Methodist Homes

Victoria Court

Inspection report

224 Kirkstall Lane
Leeds
West Yorkshire
LS6 3DS

Tel: 01132787588

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 and 23 March 2018. The inspection was unannounced on the first day. This meant the staff and provider did not know we would be visiting. The second day was announced.

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. Not all people living at Victoria court received personal care and we only inspected those people who received a regulated activity. It provides a service to older adults. 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. At the time of our inspection, 17 people were using the service.

There was no registered manager however; the manager of the service had applied to the Care Quality Commission to become the registered manager and that this was being progressed. 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.

At the last inspection we rated the service overall 'Good' however, at this inspection we found that improvements were required and rated the provider 'Requires improvement'. At the last inspection we found the provider did not always follow The Mental Capacity Act 2005, as capacity assessments and best interest decisions had not been recorded. At this inspection we found some improvements had been made with capacity assessments in place however, not all best interest decisions had been completed, when required. We made a recommendation that the provider research the MCA to ensure best practice is followed.

We found improvements were needed to fully ensure effective systems and processes were in place to monitor and improve the service. Audits did not always identify when actions were required and not always completed in a timely manner. Records were not always robust to show that actions had been completed.

We found risk assessments had not always been followed by staff to ensure people's safety and avoid potential harm.

Staff did not always receive supervisions and appraisals in line with the provider's policy however, staff told us they felt supported and were provided with the appropriate training.

Medicines were safely administered most of the time however, medication errors had not always been reported and actions had not been taken to mitigate risks. 'As required' medicines were administered accordingly and protocols were in place for staff to follow.

There were sufficient staffing levels however; some people felt that more staff were required due to waiting times. Recruitment procedures were safe for employed staff however, the relevant checks to ensure agency staff were eligible to work with vulnerable people had not always been completed.

People told us they felt safe and staff had a clear understanding of the procedures relating to safeguarding and whistleblowing. People told us staff were kind and they felt listened to by staff. Staff respected people's privacy and dignity at all times.

People were supported with their health and nutritional needs and were provided with a range of food and drink.

People were encouraged to remain independent and make choices about their care. Care plans were detailed and included people's preferences and likes and dislikes, which promoted person centred care.

Complaints had been responded to with outcomes recorded. People using the service told us they felt confident to discuss any concerns with the provider. Incidents and accidents that had been reported were monitored and managed effectively.

Surveys were provided to people to gather their views of the service. The provider had a 'you said, we did' document which allowed people to see the changes made by the provider.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, (Good governance) and (Safe care and treatment). You can see what action we told the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe

Risk assessments were in place and were specific to people's needs however; these were not always followed by staff.

People told us they received their medicines as prescribed however, this was not always recorded on people's medicine administration records (MARs) and medication errors had not always been reported.

Staffing numbers were sufficient to meet people's needs. Recruitment processes were robust for employed staff but not when agency staff were used.

People told us they felt safe. Staff were trained to protect people against potential abuse and knew who to report this to.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider followed the Mental Capacity Act 2005 as they had capacity assessments in place however, best interest decisions had not always been completed.

Staff had received supervision and said they were supported however; these had not always been recorded in line with the provider's policy.

There was an induction and training programme in place for staff.

People were supported to meet their nutritional needs and to maintain their health with access to healthcare professionals, if needed.

Is the service caring?

Good

This service was caring

People told us staff were kind and caring.

People told us staff treated them with dignity and respect and showed due regard for people's privacy.

Staff provided explanations and involved people in their everyday care.

Staff supported the people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and appropriate care plans were in place and regularly reviewed.

Care files were person centred and detailed people's preferences, likes and dislikes.

People were given choices about their care and offered activities to reduce social isolation.

The provider had a system in place to manage and respond to complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems and processes in place to monitor and improve services were not always effective and accurate records had not always been maintained.

Staff and people told us they felt confident the manager would act on concerns raised.

Meetings and surveys were completed and asked people about their views on the home and if there were any improvements to be made.

Victoria Court

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 comprehensive inspection took place 19 and 23 March 2018. It was unannounced on the first day and was carried out by one inspector. The second day was announced.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We also contacted the local authority, other stakeholders, and Healthwatch to gather their feedback and views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before inspecting, the provider is asked to complete a Provider Information Return (PIR). 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. At this inspection we had not received this information as the inspection was bought forward.

During our inspection, we spoke with three people who used the service, two relatives, three care workers, one healthcare professional and the manager. We spent time looking at documents and records relating to people's care and the management of the service. We looked in detail at four people's care plans, medicine records, three staff personal files and a variety of policies and procedures developed and implemented by the provider.

