Key Healthcare (Operations) Limited

Victoria House

Inspection report

Park Road North
Middlesbrough
Cleveland
TS1 3LD

Tel: 01642242975
Website: www.keyhealthcare.co.uk

Date of inspection visit:
01 February 2017
21 February 2017
03 March 2017
20 March 2017

Date of publication:
04 May 2017

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

This inspection took place on 1, 21 February, 20 and 21 March 2017 and was unannounced. This meant staff and the registered provider did not know that we would be visiting.

Victoria House is registered to provide nursing and residential care for 68 people and the service operates across five distinct units. The home caters for people with a physical disability, people with mental health needs and people with dementia some of whom may need nursing care. At the time of the inspection 64 people were using the service.

At the last inspection on 29, 30 April and 11 May 2015 we found improvements were required to the staffing levels. The service was found to be in breach of regulations 18 (Staffing). We rated the service as 'Requires Improvement' in one domain and overall 'Good'.

Following our last inspection the registered provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found that the registered provider had ensured sufficient skilled and experienced staff were deployed at the service.

Prior to the inspection the local authority commissioners discussed with us issues they had found at the service such as improvements needed in the general cleanliness on units; upkeep of the building, the delivery of care on the nursing unit for people living with dementia and ensuring it was clear which staff were allocated to undertake one-to-one support with people.

When we first visited the registered provider was in the process of ensuring all of the external building was cleaned and guttering was replaced where needed. A deep clean had been completed throughout the service and plans were in place to complete a refurbishment programme on the nursing unit. We completed our last days of the inspection in March 2017 in order to see the works that had been undertaken. These we found enhanced the living environment.

The registered provider had also put plans in place to refurbish other units and make needed repairs to the chapel. We saw that following the registered manager discussing with the need to repair the ceiling of the chapel and to test the stair lift engineers came out the same day to check them and determine what repairs were needed. The repairs were then scheduled for the next week. We noted that the kitchen worktops in the unit for people with physical disabilities were chipped and posed an infection control risk. The registered manager undertook to replace those immediately.

At each visit we found that the service was clean and personal, protective equipment (PPE) was available for staff.

People and relatives we spoke with told us they felt the service was safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. People's medicines were managed safely. There was enough staff deployed to keep people safe.

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. Staff received mandatory training in a number of areas, which assisted them to support people effectively, and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health. The registered provider was in the process of introducing a new menu, which was designed by an external contractor and dietician. The new menu included menu choices such as poached salmon and lamb cutlets.

People and their relatives spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. People were supported to be as independent as possible and had access to advocacy services where needed. Procedures were in place to investigate and respond to complaints.

People and their relatives told us staff at the service provided personalised care. Care plans were person centred and regularly reviewed to ensure they reflected people's current needs and preferences. We discussed with the clinical lead the need to ensure care records clearly outlined any requests people had made about the support offered such as being accompanied by staff members when they went to shops.

People were supported to access activities they enjoyed.

People and staff spoke positively about the registered manager, saying they supported them and included them in the running of the service. The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place.

People's risks were monitored and managed appropriately with the least restrictive option always considered.

People's medicines were managed safely and audited regularly.

People lived in a clean and well maintained service with environmental risks managed appropriately.

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 House

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.

This inspection took place on the 1, 21 February, 3, 20 and 21 March 2017. The inspection was unannounced. The inspection team consisted of an adult social care inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

Prior to the inspection we were contacted by the relevant local authority's commissioners, as during their visit they were concerned about the general cleanliness of the service and the way the unit for older people living with dementia was operating.

During the inspection we spoke with 15 people who used the service, three relatives and a volunteer. We spoke with the registered manager, two unit managers, a clinical lead, two nurses, two senior carers, 14 care staff, the administrator, an activity coordinator, a kitchen assistant, a domestic staff member, a maintenance person and a NVQ assessor. We looked at seven care plans, medicine administration records (MARs) and handover sheers. We also looked at staff files, which included recruitment records and records related to the overall management of the service.

Good

Is the service safe?

