

## Key Healthcare (Operations) Limited

# Victoria House

### Inspection report

Park Road North  
Middlesbrough  
Cleveland  
TS1 3LD

Tel: 01642242975

Website: [www.keyhealthcare.co.uk](http://www.keyhealthcare.co.uk)

Date of inspection visit:  
05 January 2023

Date of publication:  
06 February 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Victoria House is a residential care home providing personal and nursing care to up to 68 people. The service provides support to older people, some of whom are living with dementia. The service also supports younger adults who are experiencing mental health conditions in an adjacent building known as Regent House. The support provided at Regent House has the aim of enabling people to move onto living independently. Each building has its own separate facilities.

At the time of our inspection there were 45 people using the service. Not everyone who used the service received a regulated activity, such as personal or nursing care. CQC only inspects where people receive a regulated activity.

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

People's medicines were managed safely but improvements were needed within the records for creams, patches, when required medicines and covert medicines. We have made two recommendations around this.

People were kept safe from the risk of abuse. Risks to people were appropriately assessed, monitored and managed. Staff were knowledgeable about people's individual needs. There were enough staff to safely support people and staff were recruited safely. There were appropriate infection prevention and control procedures in place.

The service was well-led, and staff were passionate about their roles. Staff were well supported and felt valued. There were effective governance procedures in place and audits identified areas which needed improvement. Action plans were implemented and monitored until completed. Staff engaged well with professionals and made referrals where appropriate. People, relatives and staff were given opportunities to provide feedback.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 22 October 2020).

### Why we inspected

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

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Recommendations

We have recommended the provider consider reviewing the guidance and records kept for creams, patches and when required medicines.

We have recommended the provider consider reviewing the guidance for people who have medicines administered covertly.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Victoria House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

2 inspectors, a pharmacist specialist, a specialist nurse advisor and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 5 people who used the service and 3 relatives about their experience of the care provided. We spoke with and received feedback from 12 members of staff including the registered manager, the deputy manager, a clinical lead, 3 nurses, 4 care / support workers, the administrator and the activities co-ordinator.

We reviewed a range of records. This included 10 people's care records, 3 staff recruitment files and multiple medicine records. A variety of documents relating to the management of the service, including policies, audits and training records, were reviewed.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicines were managed safely. Some improvements were needed within the guidance and record keeping for some medicines.
- Guidance and records were not always consistent for how often some people's creams should be applied and where some people's medicine patches should be applied.
- Information to support staff to safely administer medicines covertly, hidden in food or drink, was not always clearly documented.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for some people was missing and further information was needed for the variable dose.

We recommend the provider consider reviewing the guidance and records kept for creams, patches and when required medicines.

We recommend the provider consider reviewing the guidance for people who have medicines administered covertly.

- Following our feedback, the registered manager reviewed people's medicine records and guidance to ensure they were up to date, consistent and accurate.

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

- People were kept safe from the risk of abuse. The provider had robust safeguarding policies and procedures in place and any incidents were appropriately investigated.
- Accessible information about safeguarding was readily available for people, relatives and staff.
- Staff told us they were confident management would deal with any issues immediately. One staff member told us, "I have full confidence in the manager, they are onto everything straight away."

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

- Risks to people were appropriately assessed, monitored and managed. The provider used recognised tools and best practice guidance to aid in their assessment and response to risk.
- Risk management plans were implemented pro-actively and in response to incidents, to promote people's safety and reduce the risk of incidents reoccurring.
- Staff were knowledgeable about people's individual needs and knew people well. Staff knew about risks to people, and what to do if there was an incident such as a fall.

- Staff handovers contained good details about any changes to people's needs so staff were kept informed and up to date. Lessons learnt were relayed to staff effectively in handovers, staff meetings and supervisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- There were enough staff to safely care and support people. The registered manager calculated required staffing levels and ensured these staffing requirements were met. One person told us, "The staff are here straight away if I ask for them."
- Staff were deployed flexibly so people received the support they needed, at the time they needed it. For example, one staff member told us, "When we had individuals who needed full support at mealtimes, staff would come from less dependent floors around mealtimes to support with meals."
- The provider had safe recruitment procedures in place. Appropriate pre-employment checks were carried out to ensure the suitability of the workforce.

#### 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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting to the service was taking place in line with current national guidance.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The service was well-led. The registered manager led by example and promoted person-centred care.
- Staff enjoyed their jobs and were passionate about their roles. One staff member told us, "I find it truly rewarding seeing individuals become more relaxed, content, safe and secure in a dedicated compassionate environment."
- Staff were knowledgeable about people's needs and there was a culture of promoting independence where safe to do so.
- Staff were well supported and told us they felt valued. Staff comments included, "I feel really supported every day. [The registered manager] is a wealth of knowledge and takes the time to explain things" and, "[The registered manager] has an open-door policy and I feel I can discuss, debate and seek advice at any time."

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; continuous learning and improving care

- Effective governance systems and procedures were in place. Quality assurance was a priority and audits were undertaken at senior, registered manager and provider level.
- Audits identified issues and where things could be improved. Action plans were implemented in response, and these were monitored until actions were completed.
- Accidents and incidents were dealt with appropriately. The registered manager analysed these to look for patterns and trends with a view to minimising reoccurrence.
- The registered manager understood the duty of candour and applied this where required.

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

- Staff engaged well with professionals. People were referred to other services where appropriate and supported to attend medical appointments. Advice from professionals was incorporated into people's care and support plans.
- The provider sought feedback from people and their relatives. The provider used meetings and questionnaires to gather views and action was taken in response to feedback received. For example, people said they would like to have a pub lunch and so this was arranged weekly.

- The registered manager sought staff feedback through staff meetings, handovers, supervisions and appraisals. One staff member told us, "I feel that my thoughts and ideas are listened to and actioned when needed."