

Methodist Homes Victoria Court

Inspection report

224 Kirkstall Lane
Leeds
West Yorkshire
LS6 3DS

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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

About the service: Victoria Court is a domiciliary care agency. Victoria Court is a large complex of houses where people can access the domiciliary care agency which is based on site. At the time of our inspection, 22 people were using the service.

People's experience of using the service: People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

The management of medicines was safe. Risk assessments were carried out to mitigate potential risks. Incidents and accidents were managed effectively; lessons learnt were shared with staff to reduce the risk of further occurrences.

Staff had the right skills and experience to meet people's needs. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service. A comprehensive induction and training programme was completed by all staff.

People were well cared for by staff who treated them with kindness, respect and dignity. People told us they were involved in their care, and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

Assessments were carried out to ensure people's needs could be met. Staff understood people's likes, dislikes and preferences and people told us they were offered choices about their care.

Some people using the service required end of life care. Care plans recorded people's preferences for their end of life care.

Where required, people were supported to maintain a healthy diet and health needs were regularly monitored. Staff followed the advice of health care professionals.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. 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.

Staff told us the management team were honest and supportive. People told us the management team were approachable and felt concerns would be effectively managed. Complaints were managed efficiently.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their suggestions were used to improve the service.

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

Rating at last inspection: Requires Improvement (report published 18 May 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Victoria Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: Victoria Court is a domiciliary care agency. It provides personal care and support to people living in a supported living setting. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not all people living at Victoria court received personal care and we only inspected those people who received a regulated activity. Not everyone using Victoria Court services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, eating and medication. Where they do we also take into account any wider social care provided.

Notice of inspection: This inspection was unannounced. Inspection site visit activity started and ended on 9 May 2019.

What we did: Before the inspection, the provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

During the inspection: We spoke with three people, the registered manager and three staff members. We

looked at three people's care records and medicine records. We looked at four staff files including records of recruitment, supervision and appraisals, and training. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

- Medications were managed safely. Records confirmed people had received their medicines as prescribed.
- Staff were trained, and their practice monitored to ensure it was safe. Medicine administration records were also audited to check staff worked in a safe way.
- People's medicines were administered according to people's needs. For example, one person at risk of choking received their medicines in liquid form to prevent choking.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe and were asked about their safety during reviews.
- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns.
- People were protected from abuse because the management team demonstrated they understood their safeguarding responsibilities. They shared examples with us which demonstrated they knew when to make referrals if they had concerns about people's safety.

Assessing risk, safety monitoring and management.

- Risk assessments were carried out which sought to prevent people from potential harm. One staff member said, "We have a resident who used to have lots of falls. We fill in a fall's diary and report it to the team. We put a sensor mat in place, so we can respond to them when they get up to prevent them from falling."
- Risk management plans were reviewed, individualised and contained clear guidance for staff to follow. For example, how to use equipment associated with people's mobility needs.

Staffing and recruitment.

- There were enough staff to meet people's care and support needs.
- People told us they received care in a timely manner. One person said, "Staff come quickly when needed. I have no complaints. There is enough staff."
- Staff told us agency staff were used when required. One staff member told us they used the same agency staff to ensure consistency.
- The provider had robust recruitment procedures which ensured suitable people were employed.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- Spot checks were carried out in people's homes to ensure the environment was safe, clean and tidy.

Learning lessons when things go wrong.

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs. One person said, "They asked me about religion and things when I came here."
- People were involved in making every day decisions and choices about how they wanted to live their lives. One person told us, "Staff always offer me choices."

Staff support: induction, training, skills and experience.

- People told us staff had sufficient knowledge to support them and fulfil their role effectively. One person said, "Staff are well trained to meet my needs."
- New staff had an induction which included training to ensure they were competent before working alone with people.
- Staff completed regular training to ensure they continually followed best practice. One staff member said, "Training and induction is good and up to standard. We do yearly training, medicines, moving and handling, all training is checked online as well."
- The registered manager used a matrix which indicated when staff needed to refresh their learning. It showed most training had been completed by over 90 percent of staff.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were supported to maintain a healthy diet.
- Any dietary needs or personal preferences were recorded in care plans. For example, one person said they wanted to have a gluten free diet, and this was respected by staff.
- Care plans recorded contact details for health professionals involved in people's care so staff could liaise with them.
- Staff supported people to access health professionals, when required. Records in care plans included appointments and actions taken to ensure people continued to live healthily. For example, one person required regular blood tests and attendance to a warfarin clinic to maintain their health.

