



# HORTON



# N

EDUCATION AND CARE

## CQC Report

# Victoria Avenue



# Horton Establishments Ltd

## Victoria Avenue

### Inspection report

122 Victoria Avenue  
Hull  
North Humberside  
HU5 3DT

Tel: 01482348645

Date of inspection visit:  
08 August 2018  
20 August 2018

Date of publication:  
30 October 2018

### 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

Victoria Avenue is a residential care home that provides support to two people. They provide support to people with learning disabilities, autism and mental health problems. Each person had their own bedroom, bathroom and living room. There was a shared kitchen and large secure garden. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 ongoing 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.

People were protected from harm and abuse by staff who had the skills and knowledge to recognise and report safeguarding concerns. Risks to people were identified and reduced through appropriate strategies. People were supported by staff who were recruited safely and staffing levels were appropriate to meet people's needs. People had their medicines administered by staff as prescribed and these were managed safely. Processes were in place to monitor and learn from accidents and incidents

People's needs were assessed and plans were put in place so staff could provide consistent care. Staff received relevant training and regular supervision, ensuring best practice was embedded. People were supported to have meals of their choice and their health needs were met. The environment had been adapted to meet people's needs. 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 kind and caring staff who took the time to build trusting and respectful relationships. Staff communicated with people in the way they understood and promoted their independence and inclusion in their local community. Staff maintained people's privacy and dignity and supported people to maintain important relationships.

People engaged in a wide variety of activities within the service and the local area. Care plans were person centred and were reviewed and updated as people's needs changed. Information was presented to people in the format that worked for them. People and their relatives could discuss their end of life wishes and a care plan was available to record this information. A complaints policy was in place.

The provider had systems in place to monitor and address any quality shortfalls. People and their relatives were provided opportunities to feedback to the service and this was used to drive improvements. The registered manager promoted an open and honest culture and worked to ensure people had a good quality of life.

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?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Victoria Avenue

## **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.

A comprehensive inspection was completed over two days on the 8 August 2018 and 20 August 2018. The inspection was unannounced on the first day and the second day was announced. The inspection was completed by two adult social care inspectors.

We contacted Healthwatch and the local authority safeguarding team prior to the inspection and used their feedback to aid our planning.

We looked at information we held about the provider and the service including statutory notifications relating to the service. Statutory notifications include information about important events, which the provider is required to send us. We used this information to help us plan this inspection.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, during the inspection, we offered the provider the opportunity to share information they felt was relevant.

During the inspection we spoke with two people who were using the service, two staff members, one senior member of staff and the registered manager. After the inspection we spoke with one relative and two social care professionals.

We completed a tour of the environment, looked at two care files, two Medication Administration Records (MAR) and daily communication logs. We looked at monitoring charts and accidents and incidents. We saw three staff files, two staff supervision records, appraisals and training records. We also looked at handover sheets, staff rotas, staff meeting minutes and audits. We saw a training matrix and looked at completed surveys about the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

Relatives and social care professionals told us people were safe. A relative said, "I do not have any concerns about [Person's name] safety."

People's needs had been assessed prior to moving into the service. Staff identified risks to people and put effective strategies in place to reduce the risks. A social care professional told us, "Risk assessments are very detailed. Staff supervise [Person's name] when they go out and they are very risk aware." During the inspection, we identified some risk assessments had not been completed for specific risks. However, when we spoke with staff and the registered manager, it was clear action had been taken and the risks to people were being managed. We raised the issue with the registered manager that new staff would need clear guidance to ensure they could manage individual risks to people. The registered manager told us, they would be putting in risk assessments following the inspection and we saw evidence this was done. Staff understood the support people needed to promote their independence and freedom, whilst minimising risks to them.

The environment was clean and comfortable. The premises and equipment had been maintained in line with current guidance. Systems were in place to protect people from the spread of infection. We saw staff were provided with, and used, Personal Protective Equipment (PPE). Some areas of risk in the environment had not been identified, this included window restrictors not being in place. Areas of risk were raised with the registered manager who acted promptly. The risks had been addressed by the second day of the inspection.