Our findings

At the last inspection in April and May 2015 we found that when calculating staffing levels no consideration was given to the design and layout of the building. We found that the layout of the building meant, particularly overnight, one staff member was left to cover whole floors and they did not have swift access to support. We observed that even with one member of staff was acting as a floater who worked between the units it took 40 minutes for the lone worker to get the support they needed to complete positional changes. We found that additional staff were needed to ensure people's needs were meet. We judged the home to be in breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

At this inspection we found that there were enough staff deployed to keep people safe. There was always a minimum of two nurses, three seniors and ten care staff at the service during the day plus staff providing one-to-one support for some people. Overnight two nurses, two seniors and eight care staff members were on duty. In addition to this the registered manager, clinical lead and two heads of unit were on duty during the week. Also an administrator, activity coordinators, catering staff, domestic staff and maintenance personal worked at the service throughout the week. Staff told us that the level of cover had increased since the registered manager came into post and they found the current arrangements meant all five units had sufficient staff. One member of staff said, "There is always room for more staff of course but now that we have a "floater" at night we feel better supported if anything was to happen." And another staff member said, "If we needed someone from the nursing staff they come immediately no questions asked, it's great to feel so supported."

People and relatives we spoke with told us they felt the service was safe. One person told us, "Compared to where I was before this is heaven!" Another person said, "The way they make me feel safe and protected is amazing." And another person said, "I was really worried before I came here-you heard some terrible tales but not here, oh no, it's so good."

One relative told us, "[Name of relative] had an accident and had to go to hospital. The staff were on the phone to me straightaway and carried out a full investigation and basically it was an accident. I do know [name of relative] is prone to falling but the staff now pay special attention to them and a staff member is always with them. That's good care I know [name of relative] is safe here."

We saw that on the four units, risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, one person was at risk in relation to self-harm and the person, staff and external professionals had developed a care plan to help keep them safe. Risk assessments were regularly reviewed to ensure they reflected current risks. However we saw that risk assessments were in place when they were not needed, such as for personal care when there was no obvious risk to the person. We discussed this with the registered manager and they undertook to ensure risk assessments were only in place when needed.

We found that the unit for people with a physical disability was being used to support people who had drug

or alcohol dependencies. We could not find the rationale for this practice other than previously the service had accepted this client group. We noted that staff needed specific training in this area as they were unclear about the cause of delirium tremens (DTs), which is a rapid onset of confusion usually caused by withdrawal from alcohol. The staff we spoke with thought this was caused by people restarting drinking rather than suddenly stopping. Also the staff were unclear about the action they could take if people disregarded their commitment not to misuse alcohol and substances whilst living in the service. We discussed this with the registered manager who had recognised the need to ensure people were appropriately admitted to the service.

Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents and incidents were monitored for any trends, and plans were in place to support people in emergency situations.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns they had. We saw records which confirmed that staff received safeguarding training each year. Where there had been safeguarding incidents the staff and registered manager made referrals to relevant agencies. We found that safeguarding incidents were thoroughly investigated and appropriate action was taken to resolve the issues. One staff member told us, "We get loads of training around safeguarding and all related topics and we know we have the skills to keep people safe here." Another staff member said, "We know about whistle-blowing but it's not needed here now we all get on and are committed to doing the best for people. Also the unit manager is visible and accessible so that gives us confidence in our management."

People's medicines were managed safely. Staff received training to handle medicines, and the medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. We saw that protocols were in place for managing 'as required' medication and staff kept track of the way topical applications such as creams were applied.

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Good

Is the service effective?

Our findings

Since our last inspection in 2015 a unit for people with mental health needs had been opened. Prior to this occurring the registered provider had submitted an application requesting the condition we imposed in 2014 preventing the admission of people with functional mental health needs such as bi-polar disorder and Schizophrenia was removed. The CQC registration team had visited the service and checked that the registered provider had ensured both the staff and premises were able to meet this client group's needs.

At this inspection we found that the unit for people living with a mental disorder was managed by a clinical lead who was a very experienced mental health nurse who previously had worked in forensic settings. Staff on this unit had a clear understanding of the admission criteria and ensured people were only admitted when their needs could be met. The care records were very detailed and contained all of the relevant information for both the people and staff. The people who used the service had a set of records that detailed the areas they were currently working on and the staff also had information about any previous risks the individual had posed to themselves or others and triggers associated with any mental health deterioration. This meant staff had full awareness of the individuals past and signs of any deterioration in their health.

The aim of the service was to equip people with the skills they needed to live more independently. People were therefore supported to develop the skills needed to manage their medication; develop coping strategies and budgeting skills as well as enhance their cooking skills. People had access to a kitchen on the unit and staff were available to assist them to learn cooking skills. One of the care staff was a qualified chef so very able at assisting people to learn new recipes.

Some of the people had posed marked risks to themselves in the past so asked staff to accompany them when going to places that might trigger previous risky behaviour such as going with them to the chemists. Other people enjoyed the company of people so asked staff to go with them when they went out whereas most people went out and about by themselves.

