

Care Homes UK Ltd

Victoria House

Inspection report

2 Nostell Lane
Ryhill
Wakefield
West Yorkshire
WF4 2DB

Tel: 01226727179

Date of inspection visit:
23 February 2023

Date of publication:
08 March 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Victoria House is a care home providing personal and nursing care to up to 30 older people, some of whom were living with dementia. At the time of our inspection there were 27 people using the service.

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

The provider had improvement plans in place. However, service design and decoration was in need of refurbishment in some areas. Signage was not in place to assist people living with dementia to orientate themselves around the home. Some people's rooms were not personalised, and some people were required to share rooms. People were offered choice of meals and people told us they enjoyed their meals. At our previous inspection we recommended the provider introduced staff training in line with the Care Certificate standards: at this inspection this was not embedded into practice. Staff had received some training to support people in line with their needs, however some training regarding clinical skills, staff understanding their role and professional development was not provided. Staff told us they were supported in their roles and received regular supervisions. New staff received an induction and shadowing opportunities.

People's needs and choices were assessed and documented in person centred care plans, this included people's communication and end of life care needs. We observed staff offering choice to people during our inspection and people told us staff respected their privacy and dignity. The staff team worked closely with external agencies to ensure people's healthcare needs were met. 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.

Systems and processes were in place to protect people from the risk of abuse and avoidable harm. Risks to people were assessed and people and their relatives told us they felt safe in the home. Environmental and equipment checks were in place. However, we found hoist slings were not labelled, with people sharing slings. The registered manager provided assurances following the inspection that this concern was now rectified, to promote safety and reduce the likelihood of cross contamination. People were supported by enough staff who were recruited safely. People and their relatives told us there were enough staff and staff were kind. Medicines were safely managed. The service was clean, and systems were in place to control and prevent the spread of infections. There were no recent accidents or incidents. Systems were in place to monitor and review incidents which may occur.

Staff knew people well. A 'resident of the day' system was ongoing to ensure people were offered the opportunity to provide feedback and auditing of care records was undertaken. The registered manager understood their roles and responsibilities in relation to duty of candour and reported incidents to CQC and safeguarding where required. Staff understood their roles and responsibilities. People, relatives and staff told us leadership was good and there was an open and honest culture in the home. The registered manager received support from a regional management team. People were supported to maintain relationships and to receive visitors to maintain their religious and cultural needs. Regular audits were

conducted, and overarching governance was in place. Improvement plans were in place and the service was currently conducting refurbishments of the environment, however not all areas identified during the inspection had been considered.

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

Rating at last inspection

The last rating for this service was requires improvement (published 1 July 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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.

Recommendations

We have made a recommendation the provider reviews staff training to incorporate the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always effective.

Details are in our effective 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 Health and Social Care Act 2008.

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 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Victoria House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Victoria is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people, 3 relatives and a visiting vicar. We spoke with 5 staff, including the regional manager, registered manager, nursing, care and domiciliary staff. We reviewed 3 care records, a range of medicines records and a range of records relating to the management of the service. 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of harm.
- Staff were trained and understood their roles in relation to safeguarding. One staff said, "I have had training and we also discuss things in meetings and supervisions."
- The registered manager reported incidences to the local authority and CQC where required.
- People and relatives told us they felt safe. One person said, "You feel safe and looked after and everybody's nice." A relative said, "I don't worry that [relative] is here."

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risks to people were assessed and monitored.
- During the inspection hoist slings were found to be used generically, which could place people at risk of cross contamination or unsafe moving and handling. Following the inspection, the registered manager provided assurances that all hoist slings had been labelled and allocated to each individual.
- Detailed risk assessments were in place for people and where people required extra support due to risk, this was in place. For example, where people required weight monitoring, records evidenced this was done regularly.
- Staff knew about risks to people and how to safely support them. Staff told us how they would safely support people in the event of a fall.
- No recent accidents or incidents had occurred; however electronic systems were in place to report and monitor any accidents or incidents if they did occur. These would require a review from the registered manager and senior management team. One relative said, "Yes I do [feel relative is safe]. It's because of the staff they're really very good, there have never been any incidents."
- Appropriate safety checks of equipment and the environment were in place, such as fire equipment, electrical and gas testing.

Staffing and recruitment

- People were supported by a core team of staff. Staffing levels were determined by a dependency tool and people were provided with enough staff in line with their assessed needs.
- Staff were recruited safely and pre employment checks were carried out, including Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives and staff told us there were enough staff. Comments included, "There's always plenty of people about," and, "As far as I can tell [enough staff]. [Relative] is always clean, "
- Staff told us there were enough of them to provide safe care and support. One staff said, "We have got

good staffing levels, always enough people."

