

Victoria House (Wallasey) Limited

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Inspection report

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Wallasey
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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 care to 50 people aged 65 and over at the time of the inspection. The service can support up to 56 people.

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

At the last inspection, the provider was in breach of a number of regulations. This inspection reviewed three of these regulations to establish whether improvements had been made.

Although improved systems were in place to monitor the quality and safety of the service, systems didn't always identify all the issues we found to ensure there was sufficient oversight and evaluation of risk to people. This is a continued breach of regulation 17 (Good Governance).

The management of medication had improved. Storage was robust and appropriate systems were in place to manage controlled drugs. Further development was needed strengthen the guidance available to staff in relation to 'as required' medicines. We have made a recommendation about this.

The provider had addressed the issues identified in previous inspections in relation to infection control and environmental safety. Additional and improved shower facilities had been installed as well as new sluice facilities. The garden area was secure and the smoking room had been made safe. Additional smoking facilities were available outside of the building.

Systems to investigate accident and incidents had improved and these were being regularly reviewed to learn from these events to prevent them from happening again in the future. Where the provider was required to report accidents and incidents to CQC, we found these records were complete and well maintained.

Staff members employed at the service were recruited safely. The number of staff on duty was sufficient to meet people's needs. Staff had received sufficient training and support and knew how to safeguard people from the risk of abuse.

Improvements had been made to ensure legal requirements were followed where a person was unable to consent to their care. 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 now supported this practice.

People received enough to eat and drink and health needs were being met. There were a range health and social professionals involved in people's care.

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 inadequate (published 16 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, however the provider was still in breach of regulations.

This service has been in Special Measures since 16 October 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, need for consent, privacy and dignity, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements in relation to safe care and treatment, needs for consent and good governance. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Victoria House (Wallasey) on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective 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 (Wallasey)

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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

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 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

We gave the service 36 hours' notice of the inspection. This supported the home and us to manage any potential risks associated with COVID-19 and enabled the inspection team to obtain key information before the visit.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, assistant manager, senior care worker and domestic staff. We also spoke with a representative from a consultancy firm who had been supporting the registered manager since the last inspection.

We reviewed a range of records. This included nine people's care records and nine medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at training data and quality assurance records. We spoke with two staff on the telephone and as well as four relatives and one professional who regularly visits the service.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to robustly manage the risks relating to the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems to monitor the administration and stock of controlled drugs had improved and accurate records were now maintained.
- Medicines were now stored safely in a designated room where regular temperature checks were in place.
- Guidance was in place to inform staff how people living with dementia communicated they were in pain.
- Records for people who needed medicines to be administered on an 'as required' basis had been reviewed, however, these lacked sufficient detail to inform staff when to seek GP advice following periods of regular administration.

We recommend the provider consider current guidance on the administration of 'as required' medication and take action to update their practice accordingly.

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

At our last inspection the provider had failed to robustly assess and manage the risks relating to the relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had improved risks to fire safety. The indoor smoking room had been improved with the installation of new doors and fans to circulate the air. There was a new outdoor smoking shelter and CCTV had been introduced in both smoking areas enabling staff to monitor risks to people. The use of CCTV had been discussed with residents before being installed.
- Fire exits were clutter free, and new evacuation chairs were installed on stairwells. One linen room was

very hot due to internal pipework and duvets were stored near the main light. This was a potential fire risk. Staff took immediate action to rectify this issue when we raised it.

- Records demonstrated a regular schedule of servicing of equipment and general maintenance.
- Risks to people caused by allergies has been reviewed. Care plans and medication records had been updated to reflect individual risks.
- Systems to record and review accidents and incidents had improved; records demonstrated any actions taken in response to individual incidents. Accidents and incidents were reviewed regularly by the registered manager to look for any trends and identify whether future incidents could be prevented.

Preventing and controlling infection

At our last inspection the provider had failed to ensure systems were in place to robustly mitigate infection control risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems and facilities to reduce the risk of infection had improved. The provider had installed two new sluice rooms. These are rooms designed for the safe and hygienic disposal of bodily waste. These were clean, organised and secure.
- The systems introduced by the provider to manage infection control risks associated with Covid-19 followed national and local guidance and staff were able to describe the enhanced cleaning procedures in place.
- There were adequate supplies of personal protective equipment (PPE) and we observed staff wearing the appropriate PPE, Relatives also confirmed they wore the correct PPE during visits.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and people told us they felt safe describing staff as, "kind." One relative told us, "The care the staff give [name] is great. They have a laugh and a joke and [name] will banter with them. It's nice to see. I can see [name] has a nice relationship with them all."
- Staff had completed safeguarding training and were aware of how to raise concerns. Referrals had been made appropriately to the local safeguarding team.

