

Victoria Hall Care Home Ltd

Victoria Hall

Inspection report

New Road
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Victoria Hall is a residential care home providing personal care to 34 people aged 65 and over at the time of the inspection. The service can support up to 37 people in one adapted building.

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

The registered manager was working on making some improvements in the service in regard to safety and records.

We have recommended the provider consider the current guidance on legionella testing in care homes and ensure their policy reflects the guidance provided.

People told us they felt safe. Staff had assessed people's needs and completed risk assessments. People received their medicines safely although some omissions were to be addressed within these records.

Some relative's told us they were not kept up to date about their family's needs and felt some improvements were needed in the provider's communication. The registered manager assured us action will be taken to address this issue.

Staff received an induction when starting at the service. Regular training, specific to their role, was delivered and refreshed when needed. Staff received supervision and felt supported by the management team.

People said staff were very caring and kind and treated them well. They told us staff maintained their privacy and provided the care they wanted. Staff spoke to people politely and with respect.

Staff had access to sufficient personal protective equipment and used it appropriately. Visitors underwent COVID-19 checks to minimise the risk of spreading of infection.

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.

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

Rating at last inspection

Since the last inspection there has been a change to the provider's registration from a partnership to a limited company. This is the first inspection under their new registration.

The last rating for the service under the previous legal entity was good, (published on 22 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about a range of issues affecting the safety of people using the service. A decision was made for us to inspect and examine those risks.

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.

Follow up

We will continue to monitor information we receive about the service until we 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Victoria Hall

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.

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

This inspection was undertaken by two inspectors 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 Hall 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority who was working 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 five people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care workers, and care workers.

We reviewed a range of records. This included two people's care records, and medication records. We looked at two 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 spoke with eleven family members on the telephone. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for a service previously registered which since the last inspection has changed its legal entity. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager kept a record of safeguarding concerns and detailed any action taken. We asked one person if they felt safe and they said, "Of course, the (staff) look after me well." A relative told us, "I feel at ease they are safe there (Victoria Hall)."
- Safeguarding concerns had been reported to the local authority safeguarding team and staff knew how to report safeguarding concerns to the registered manager or escalate them further if needed.

Assessing risk, safety monitoring and management

- Risks were assessed, and plans were in place to reduce the risk of harm to people.
- When people were assessed as being at risk, for example of pressure damage to their skin or weight loss, information was held within the care plan to support staff to manage these risks.
- People had access to specialist equipment, such as hoists, chairs and frames, and trained staff used this correctly to help keep people safe.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The registered manager chose not to use agency staff, in order to provide familiar and consistent support to the people living at Victoria Hall. One person said, "I always see staff and they come when I call." A relative confirmed, "The care staff are always there for any issues."
- The registered manager ensured all new staff had references, their identification was checked, and they had a full employment history. They also ensured new staff had a criminal records check with the Disclosure and Barring Service (DBS).

Using medicines safely

- The registered manager ensured staff were trained and competent before allowing them to administer medication, and their skills and knowledge were maintained.
- We found not all medication administration charts (MARS) were up to date and there were some omissions. The registered manager told us that they would immediately address this issue.
- Medication was safely and securely stored, and the service had a procedure in place for the safe disposal of medication.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We spoke with the registered manager as there was no risk assessment in place for them as they were not wearing a FFP2 mask.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded, investigated and analysed to find out why things had gone wrong and ensure appropriate action was taken to keep people safe.

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.

This is the first inspection for a service previously registered which since the last inspection has changed its legal entity. This key question has been rated good. This meant 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

- The registered manager assessed people's needs before they moved into the service. This ensured people's choices, needs, goals and daily preferences were met in line with legislation and best practice.
- The registered manager told us they liaised closely with hospitals prior to people returning to the service, to ensure they could continue to effectively meet their needs.
- Care plans were regularly reviewed and updated to reflect people's changing needs.

Staff support: induction, training, skills and experience

- Staff stated they completed a period of induction training. This included shadowing more experienced staff and completing training relevant to their role. This included training in safeguarding, mental capacity, moving and handling and equality and diversity.
- People told us that they felt confident staff had the correct skills and experience to meet their individual needs.
- Staff felt supported and had access to regular supervision. A member of staff said, "(Registered Manager) is approachable. Their door is always open, any suggestions or concerns are acted upon."

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

- People said they had enough food and drink and were always given choice about what they ate. One person told us, "I don't have a big appetite, but I have enough to eat."
- Throughout the day we saw people being offered food and drinks. All staff were encouraging and supported people to have regular drinks and snacks throughout the day.

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

- People's healthcare needs were managed. We noted that people were supported to attend doctors and hospital appointments. When needed, the service liaised with people's GP and community nurses to ensure all their healthcare needs were being met.
- Care plans were in place that instructed staff how to support people to meet their oral hygiene care needs.

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

- There was good signage and different colours used to distinguish different rooms. Rooms were individualised and well maintained. There were areas of interest and sensory objects on the walls.

- People had access to communal areas both inside and outside the service which promoted their wellbeing.
- The registered manager and provider had a maintenance plan in place to make improvements to the building both inside and out over the coming year.

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.

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.

- Staff received training to help them support people in the least restrictive way and in the context of whether people had mental capacity or not. Staff told us how they offered people choices. Staff tried different strategies to help ensure people receive the care that they needed.
- When people had a DoLS authorisation in place, these were reviewed.