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 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". We checked whether the service was working within the principles of the MCA, and whether any

conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us they had not needed to make any applications to the Court of Protection.
- Care records showed that people had consented to their care and our discussions with the registered manager and staff showed they understood the requirements of the MCA.
- One staff member said, "We look after people with dementia. They all have the ability to make decisions for themselves, we always give them choices. Capacity is when they can't make a decision for themselves and it might put them in danger."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People told us staff were kind, caring and thoughtful. Comments included, "Staff are always respectful and kind" and "The manager is very friendly and ask's how I am. The manager is not above us. You're not alone here. The staff call in just to say hello. You're not just a piece of furniture."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted. For example, one staff member said, "[Name] likes to come out of bed, use the toilet and clean their face before showering according to their choices. [Name] also likes to wash their hair every Tuesday and uses a shower cap when they are not washing their hair."
- The provider was keen to enhance everyone's awareness of diversity. The registered manager arranged a cultural day where staff from different countries dressed in their traditional attire and bought samples of food from their countries.

Respecting and promoting people's privacy, dignity and independence.

- Staff were proactive and encouraged people to remain independent. One person mobilised with a walking aid and the care plan informed staff to encourage the person to use this to support their independence.
- Another person wished to remain as independent as possible with their personal care and staff assisted them to do so. The care plan said, 'I would like staff to encourage and support me. I need lots of encouragement as some days I lack energy due to feeling tired. I am able to wash my hands, face, upper body.'
- People's privacy was respected by staff. One person said, "Staff always knock at the door and ask permission."
- Staff were aware of maintaining people's dignity. One staff member told us, "We always cover people with a towel and close blinds before we undress them. We keep doors and curtains closed so they have privacy."

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in regular reviews of their care.
- People were asked for feedback in line with CQC regulations, so improvements could be made if required. For example, people were asked if staff arrived on time, if staff had the right skills and knowledge to meet their needs and if they were treated with dignity and respect.
- The registered manager told us that should anyone wish to have an advocate, they would support people to find a local service. An advocate is a person who can support others to raise their views, if required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Personalised care plans were created which included information from the initial assessment along with people's likes and dislikes. For example, '[Name] likes tea with milk and two sugars. [Name] likes porridge and beans.'
- People were encouraged to have full control of their lives. One person made the choice not to have foods pureed as suggested by the speech and language therapist. As this was their choice, a care plan was put in place to mitigate potential risks.
- People told us care reviews took place with them and care records demonstrated people had signed their care plans.
- Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, one care plan said, 'I wear hearing aids in both ears. Staff are to remind me of their importance.'
- The provider and people using the service arranged activities to reduce social isolation. Some of these included, singalongs, quizzes and film nights. Staff recorded if people enjoyed the activities to ensure these were beneficial.
- Individualised one to one interaction's with people were provided for those who did not wish to participate in group activities. During these, people took part in activities that interested them. For example, one person learnt to search for music of her choice online.

Improving care quality in response to complaints or concerns.

- People using the service told us they felt confident to complain if needed. One person said, "I'm happy to complain. I would tell a carer or my daughter, they would go to the office."
- Complaints had been managed effectively with written letters of apology. Investigations had taken place and lessons learnt demonstrated to avoid future occurrences.

End of life care and support.

- The service supported some people with end of life care. Care plans called 'The final lap' included information about people's preferences for end of life care, culture and religious beliefs.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff told us they felt listened to and the registered manager was approachable to discuss any concerns they had. One staff member told us, "The manager is very supportive, very nice, really fantastic and very understanding. If I want to pray they allow me time to do that."
- Throughout the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- The registered manager said, "I treat people how I would wish my mum and dad to be cared for. I love it here and I love working here. I'm passionate about caring for people."
- Staff demonstrated the same passion for delivering person centred care to people and were clear about the providers vision and values. These included, 'Respecting every person, treat others with dignity, be open and fair, seek to improve and become the best we can be. To nurture each person's body, mind and spirit to promote a fulfilled life.'
- The provider had comprehensive quality assurance systems in place. This enabled the registered manager to collate information to show how the service was performing and identify where improvements were needed.
- The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.

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

- The registered manger was proactive in engaging with both people and staff. One staff member said, "The registered manager is doing amazing. They are involved with staff, speak to the residents and give people choices. The registered manager spends time with people and has tea with residents, so they can share their concerns or any issues. The registered manager has an open-door policy."
- Monthly meetings took place with people to gain their views. Action plans followed to ensure people's wishes were respected. Actions include changes to the food, activities, access to the gardens and committee elections. One person said, "They have residents' meetings, not many of us go. We get minutes sent to us, once a month."
- Regular staff meetings were held so the provider could effectively communicate any changes within the organisation, training updates and information about changes in peoples care.

Continuous learning and improving care; Working in partnership with others.

- Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people. Some of these included, engagements and events with the local school, churches and other services similar to theirs to share best practice.
- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people.
- Observations were carried out in all areas of care such as, continence, nutrition and personal care. Feedback from people using the service was gathered to determine areas of development, and what training or support was required to drive improvement within the service.