Requires Improvement

Is the service safe?

Our findings

People using the service were not always protected from risk to ensure their safety. Risk assessments had been completed for those people who required them however; these were not always followed by staff.

We saw one person had been left on a chair with a hoist attached to them and no staff members in their home. The person was unable to weight bare and the care plan stated that two staff should assist when using the hoist. This meant the person was at risk of a potential fall with no staff to support the person which was not safe practice. The staff member who initially assisted the person told us they had attended to call bells elsewhere within the complex. We discussed this with the manager who told us they would address concerns with staff and ensure people where not left alone when equipment was being used.

One care plan recorded that a person needed to be re-positioned every two hours to prevent pressure sores however; this was not always completed by staff. The manager told us the person did not receive night visits however, the care stated every two hours. This made it unclear as to when the person should be repositioned, therefore some staff were completing re-positioning at night whereas other times this was not being completed. The manager told that they planned to review the persons care as to whether they could continue to meet the person's needs as night visits were not available as part of the service even though some staff had been repositioning during the night.

Accidents and incidents were not always being reported and therefore the provider did not have full insight of all incidents within the service to monitor risk. We found medication errors which had not been reported by staff. When we reviewed Medicine Administration Records (MAR)'s we found some medications had not been administered however, these had not been reported to the management so actions could be taken to mitigate future occurrences.

Recording of medicines were not always completed. Some staff told us, more medication training was needed. The staff completed an online medicines course and shadowed more experienced staff before administering independently. The manager told us they were aware of the need for further training and had arranged for all staff to update their knowledge and complete medication training in February 2018.

These concerns are a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medication was stored in people's own homes within a locked cupboard. Some people were prescribed 'as required' medicines with protocols in place which included maximum doses, the reason for administration and a record of times when they had been administered. This prevented people being given too much medication in a 24 hour period. People told us they received their medicines, one person said, "Always on time".

Safeguarding and whistleblowing policies and procedures were followed by staff in most cases other than medication errors which were not always reported by staff. Staff had a clear understanding of how to protect

people from potential harm and what actions to take. We looked at one safeguarding incident which showed appropriate actions taken, for example; a staff member was suspended following an allegation of abuse and the police were contacted immediately to investigate.

Accidents and incidents that were reported had been managed effectively. One person had missed their daily shower; the manager completed a written apology and put measures in place to reduce the chances of it happening again. We looked at another example where there had been a medication error with lessons learnt to improve practice and staff were all provided with refresher medication training.

The rota's showed staffing levels were sufficient to meet people's needs however, there were mixed responses about staffing levels from people and staff, comments included, "There is not enough staff, especially in the mornings. At times I have been late getting out of bed by around 45 mins." This was due to staff not arriving on time for the visit. Another person said, "Staff come straight away." One staff member said, "At times this has been short (staffing levels), when it is short I help out and agency staff are used."

Visits were documented in daily notes although there was no formal monitoring of the visits. People were asked at their review meetings whether staff arrived and stayed the full amount of time so people were able to feedback if this was not happening and actions taken to ensure people were not having missed or late calls.

The registered manager told us people often used the call bells for none emergencies. The manager had informed people of the use of call bells and made plans to employ a wellbeing staff member to accommodate all call bells throughout the day so that other staff can focus on personal care. The manager told us, domestic staff were also trained to carry out personal cares and supported when required.

Staff recruitment was robust for permanent staff however, procedures for recruiting agency staff was not always safe. We found the provider had used agency staff from a recruitment firm but had not checked the staff were safe to work with vulnerable people and that they had received the necessary training required. We discussed this with the manager who raised an alert with their head of housing and developed a check list during the inspection to ensure agency staff employed in the future had the relevant checks and training prior to working at Victoria Court.

People and their relatives told us they felt safe. One person said, "Yes, I feel safe and listened to. Never felt threatened." Staff told us people were safe and that individuals had call bells should they require any immediate assistance to ensure they were safe. The survey outcomes from the provider stated that 96% of people felt safe in their home.

The provider had an infection control policy which was followed by staff. We saw people using personal protective equipment such as gloves and aprons to protect against contamination and infectious diseases. Equipment used by people was checked individually and staff ensured the equipment was safe before using. People had individual personal evacuation plans in place which recorded how staff would support people in an event of a fire.

Requires Improvement

Is the service effective?

Our findings

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. The manager confirmed that no person had a DoLS in place.

We checked whether the service was working within the principles of the MCA. We found capacity assessments had been completed and updated when required however, best interest decisions had not always been completed. For example, one person who was unable to weight bare used a wheelchair and had a belt over their legs. The manager told us this was to prevent the person from falling out however; we saw no best interest decision had been made to ensure this was the least restrictive way to support the person. Staff's knowledge about the MCA was limited as they were unsure about what was meant by the MCA and how it should be applied.