Using medicines safely

- Medicines were safely managed, and people received their medicines as prescribed. Where people were prescribed 'as required' medicines, guidance was in place for staff to support them about how and when to administer these. We observed people being offered pain relief.
- Nursing staff were trained and had their competencies assessed before administering medicines. People and their relatives told us they received their medicines when required.
- Medicines were stored and disposed of appropriately. Audits were undertaken regularly, including medicines stock checks, to ensure medicines were safely managed.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. The service had a Covid-19 outbreak at the time of inspection and 1 staff was observed to answer the door without a mask and other staff were observed to be wearing jewellery. The registered manager was made aware of this during our inspection and assured us this would be monitored more closely and discussed in upcoming supervisions.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were receiving visitors in line with current guidelines. A relative told us they were always welcomed into the home for visiting.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always provided with a full range of training to be fully effective in their roles. Staff told us they were supported by the management team and received an induction on commencement of employment.
- At our last inspection it was highlighted to the registered manager staff had not covered all training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Whilst some areas of the Care Certificate were covered, not all areas had been completed.

We have made a recommendation the provider reviews staff training to incorporate the care certificate.

- Nursing staff received competency assessments in relation to their clinical skills. However, the provider could not evidence initial training of clinical skills had taken place. Following our inspection, the registered manager assured us this training was now booked to take place.
- Staff received regular supervisions. Supervisions covered areas of staff development, any challenges and gave staff opportunities to raise any concerns and discuss improvements. One staff said, "We have regular supervisions and if there are any problems, we have further supervisions."
- New staff received an induction, had competency assessments and were provided with shadowing opportunities to build upon their knowledge and skills.

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

- Service design and decoration required refurbishment in some areas. Some people's rooms lacked personalisation.
 - The service provided single and double occupancy rooms. Whilst privacy screens were provided in double rooms, one person told us they were aware they were in a double occupancy room; however, they had not been consulted prior to sharing the room.
 - Appropriate signage was not in place to assist people living with dementia to orientate themselves around the home.
 - Some areas of the service were tired and in need of redecoration and some furniture and carpets were stained. The provider had an improvement plan in place and had recently replaced some flooring, however the improvement plan did not include all areas identified during our inspection.
- Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet and people's individualised nutritional needs were met.
- People were complimentary about the food and told us they were offered choices. Comments included, "It's good [the food], you get a choice of two things at each meal," and, "Meals are very nice, I can't grumble about the meals."
- Where people required specialised diets, information was available about how these should be prepared, such as information regarding thickened fluids. A relative told us "They [the staff] have been building [relative] up, they have put on weight since they have been here."
- We observed people being offered choices and staff listened to people. We observed patient and encouraging interactions between staff and people, whilst they were being supported with eating. One staff said, "It does not matter how long it takes to assist people with eating, we take our time, reassure and support them."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with external agencies to ensure people's healthcare needs were met.
- The provider had links with professionals such as the GP service, community pharmacists, speech and language therapists to ensure people were supported in line with their needs.
- Where advice was given from professionals this was implemented into the care records to provide staff with up to date guidance about how to safely support people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs and choices were assessed. The staff used an online care planning system that included detailed and person centred plans for staff to follow.
- Records evidenced peoples religious and cultural needs were considered. The service supported people to express their faith. The service had visits from a local vicar who told us they were a regular visitor to the service and staff were motivated to care for people.
- Care plans were up to date to reflect people's current needs and choices. People told us staff treated them with dignity and respect, and they made choices, such as when they got up and went to bed. One person told us, "They're really friendly [staff], you can have a laugh with them."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service worked in line with the MCA. DoLS authorisations for people were in place where required and monitored. Conditions relating to peoples DoLS authorisations were being met.

- Staff received training and understood their roles in relation to consent to care and treatment. One staff said, "We have recently supported someone who refused care, we completed capacity assessments and involved the safeguarding team."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 promoted an open and honest culture in the service. People were provided with person centred care.
- People, relatives and staff told us the registered manager was approachable and available. One person said, "[The manager] is very friendly." Staff said, "Me and the manager have a good relationship, they are absolutely approachable." A relative said, "From what I can see, the home is well led."
- The registered manager understood their responsibilities under duty of candour and had informed CQC and the local authority of notifiable incidents.
- Regular staff meetings were in place. Staff told us they were supported in their roles and they felt listened to and able to raise suggestions. One staff said, "We [staff] all work together, it is fabulous."

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

- There was clear leadership in the service and staff showed a good understanding about their roles and responsibilities.
- The provider had auditing systems in place to monitor the safety and quality of the service. The audits covered a range of areas including medicines, infection prevention and control, health and safety and care records.
- The registered manager was supported by a senior management team, who conducted quality visits. The senior management team had oversight of the service to ensure the home was working in line with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care. Working in partnership with others

- People, relatives and staff were encouraged to provide feedback and be involved in the service. The staff team worked with external professionals to ensure people had their needs met. A relative said, "If we ask a question, they're responsive."
- People were provided with 1 to 1 discussion's with staff on a monthly basis, to enable them to discuss any concerns or suggestions. Records showed positive feedback from people and staff explored if people felt happy at the home.
- The registered manager had recently introduced new ways in which relatives could provide feedback as

some relatives felt the previous questionnaires were not suitable. Relatives were encouraged to write letters and speak to the leadership team. We reviewed a selection of letters and these showed feedback was positive. Comments seen included, "Exceptional level of care" "Staff give 100%, amazing people," and, "[The manager] and her amazing team of angels."