Staffing and recruitment

- Staff were recruited safely, and all necessary checks were completed before starting work at Victoria House.
- Staffing levels were appropriate to the needs of people living at the home and staff told us there were enough staff. During the covid-19 pandemic the provider had increased day time staffing levels in order to respond the needs of anyone being cared for in bed as well and people who needed to self-isolate in line with national Covid-19 admissions to care homes guidance.
- We observed staff were always visible and available to support people in a timely manner.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure people's consent was legally obtained in accordance with the Mental Capacity Act 2005. This was a continued breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

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

- Improvements had been made to ensure the principles of the MCA were followed, Best interest decisions had been made when people did not have the capacity to consent. This was clearly documented within care plans.
- Where a person had Lasting Power of Attourney (LPA) arrangements in place, these were clearly identified in care plans. Relatives who held LPA confirmed they had been involved in decision making under these arrangements.
- A clear system was in place to manage the review of any approved DoLS and associated conditions were being met. We spoke with a professional who regularly visits the home who told us staff were proactive in considering risks where people lacked capacity and they had observed staff involve people as much as they are able.

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

At our last inspection the provider had failed to ensure the quality and safety of the service adhered to recognised standards. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- All care plans had been reviewed and updated to ensure they reflected current needs based on assessed risks, best practice and guidance.
- Improvements demonstrated recognised standards were now being met in relation to infection control and health and safety legislation.

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

At our last inspection the provider had failed to ensure the premises and the facilities available were suitable for their intended use. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made improvements to address the environmental concerns identified at the last inspection. There were now suitable and sufficient bathing and shower facilities.
- The garden area of the home was secure. The side gate had been raised and key code access introduced. People often still needed support to access the garden however no-one said they were restricted if they requested this.
- There was an outdoor smoking shelter for people to use as an alternative to the indoor smoking room. This was supported with CCTV to monitor personal safety.
- Other areas of the home were suitable for use and one relative commented how one person loved the garden room and the false flowers as it reminded them of their home. Another relative told us, "They have decorated everywhere. [Name] spends most of the time in the conservatory and loves the garden room. Even the foyer has been decorated. The dining room is spotless and it is home for [name]."
- At the time of the inspection, people could receive visitors in the garden area due to Covid-19 restrictions. The registered manager explained they were awaiting delivery of a log cabin to enable them to continue to facilitate visits in the colder months.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within care plans and visible information in the kitchen area. This information also detailed where a person had food allergies.
- People spoke positively about the food on offer and told us meals were 'good' and they received enough to eat.
- We observed staff supporting people to eat and drink during the inspection. One member of staff told us they had introduced improvements to the dining experience in order to create a more social atmosphere.

Staff support: induction, training, skills and experience

- Staff received the training and induction they needed to meet people's needs.
- Staff felt well supported. They had received regular supervisions and appraisals and told us they felt able to raise any issues they had with the registered manager.

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

- People confirmed they had access to healthcare services. Records showed referrals were made to other health professionals in a timely way when their specialist advice was required.
- Relatives also told us said they felt well informed about health concerns. One relative told us, "[Name] has been unwell a couple of times and [staff] get in touch straightaway."

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 inadequate. At this inspection this key question has now improved 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

At our last inspection the provider had failed to ensure effective governance arrangements were in place to identify and drive improvements to the service and mitigating risk. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Following the last inspection, the provider had developed an action plan and sought support from an external consultant to make the identified improvements. However, although regular audits were now being completed to review care plans and care files, the existing systems in place were not always effective.
- We found instances where we weren't fully assured that there was sufficient evaluation of individual risk. This concerned the monitoring of fluid intake for one person who had a target daily intake and a lack of detail in care plans for people who had a diagnosis of epilepsy.
- Two individuals had received regular administration of 'as required' medicines. Although this has been administered in line with prescriber instructions, systems failed to identify patterns of administration which required a review.

We found no evidence that people had been harmed however systems were either not in place or robust enough to demonstrate effective governance arrangements were in place to monitor and mitigate the risks relating to the health, safety and welfare of people receiving care. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had introduced measures to improve the safety and quality of the service in response to the last inspection. In addition, the provider had reviewed the staffing structure, investing in additional resources at care and management levels.
- The registered manager told us the input from the external consultant had been a real benefit and helped them to focus on the improvements needed as well as providing systems and structure to maintain the improvements. The registered manager added they felt much better supported and the provider had a

greater level of oversight and assurance as a result of this support.

- The registered manager demonstrated they were clearer about their role and responsibilities including their responsibility for notifying the Care Quality Commission of events that occurred within the service. Accurate records were maintained.

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

- The provider and registered manager had responded to the previous failings identified at the last inspection and the registered manager was open and honest during this inspection, describing the previous report as, "a wake-up call".
- Everybody spoke positively about the staff and the management team and told us they were happy with the care provided. One person told us, "The manager is very polite, and he has spoken to me. I will tell him if I am happy, and I have done". A relative told us, "The staff are great and very helpful."
- During our inspection we found a relaxed atmosphere and people were supported by staff who knew them well. Staff told us they felt supported and described the management team as "good" and "approachable."
- The manager had complied with their legal requirement to display the latest CQC rating of the service within the home and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People felt engaged and well informed. This was particularly important to relatives due to the visiting restrictions imposed as a result of Covid-19.
- Newsletters had been developed and regular information had been shared in relation to Covid-19 and residents meetings showed this had been explained to people receiving care. Team meetings took place on a regular basis for staff
- Other agencies who worked with the home spoke positively about the relationships they had developed, and care records demonstrated how staff worked effectively with others to ensure people's needs had been met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate effective governance arrangements were in place to monitor and mitigate the risks relating to the health, safety and welfare of people receiving care. Regulation 17 (2) (b).