We recommended the provider research the MCA to ensure best practice is followed.

New staff completed an induction programme. This included, training, shadowing of experienced staff and completion of the care certificate. This is a set of standards that social care and health workers follow as recommended by Skills for Care, a national provider of accreditation in training. The manager told us there was no time limit on how long staff shadowed and said this would be until they felt confident. After this, staff were required to complete refresher training which included moving and handling, infection control, food hygiene, fire safety, safeguarding, MCA, equality and diversity, medicines management, health and safety. We found the majority of staff had completed their training and the manager kept a matrix which showed over 90% of staff had completed their training.

Supervisions and appraisals were not always completed and did not follow the provider's policy. For example, one staff member had supervision in July 2017 and the next supervision was not until January 2018, the manager told us, supervisions should be completed every three months. Annual appraisals should have been completed however, we saw no record of these in the three staff files we looked at. The manager told us all staff appraisals had been booked in for April 2018. Although we found these were not recorded staff told us they received support, comments included, "Every three months, when I have issue I go to [the manager]" and "I am supervised every day, we have two supervisions a year but we have a lot more than that." We have addressed the lack of recording within the Well-Led section of this report.

We recommended the provider reviews their management of staff supervisions and appraisals, and any associated policies, to ensure that staff are appropriately and fully supported.

We saw people were supported with their nutritional needs. There was a 'Bistro' on site which provided

meals to people that wished to eat there. People were supported with their meals when this was required. For example, one person had a choking risk assessment in place and the instructions for staff stated, 'Staff should always ensure that [Name] is eating soft mashable food as she is at risk of choking. [Name] requires assistance to eat and drink at meal times. [Name] needs constant observation and reminding to swallow as she sometimes keeps food in her mouth which increases the risk of choking.' Care plans identified when people needed food and fluid charts to monitor intake however, we did not see evidence of this being documented in one person's file. We discussed this with the manager who told us they would immediately action a response to this and ensure relevant documentation is in place for staff to complete.

People were supported by health professionals who visited them in their own homes. We saw GP, district nurses, chiropodists and social workers often attended when people required further support. A health care professional we spoke to said they did not have any concerns about the care being provided.

Good

Is the service caring?

Our findings

People told us staff were kind and listened, comments included, "Staff are kind" and "I feel safe and listened to." One staff member said they used, positive communication, body language and thinking from others perspectives helped them to understand people's needs.

Staff treated people as equals and respected their diverse needs. One staff member said, "We respect them, treat everyone as an individual. For example, when I go to give [Name] a shower, I make sure that the curtain and door is shut." Another member of staff told us, "One person cannot walk, when they are lifted in a hoist, we make sure that they are covered throughout."

People told us their privacy and dignity was always respected. We saw the provider had a privacy and dignity policy in place which staff followed. One staff member told us, "Always be polite and respectful, make them feel comfortable and always knock before entering the room. "People were asked if staff treated them with respect and dignity at review meetings which allowed them to provide feedback if they were not satisfied with the care being provided.

Staff encouraged people to remain independent for example, one care file stated, 'Sometimes [Name] does refuse the shower and staff to give her a full body wash. Staff are to encourage [Name] to wash her face with the flannel and continually instruct her on how to do it as she can be forgetful due to dementia.' A staff member told us, "I encourage them to do as much as they can for themselves. For example, a resident has Parkinson's; I encourage them to wash so that they don't lose that ability."

People were provided information from the start of their time with Victoria court. For example, a check list included in the care files showed that staff had informed people about their care, what was available to people, what to do in an event of a fire, how to report issues, make complaints and meal services available.

Staff involved people when decisions were made about their care. People had reviews with staff to discuss their care on a regular basis and were able to inform staff how best their needs could be met.

People's individual communication needs were documented in care files so staff knew how best to communicate with individuals. For example, one person's file stated '[Name] sometimes speaks very low. Carers are requested to stay quiet until [Name] has fully finished speaking. [Name] said if carers are unable to hear him, ask him to repeat.'

No person receiving care had an advocate at the time of our inspection however, the manager told us they would support people to access these services should they wish. An advocate is someone who supports people to make decisions about their care.

People's personal details and information was stored in line with the Data Protection Act. Staff told us they understood they must maintain people's confidentiality and follow the provider's policy about this.

Good

Is the service responsive?

Our findings

Initial assessments were carried out prior to a person using the service to ensure their needs could be met. The assessment asked about people's health needs, mobility, risk, dietary requirements, religion and social interests.