Staff had completed Personal Emergency Evacuations Plans (PEEPs) which guided staff how to safely support people to exit the service in the event of a fire. Plans were in place in the event of an emergency to ensure people could be provided with the support they required.

People continued to be protected from harm and abuse. Staff received safeguarding training and had the knowledge to identify signs and types of abuse. They had a good awareness of how to report safeguarding concerns, both within the service and to the local authority safeguarding team. Safeguarding and whistleblowing policies were in place and guided staff when reporting concerns.

People received their medicines as prescribed. A relative told us, "Staff are really good with [Person's name] medicines. They have their medicines at a set time and they have got a good routine." Care plans and protocols were in place to support staff administering medicines. Staff received training in medicines management and their competency was checked regularly. Medicines were stored appropriately in a secure area and processes were in place to monitor and maintain the temperature in safe limits so medicines would not lose their potency.

At the last inspection we found that processes were in place to monitor and analyse accidents and incidents. These processes remained in place and enabled staff to learn from them.

Staffing levels were suitable to meet people's needs and recruitment processes helped ensure only suitable staff were employed. Records confirmed relevant pre-employment checks had been completed. This included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

## Is the service effective?

### Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

The service continued to assess people's needs and provide effective care to enable people to achieve positive outcomes. A relative told us, "Victoria Avenue have helped [Person's name] do things I never imagined they would be able to do. They are a lot less anxious than they used to be, which means they are happier. Without Victoria Avenue, [Person's name] would not have the quality of life they do now." Staff used positive behaviour support plans to identify what people meant, when they showed specific behaviours. Plans were person-centred and staff we spoke with had a good knowledge how to support people.

People were supported to eat a nutritional diet of their choice. Staff were knowledgeable of people's likes and dislikes and ensured they were included in meal planning and supported people to visit restaurants.

Staff worked in partnership with health and social care professionals and supported people to maintain their health needs by accessing appropriate services. A social care professional told us, "Staff ensure [Person's name] uses all required health services and has medical reviews and annual health checks." Staff completed timely referrals, supported people to access appointments and included professional advice in care plans. Staff had completed hospital passports; providing hospital staff information on how best to support the person.

People's choices were promoted and respected. A social care professional told us "Staff put things to [Person's name] in different ways to make sure they can make a choice." Staff we spoke with were aware of how to communicate best with people. People's communication needs were identified and accurately recorded within their care plan.

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.

Staff sought consent from people and had a good knowledge of the MCA. Care files evidenced capacity assessments and best interest decisions had been made in line with the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had applied for DoLS and staff had a good awareness of DoLS.

Staff had completed a range of training which equipped them with the skills and abilities to carry out their

roles effectively. A member of staff said, "All the training was invaluable." We saw staff had regular training and learning was embedded through regular supervision and annual appraisals.

The provider had adapted the premises; enabling people to have their own spaces to meet their needs. There was access to a secure garden that people could access when they wanted to.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring. A relative told us, "The staff team are really good. They are a really mixed bunch of people and all bring something different."

Staff were kind, caring and respectful to people and their families. A relative told us, "Staff are very respectful; they talk with [Person's name] as a young adult and use language that is appropriate." The registered manager told us, "The staff team are absolutely marvellous, they all have people's best interests at heart and have a great rapport with people and their families." We observed people laughing and smiling when interacting with staff. Staff were welcoming to people's visitors and they could visit at any time.

Staff promoted people's independence and maintained people's privacy and dignity. People had complex needs; for their safety, they needed assistance to go out into the community. A relative told us, "Staff promote [Person's name] independence by letting them order their food in restaurants. Staff go out regularly with [Person's name] so they now know the local area really well." A member of staff said, "We encourage people to be self-caring where possible." Staff recognised the causes of people's anxiety and took the time to support people at their own pace; helping to reduce their anxiety. We spoke with staff who clearly explained how they maintained confidentiality and people's privacy and dignity at all times.

People were encouraged to be proud of who they were. One person had been supported to decorate their living room wall with things that were important to them. Their cultural heritage and second language was an important part of their identity. Staff had learnt some words in the person's second language and had researched their culture and helped them include it in their decoration.

