

Care Homes UK Ltd

Victoria House

Inspection report

2 Nostell Lane
Ryhill
Wakefield
West Yorkshire
WF4 2DB

Tel: 01226727179

Date of inspection visit:
04 June 2021

Date of publication:
01 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Victoria House is a residential care home providing personal and nursing care for up to 30 people. Some people using the service were living with dementia. At the time of our inspection there were 25 people living at the home.

We have made a recommendation about governance as not all audits identified issues and action plans were not always carried out in a timely way. We recommend the provider review their governance systems to highlight inconsistencies and recording issues to ensure records are up to date and accurate. The feedback we received about management and leadership was positive, with the current staff team speaking of a positive culture at the home. They told us they were happy in their jobs and felt supported by the registered manager.

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

People told us they felt safe living at Victoria House. There were systems in place to recognise and respond to any allegations of abuse. Medicines were stored safely and administered as prescribed. Staff were knowledgeable about people's risks and assessments were carried out. There were enough staff deployed to meet people's care and support needs in a timely way. We observed staff consistently wearing PPE appropriately throughout the premises. Staff were knowledgeable about their infection control responsibilities as they had received training and guidance.

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 Good (published 9 February 2021).

Why we inspected

The inspection was prompted in part due to concerns received. A decision was made for us to undertake a focussed inspection to review the key questions of safe and well-led only. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Victoria House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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 who was 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

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including; the registered manager, a nurse, care and housekeeping staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We also looked a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at equipment and sling audits.

Is the service safe?

Our findings

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

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

Using medicines safely

- People received their medicines on time and as prescribed.
- Medication administration records (MAR's) were completed accurately with no missing signatures.
- Staff were trained in the administration of medicines and medicines were stored safely.
- Where people were prescribed 'as required' medicines, protocols were in place for most people and staff were aware of when people needed their medicines.
- Where issues were identified such as, no body map for the application of creamed medication and handwritten MAR's without two signatures, we found no evidence people had been harmed. Although the provider's own audit had not identified these issues the registered manager was quick to reassure us the issues would be raised at staff meetings and individual staff supervision where appropriate.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I always feel safe here. I am well cared for."
- People were protected from the risk of abuse. Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare.
- The provider understood their safeguarding responsibilities.
- The provider followed correct safeguarding procedures. Events were reported to the local authority and appropriate records were maintained. At the time of the inspection there were no open safeguarding cases.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage the risks associated with people's care. Care records detailed potential risks and actions to help ensure people received care as safely as possible. For example, staffing and equipment requirements to reduce the risk of falls.
- Accidents and incidents were appropriately reported and recorded. Events were reviewed promptly, and action was taken to reduce the likelihood of events recurring.
- Risks associated with equipment and the premises were managed safely. Relevant safety checks were up to date.
- We highlighted some issues to the registered manager. For example, some people were not being weighed as frequently as directed by their care plan. The registered manager assured us this was a case of records not being updated rather than the weight checks not being done.

Staffing and recruitment

- Appropriate recruitment checks were carried out such as requesting disclosure barring service (DBS) checks, carrying out interviews and obtaining references from previous employers.

- There were enough staff to care for people safely and the feedback from staff and people living at the home was current staffing levels were sufficient. One member of staff said, "We always have enough staff to keep people safe." One person told us, "There always seems to be someone around whenever I need them. Staff are smashing."

Preventing and controlling infection

- There were appropriate protocols and policies in place to support the home around infection control.
- We observed staff wearing appropriate PPE through the home. There was appropriate hand washing facilities throughout the home to minimise the spread of infection.
- The home was conducting appropriate Covid-19- tests for all staff and residents.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff were aware they needed to report any incidents or accidents to the registered manager or clinical lead.
- Records showed the provider monitored and analysed any health or safety incidents involving people. This was used to check for any trends or patterns which may help to inform or improve people's care when needed.

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 Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found records were not always accurate. Care plan records did not always include relevant information for example, one person whilst not at risk of malnutrition, was identified as requiring weight recording monthly. The care plan did not have any record for April 2021 or September and December 2020.
- Audits were carried out, with a rota in place throughout the year to ensure all areas were monitored in the home. We saw actions plans developed following audits to ensure the home remained safe. However, care plan audits carried out by the regional manager in February 2021 identified areas of the care plans which required completion such as, interests and life history. On the day of our inspection these areas remained incomplete.
- Other issues within care plans had gone un-noticed and not been picked up by audits. For example, one care plan stated the result of a speech and language assessment in 2018 was not to give the person bread such as sandwiches. Some daily record entries in 2020 showed the person had been given sandwiches for their meal.

We recommend the provider obtains further training for the management and staff to ensure they are aware of how to use the electronic care plan system to its full potential. Also, to review their governance systems to highlight inconsistencies and recording issues to ensure records are up to date and accurate.

- The registered manager had a clear understanding of their responsibilities and acted on the duty of candour. People told us they were kept informed of any changes in the home and around their care and support.
- The rating from the last inspection was on display in the home.
- The provider had informed the CQC when relevant events had happened at the service, as it is legally required.

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

- The management team and provider promoted a positive culture within the home.
- Staff felt the culture was person-centred, open, and inclusive. One staff member said, "I have first-hand experience of how supportive the registered manager is." Another told us, "I think we have a very good, close knit, team. Although the pandemic has been stressful I think we are even closer now."
- People we spoke with told us they found the management team very approachable. One person told us,

"The staff and manager are all very nice."

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

- People using the service and staff were engaged and involved with the service.
- Staff told us communication with the registered manager was good and felt involved in decisions about how the service was provided.
- People told us they were confident to request a change to how their care was delivered. One person told us, "Staff always ask how I want something done which is good as I sometimes change my mind."
- The provider worked in partnership with other agencies to ensure people's care met their needs.
- People had been supported to keep in touch with their relatives using technology during the pandemic.

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

- Complaints we checked showed that when things went wrong, the provider took action to address shortfalls and improve practice.
- Notifications about significant events such as expected and unexpected deaths, serious injuries and abuse or allegations had been submitted to CQC and showed appropriate action was taken in response.

Continuous learning and improving care

- The registered manager and staff team had systems in place to learn from accidents, incidents and safeguarding concerns. This included any lessons learned from any of the provider's other homes.

Working in partnership with others

- The management team and staff worked with other professionals to benefit people using the service. Health professionals, such as, GPs and pharmacists were contacted when staff wanted advice and guidance. The registered manager spoke highly of professional relationships the service had established with a range of professionals such as district nurses.