All of the people who used the service had devised house rules, which included letting staff know, as a matter of courtesy if they were staying out late or overnight. For most people this was an important rule as they were subject to Community Treatment Orders (CTO) so if they were thought to have left the service the staff were obliged to contact the police. We did discuss with the clinical lead the use of language, as the white board they used to record relevant information about people was the same as those used on mental health hospital wards. It had a section for 'leave status', which was for recording section 17 leave (permission to leave the ward for a specified period of time when a person was detained on a section 2 or 3 of the Mental Health Act 1983 (amended 2007)) for and if this was escorted or not. This leave status section was irrelevant for a nursing home as no one could be written up for section 17 leave as they were no longer subject to these sections of the Act. The clinical lead immediately removed this section from the board and reviewed all of the care plans to ensure it was clear when people had asked for staff to go with them when they went out.

All of the people we spoke with were happy with the service and in general believed staff had the skills to

meet their needs.

One person said, "The staff are kind and gentle even when things are difficult and tiring."

A relative said, "We were really surprised at the level of involvement, after coming from the GP and hospital where things are fast paced and we felt left out-here we always know what is happening." Another relative said, "This is a gold star service and my relative is lucky to be here." And another relative said, "If I need care in the future as my spouse is here I would want to come because I never say when I am going to visit but find the standard of care is always good. It is fantastic."

Staff received mandatory training in a number of areas to support people effectively. Mandatory training are courses and updates the registered provider thinks are necessary to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as dementia care and working with people with mental health needs. Training was closely monitored to ensure staff were up to date and had completed all of the required training.

The NVQ assessor we spoke with told us that they were supporting four staff with NVQ level 2, three staff with their level 3 and two with their level 5. Also that a further three staff had signed up that day to complete an NVQ. They said, "All the staff are encouraged to complete the NVQ and given all the help they need and support to achieve." Staff spoke positively about the training they received. One member of staff told us, "We get loads of training around safeguarding and all related topics and we know we have the skills to keep people safe here."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the registered manager and staff had ensured that where appropriate people were subject to a DoLS authorisation. The registered manager and staff were knowledgeable about the principles of the MCA and knew how to arrange capacity assessments should people's capacity change. They understood what support people would need should they want to challenge their DoLS authorisation.

People spoke positively about their diets and one person said, "The food has improved since the manager came and is excellent now."

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat between meals.

The cook told us that the registered provider gave them a very ample budget. They explained that the registered manager expected food to be of a high quality. The cook told us the budget gave them freedom to ensure the food was made using fresh products and home-cooked. The registered manager told us the registered provider had contracted with a local food supplier who provided ingredients for their full and

diverse menu, which had been developed with the assistance of dieticians to ensure healthy meals were provided. We saw the menus included fish dishes were provided each week such as poached salmon and other really appetising meals were on offer such as lamb cutlets.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as speech and language therapists (SALT), dieticians, GPs and consultant psychiatrists in people's care.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the support provided by staff at the service, describing them as kind and caring. One person said "Carers have high dedication and commitment and show a lot of compassion and genuinely want to support." Another person said. "Some of the residents have become so happy where they are and don't want to leave."

A relative said, "We find the staff genuinely caring and really do go the extra mile to make sure [name of relative] is happy."

Staff treated people with dignity and respect. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times. Staff knocked on people's doors and waited for a response before entering their rooms, and took them to quieter areas of the service to discuss private matters.

All of the staff talked about the ethos of the service was to make sure the people who used the service were always put at the centre. One staff member said, "You must care for other people's family as though it was your own-that's what I want for my elderly relatives who cannot come here."

Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. We found the staff we very familiar with people's life history and routinely engaged people in conversation about their family members. For example, we saw a staff member going through old photos with one person asking them questions about who was in the photo and listening closely to the person's answers.

We observed staff routinely using good practice such as getting down to people's level for good eye contact when speaking with them. Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

At the time of our inspection no one was receiving end of life care. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay at the service if they wished. One staff member said, "Sometimes the residents want to talk quietly and privately and we make time for this and with their loved ones."

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs.

Good

Is the service responsive?