Care files contained a 'life story' which included people's likes, dislikes, historical information and interests. This allowed staff to build relationships with people and understand their preferences. For example, one story stated a person worked as a children's nurse, who her best friend at school was, that they liked to listen to classic FM and that their favourite flowers were tulips.

People had individualised care plans which were person-centred. For example, one person had difficulties hearing and although the person had hearing aids should they wish to use them the person decided that they would prefer not to. Another person's care file documented their wishes for the future should anything happen to them; it stated 'my preference would be for my ashes to be put together with my wife's ashes in the same place as my son is buried.'

People were provided choices about how they wished to live their daily life and who cared for them. For example, people were offered choice about whether personal care was provided by male or female staff. One person's care plan stated, '[Name] can sometimes choose what she wants to wear if you put the clothes in front of her.'

Care plans were reviewed regularly or when people's needs changed. People and their relatives were involved in the review process and asked for their feedback about the care provided. One relative told us, they had seen their relatives care plan and were happy with this.

People were encouraged to join in the activities and care files informed staff of people's preferences for example, one care file stated, '[Name] would like to go to any singing activity in the scheme whenever possible.' People also attended the local community which included shopping. One staff member said, "There is a film night on Tuesday and Friday, weekly chair aerobics, birthday tea's once a month and monthly church services. I encourage them to come and join in." The manager told us, activities were offered to people to reduce social isolation.

People and their relatives told us they knew how to complain. They commented, "I would go to the office and then the manager. No complaints so far" and "I would go to the manager, no incidents so far." Staff also told us they felt confident to raise concerns, one staff member said, "I would go to the team leader; if I was not satisfied I would go to the manager."

Complaints were managed by the provider. We looked at the provider's complaints file which included response letters, actions taken and apologies given when this was warranted.

Requires Improvement

Is the service well-led?

Our findings

We found the systems and processes in place to monitor and improve services were not always effective. Some audits had not been completed in a timely manner and did not always identify issues of concern so that actions could be taken to improve the service.

Care plan audits were not always completed on a regular basis for example; one care file had not been audited since 2015. Medication audits did not always identify errors for example, one MAR audit stated all medicines had been signed by staff however, we found one medication that had not been signed to say it had been administered. Therefore we could not be certain that audits were completed in a timely manner and effective in identifying issues to ensure the service remained safe.

Medication errors had not always been reported and therefore we could not be certain that the provider had full oversight of all accidents and incidents within the service. This meant improvements needed were not always addressed immediately.

We also found records were not robust. For example, Staff did not always record on re-positioning charts when people had been turned to prevent pressure sores and found another person did not have a food and fluid record which was stated in the care plan to document all fluid and food intake. We looked at three MARs which all had at least one entry which had not been signed by staff to say this was administered. We also found one medication on a MAR had been crossed out but no details of who completed this and no reason as to why the medication had been stopped. Medication in individual boxes had not always been labelled to show when they had been opened and to prevent potential medication errors.

Appraisals had not been recorded in staff files to show they had been completed and did not follow the provider's policy.

These concerns are a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other audits we looked at had been completed, these included health and safety, food, training and infection control. Actions for these audits had been completed, for example, following the training audit which showed some staff had not completed all training, letters were sent to staff of when their training needed to be completed by.

The manager told us they had recently applied to the Care Quality Commission to become the registered manager and this was currently being processed. The manager was open and transparent about areas that required improvement. For example, the manager identified daily notes were not always clearly written and some sentences did not make sense, we also found this to be the case when reviewing daily notes. Following this, the manager contacted a local college and found some English courses which may benefit the staff with their written documentation.

People and staff were confident that the manager would act on concerns and felt supported. One staff member said, "I feel listened to by [name of manager], he makes time for everyone. Staff are good, there is a respectful culture. The whole service is good; everyone is treated as an individual and is welcoming."

The manager told us annual surveys were carried out by the head office. Following this the management provided feedback via a 'you said, we did' board' about what actions had been taken. Care plan reviews also asked for feedback about the service and if a person required any further changes to their care. For example, 'Do all carer's treat you with respect and dignity? Do all carer's stay for the right length of time? Do all carer's arrive on time?'

Monthly resident meetings took place and staff meetings were held every few months to gather feedback. We saw staff meetings included information about policies, new staff and training updates including the college courses. Resident meetings looked at the activities available, catering and staffing issues along with any feedback from people using the service.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to follow risk assessments, staff and the provider did not do all that was reasonably practical to mitigate risks. There were also failings to ensure the safe management of medicines and incidents were not always reported.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to follow systems in place to assess, monitor and improve the quality and safety of the service provided. There was failure to maintain accurate and complete records.