurants were all within walking distance. There was a large private garden to the rear of the property which had parking spaces for two cars.

On the ground floor there was a large kitchen diner, two lounges and a toilet. The first floor comprised of two bedrooms one with en-suite, a bathroom and an office where confidential information was stored. All areas were well maintained, clean and people's bedrooms reflected their personalities and interests, for example there were posters on the walls of people's favourite football teams and pop stars.

The equipment used in the service was serviced and maintained in line with the manufactures' recommendations and safety equipment was tested regularly.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development.

We saw from the staff records that all staff completed an induction to nationally recognised standards within the first twelve weeks of employment. They then completed annual refresher training in essential areas such as moving and handling, safeguarding, infection control and fire safety. They also completed training specific to people's needs in areas such as autism and behaviours that may challenge the service.

Staff had completed training relevant to their role. For example staff had completed medication training and training in staff supervision. Staff told us they had also completed shadowing shifts with more experienced staff and were tested on their competency.

We saw from records and staff confirmed they received regular supervision and an annual appraisal. We found staff at all levels in the organisation received supervision; additionally the management team had weekly meetings. Staff told us they felt supported and "Listened to."

Staff were able, from time to time, to obtain further relevant qualifications. We saw that staff were encouraged to continue to gain qualifications in care beyond the basic levels and we saw from the records that the majority of the staff had achieved a qualification.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw the provider consulted with people who used the service, their relatives, staff and visiting health care professionals. From the information gained the provider had identified areas for improvement and set time scales to achieve these.

Staff told us they had meetings during which they could discuss different aspects of the running of the home. They told us they could approach the manager with any comments or ideas and they were listened to.

The manager undertook audits of the premises to ensure these were safe and did not pose a risk to people who used the service; the maintenance person put right any domestic repairs identified. For any major building work or more specialist repairs contractors were brought in.

We saw equipment used in the home had been serviced and maintained in line with the manufacturers' recommendations. We also saw gas and electrical installation certificates had been issued, which showed the premises were safe. Fire safety checks and fire drills were undertaken on a regular basis.

The manager undertook audits and these included the care plans, medication, infection control and people's dignity and care. The results of these were collated and an action plan with time scales was put in place to address any issues identified.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.



## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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