Our findings

During our visit we reviewed the care records of seven people who came from each of the units. We found that each person had comprehensive assessments, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. Care plans provided guidance to staff about people's varied needs and how best to support them. For example one person's care plan discussed their desire to move to a less supported environment and the steps they needed to take to achieve this goal. We found the people and relatives, where appropriate, had been involved in developing the care records. The care records clearly detailed each person's needs and were very informative.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

People and their relatives told us staff at the service provided personalised care. They all were extremely complimentary about the staff and enthused about the range of activities being provided. One person said, "We have an incredible activity lady who is always doing different things. We don't just play bingo here you know!" Another person said, "Just after Christmas we had the mini Shetland ponies in and every week we have "Pet 4 Patients. It's marvellous!" And another resident and their relative said, "We really enjoy our weekly visit to Swan Pub for our lunch (this is a room set aside to look like the bar of a pub minus alcohol)

Every day we visited there were activities taking place in the 'Swan Pub' such as on one of the days we visited people were enjoying 'mocktails'. People also went there for 'pub lunches' and for craft activities. All of the people from across the service used this resource and activities were tailored to meet their needs. The activity coordinator had previously worked at the sister home. They had worked with a very skilled activity coordinator there and told us this person had been an inspiration for them. We had found the activities at the sister home were of an exceptionally high standard and saw that the activity coordinator here was working to ensure this was the case at this service.

People were also supported to access an extensive range of activities in the community. The activities coordinator asked people what they would like to do and as a result people went on a trip to a local cinema. The activities coordinator told us that the cinema staff (from a national chain) had adapted the theatre to suit the needs of the people who used the service. One person said" We cannot wait to go again. This time I sat in the back row just like when I was young."

The activity coordinator said, "I'm the lucky one having fun organising activities for all. Every day I challenge myself to look for different things so that it's not the same old thing all the time. A real winner was when members of the large multi-cultural local community came in to visit and everyone, yes everyone, got a gift from them. Everyone was in tears that day."

The activities coordinator told us that the staff support everything they did as well as the management team.

The staff were happy to facilitate any and all of the trips. One staff member said, "They all went to the dogs (race track) last week and, my oh my, what fun we all had. We are the lucky ones as we see the residents happy and we are delighted to get invited along as well."

We saw one staff member dancing along the corridor with a person using the service whilst another staff member was programming the duke box with 50s music. We found there are five duke boxes and these had been put in every unit. We were told by the activity co-ordinator that they had all been funded through fund raising.

Procedures were in place to investigate and respond to complaints. When complaints had been made we found that the registered manager thoroughly investigated the issue and ensured it was resolved to the person's satisfaction. We found that where errors had been made the registered manager was upfront in acknowledging the shortfall and critically looked at how this could be prevented in the future. The complaints policy was displayed in communal areas and minutes of house meetings confirmed people were regularly asked if they had any complaints.

People and the relatives told us they knew how to complain and raise issues. Relatives told us now there was the new registered manager they were extremely confident that the staff and management would address any issues. A relative said, "We are told what to do if we need to complain but we prefer to let the senior staff deal with any questions or issues but to be honest I cannot actually remember having to ever complain."

Good

Is the service well-led?

Our findings

The service had a registered manager. 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.

People and staff spoke positively about the registered manager, saying they supported them and included them in the running of the service.

A member of staff told us, "In the last year everything has become more relaxed and the staff are happier. It's noticeable because residents and visitors comment on it."

A relative said, "The staff really pull out all the stops to make a difference. [Relative's name] has put on weight and that's because the food is good and the staff take time to help and talk whilst helping with the feeding so it's not such a big deal. [Relative name] was underweight when they transferred because they could not deal with some of the food so didn't eat much at all. We mentioned this to the manager and they always check with us that everything is ok in that department. The manager at the other place didn't show that much interest."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, care records and health and safety around the building. We saw action had been taken if a gap in practice was identified and when it was addressed. For example, we watched the team complete a medication audit for the older person's nursing unit and this highlighted when people were not using 'as required' medication. The lead nurse was tasked with writing to the GPs asking them to see if this medication was still needed. The unit lead was responsible for monitoring the responses to these letters and, when it was agreed the medication could be discontinued, ensuring this action was taken and until the repeat prescription was amended the medication was not re-ordered. The registered provider completed a monthly visit to check the service was meeting people's needs.

People spoke positively about the service. A relative said, "I cannot praise them enough. Doctors will visit the same day if needed, as do the opticians, dentist, podiatrists and beauty therapists also visit." Another relative said, "It really feels like I'm visiting [Person's name] own home and not a care home. We can just help ourselves to tea and coffee the staff even offer us meals."

Staff told us they had regular meetings and felt able to discuss the operation of the service and make suggestions about how they could improve the service. A member of staff said, "[The registered manager] involves us in everything. We get regular updates."

Feedback was sought from people through resident and relative meetings, via newsletters and surveys. A relative said "There is a hair salon on site now and this is all because of requests from the residents."

Feedback from staff was sought in the same way.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.