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.

This is the first inspection for a service previously registered which since the last inspection has changed its legal entity. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who treated them with patience, kindness and understanding. One relative said, "Staff respect [family member] and always knock on the door." Another relative told us, "The staff I have spoken to seem very caring and professional."
- Staff interacted with people in a kind and caring way, they provided reassurance to those who were anxious by holding their hand or sitting next to them. People and their relatives commented, "It's nice here, staff are kind" and, "The staff are very caring, and [family member] is happy here."

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

- People we spoke with told us staff listened to them and supported them to express their views about their care. This was also clear on the day of our inspection as we observed staff listening and interacting with people. One relative said, "The staff understand and know [family member] and are very sweet with them."
- People were supported to maintain relationships with those most important to them, and relatives told us they were always made welcome when they visited the service. One relative told us, "[Family member] can use the phone in the office to call us. Staff have all our numbers."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They were discreet and sensitive in the way they supported people. One relative said, "Staff are all very considerate."
- People's independence was promoted. Care plans described what people could do for themselves and what they needed support with. A relative said, "I am very pleased with the level of care they [staff] provide. Staff encourage them to do what they can for themselves."

Is the service responsive?

Our findings

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

This is the first inspection for a service previously registered which since the last inspection has changed its legal entity. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and contained information about people's history and personal preferences. Care plans were reviewed regularly or as needs changed. Most people and their relatives were fully involved in this process. One relative told us, "Staff do review the care plan with me." Another said, "Staff have not discussed any changes on their care plan. If I wanted to know something I would just go to the office."
- People's cultural, religious and social support needs were assessed and supported.
- Staff told us they had time to read people's care plans. They knew people's hobbies and interests and what was important to them. One relative commented, "Staff are fantastic and know they were in the RAF and they got a video for them of a spitfire."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff adhered to guidance in people's care plans about their communication needs and knew how to communicate with people.
- One person used a communication booklet which gave staff pictures and words in the person's own language so they could understand their needs and support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their relatives to ensure they avoided isolation and loneliness, as well socialise together where appropriate. One relative said, "[Family member] cannot talk on the phone, so I write letters and staff read them to [family member]."
- The pandemic had impacted people having visitor. However, people had been supported via virtual video meetings to contact their relatives. More recently, people had been supported to safely have visitors to the service in accordance with national guidance.
- We received mixed responses with regards to the activities on offer at the service. One person said staff, "Pop in to see me, but there is nothing I enjoy," Whilst another person said, "I enjoy singing."
- The registered manager told us they were looking at improving the activities as they came out of the pandemic and people would be consulted with regard to what they would like to do.

Improving care quality in response to complaints or concerns

- Complaints were documented and responded to in line with the provider's policy.
- People told us they knew how to complain. One person said, "I am assured the [registered manager] would deal with any concerns I had."

End of life care and support

- Where people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders, these were easily located in the event of a medical emergency.
- People's wishes and care for the end of their lives had been considered and were detailed in their care plans. Staff were committed to providing ongoing care and support. A discrete system was in place so staff would know immediately those people who had chosen to not be resuscitated.
- People's cultural needs were referenced in their end of life care plans.

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.

This is the first inspection for a service previously registered which since the last inspection has changed its legal entity. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We inspected this service due to a change in the provider registration and also due to concerns expressed following a local authority quality monitoring visit. Areas for improvement included more details information required in care plans, some environmental risks and staff training. The registered manager was working hard to improve the service and they had a clear ethos for ensuring that people were receiving a good quality of care. They had been putting in additional measures to ensure people were being kept safe and that the records were fully up to date.
- Audits and checks were completed which covered various aspects of the service, these included care plans, accidents and incidents, medication and care plans. These identified areas for improvements and action was put in place/
- The provider's legionella policy did not include a section on testing for legionella as advised by the Health and Safety Executive. This provider had not carried out any testing as recommended by the Health & Safety Executive.

To ensure the safety of all the people who use the service we have recommended that the provider re-look at their policy and practice for Legionella testing in line with the Health and Safety Executive HSG274 Part 2 Published 2014 to ensure the policy meets the requirements.

- The registered manager was fully aware of their legal responsibilities. They submitted notifications to the Commission for significant events that had occurred at the service.

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

- We received mixed feedback from people's relatives about their involvement in the service. Comments included, "I used to have regular letters from the care home," "I would like more contact to be informed not only just when [family member] has an accident," "They need to improve on communication." "Each time I visit (staff) update me then," and "I know who the [registered] manager is, and it is easy to get in touch with them."
- Staff told us they were comfortable in raising any issues or concerns with the registered manager or senior members of staff.
- Staff worked in partnership with professionals from other agencies. This included the local GP and

hospital discharge team. Records showed that guidance provided by external professionals was used to help with people's care planning.

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 and registered provider understood their role with regards to being open and transparent. All incidents were fully investigated, and outcomes shared with people, relatives and staff.
- We felt assured following our feedback the registered manager would continue to make positive changes within the service.

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

- Staff were respectful and attentive to people. People had formed friendly relationships with the staff and other people in the service. One relative said, "[Family member] used to be a loner, but since being there they have been mixing more." Another relative said, "There is continuity of staff and I feel they are like part of my family."
- The registered manager and the provider responded openly when shortfalls were identified. They made plans to address these.