Staff offered people stability and consistency in their lives. A social care professional told us, "Since being at Victoria Avenue [Person's name] now has stability in their life, a routine and people to encourage and guide them which they never had before." One person had complex mental health difficulties meaning they required different levels of support and varying approaches to ensure their needs were met. Staff were compassionate and continued to strive for the best for the person throughout their varying needs.

People were supported by key workers which enabled trusting and meaningful relationships to be built and aided effective communication. We spoke with a member of staff who told us they had been supporting the same person for 11 years. One person preferred to communicate using gestures. Staff were knowledgeable what specific gestures meant and communicated effectively with them. At times, people benefitted from other staff supporting them. Staff recognised the benefits offered by different relationships and worked flexibly to meet people's needs.

People had access to advocates. One person had a professional advocate as a result of having an authorised Deprivation of Liberty (DoL). Family members were also able to advocate on behalf of their relative.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

Staff were knowledgeable about people's individual needs and were responsive in meeting their needs in a person-centred way. A social care professional said, "Staff have worked really well with [Person's name], they have support plans for when they are in a particular cycle. They change the support they provide to best suit [Person's name]." We observed staff offering encouragement when it was needed and they were thoughtful to people's emotional needs.

People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. This enabled staff to provide person-centred care in line with their preferences. We spoke with staff who were knowledgeable about people's needs, routines and preferences and information they gave us reflected people's care plans. A relative told us, "We attended a review a few weeks ago. As family, we are always invited to reviews." People were involved in their reviews and care plans were reviewed and up to date.

People were supported to access a wide range of activities and services in the community. A relative told us, "When [Person's name] was younger, I didn't think they would ever have the freedom to go out. Staff have explored things for [Person's name] to do and now they are always out." Staff had started a photo album for one person so they could show their family the activities they had done. This included visits to the local park, aquarium and walks that they enjoyed. Staff helped people plan activities but were flexible if people changed their mind and suitable alternatives were arranged.

Staff respected people as individuals and valued their culture. It was important to one person that they could practice their religion. Staff read a religious book to them and supported them to access a place of worship when requested.

No one was receiving end of life care at the time of the inspection. However, where people wished to, their wishes had been discussed. For those people who did not want to discuss end of life care, their families were aware they could discuss this at any point.

The service had received one complaint. We reviewed this and found it was addressed in line with the provider's policy and procedure. A relative said, "I've no complaints at all. If I have any issues, I talk to the staff and it is resolved straight away."

The provider was aware of the Accessible Information Standards. Care plans evidenced people's communication needs and how best to communicate information. Staff presented information to people in the way they could understand, which included written, verbal and pictorial information.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led.

There was a registered manager in place at the time of inspection. 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 a positive and supportive culture within the service. A member of staff told us, "Everyone is friendly and this helps to make a relaxed atmosphere for us and the people we work with". A relative told us, "[Registered manager's name] is very much a part of the team." An on-call system was in place to ensure support from the management team in the event of an emergency.

Staff were invested in, valued and praised. A member of staff told us, "I recently had a personal problem and [Registered manager's name] has been fantastic. They have supported me and helped me return to work." The registered manager operated an open-door policy and was available to people, staff and visiting professionals. Processes were in place to invest in and develop staff.

The registered manager had a clear vision for the service and set high standards of care to achieve positive outcomes for people. They told us, "I want people to be happy and to achieve their potential through building their independence. I am the first to try new ways of working and share this with staff; supporting them to ensure a consistent approach."

The registered manager had effective quality assurance systems in place to ensure shortfalls were identified and addressed in a timely way to ensure continuous improvement within the service. The management team carried out a range of audits such as medicines, care plans, premises and accidents and incidents. Effective communication was maintained through staff handovers, team meetings and supervisions.

Relevant people were included in the development of the service through the completion of surveys. At the time of the inspection, surveys had recently been sent out. The registered manager had plans in place to analyse the responses and generate an action plan to implement improvements.

The registered manager had established effective working relationships with other organisations and professionals to ensure people received a good service. These included links with local community and activity groups.

Areas of the service and support provided to people was changed to improve the service. Staff monitored people's behaviours to ascertain their views due to people having communication difficulties.