

Shaw Healthcare (de Montfort) Limited

Victoria House

Inspection report

Victoria House
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 27 May and 6 June 2016 and was unannounced. Victoria House provides residential care for up to 47 older people, including people living with dementia. At the time of the inspection we were informed that 40 people were using the service.

The service had a registered manager in post. 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 comprehensive inspection on 27 and 28 November and 20 December 2014 we asked the provider to take action to make improvements to the cleanliness and hygiene of the environment, meeting the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and record keeping. We received a provider action plan that informed us of the date the provider said they would meet the relevant legal requirements. We carried out a focused follow up inspection on 16 July 2015 and found the actions by the provider had been completed. However we could not improve the rating for the three questions, is the service safe, effective and well led, from requires improvement. This was because to do so required consistent good practice over time. We checked the provider was continuing to meet the relevant requirements during this comprehensive inspection.

The staff understood what constituted abuse and the safeguarding procedures to follow to report abuse both internally and externally. People were supported to take risks and make informed choices. Medicines were appropriately managed.

Staff were recruited following safe and robust procedures and there were sufficient numbers of suitable staff available to meet people's assessed needs. Staff received training to ensure they were equipped with the skills and knowledge to support people using the service. Staff supervision systems were in place to ensure they had the opportunity to reflect on their work practice and plan their learning and development needs.

People's consent was sought before staff provided their care. People who lacked capacity to make decisions were supported following the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had a balanced and varied diet and their dietary needs were assessed and monitored. They had regular access to healthcare professionals and were supported to attend health appointments to ensure their health and well-being was maintained

Staff treated people with kindness, compassion, dignity and respect. Independence was promoted and people were enabled to make and maintain relationships.

Individualised care plans were in place that reflected people's needs and choices on how they wanted their

care and support to be provided.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship.

People and their representatives were encouraged to provide feedback on the service and suitable arrangements were in place to respond to any complaints.

The vision and values of the service were person-centred. People and their representatives were supported to be involved and in control of their care.

Quality assurance management systems were in place to monitor the safety of the environment and the quality of the service.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to provide people's care and support.

Staff had been recruited using a robust recruitment process.

Robust arrangements were in place for the safe administration and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supported through established supervision and appraisal systems.

The principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

People were provided with a varied diet that met their needs and preferences. They were supported to eat and drink sufficient amounts to meet their nutritional needs.

People had access to health care professionals and received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their care and support.

People were treated with compassion, dignity and respect.

People were given the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflected people's individuality.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship.

People were involved in decisions regarding their care and treatment needs.

Complaints were listened to and responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

There was a positive open culture where staff and people using the service felt included and consulted.

Feedback from people using the service was used to continually review and make positive changes to the service provision.

Established systems were in place to monitor the safety and quality of the service.

Victoria House

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 inspection took place on 27 May and 6 June 2016. It was unannounced and carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information from the PIR and reviewed information received from statutory notifications (statutory notifications inform us about important events that providers are legally required to tell us about by law). We also sought feedback from commissioners involved in monitoring the care of people using the service.

During our inspection we spoke with five people using the service, three visiting relatives, the registered manager, three care staff and the visiting hairdresser. We also observed staff interactions and the general daily care and support people received.

We looked at the care records for three people using the service to ensure they were reflective of their needs. We also looked at four staff recruitment files and records in relation to checking the safety and quality of the service.

Is the service safe?

Our findings

All the people we spoke with said they felt safe living at the service. One person said, "I feel very safe". Relatives also told us they had no concerns about people's safety. One relative said "I have no worries at all; I know [family member] is very safe here". We observed people were supported to independently move around the home, where needed the staff assisted people to move safely using appropriate moving and handling equipment.

Staff told us they had received safeguarding training on how to recognise and report abuse. One member of staff said, "I have worked here for many years, each year I do safeguarding refresher training". Through our discussions with the staff we established they fully understood their duty of care towards keeping people safe from all forms of abuse and their responsibility to report abuse.

The provider had a safeguarding policy in place that highlighted the different forms of abuse and the reporting procedures. Records held at the service showed that the registered manager had made relevant safeguarding referrals to the local authority and had also kept the Care Quality Commission (CQC) fully informed.

We saw that all visitors were required to sign the visitors' book on entering the building. This was so that staff knew who was in the building in the event of any emergency and also reduced the potential risk of any strangers entering the building.

Risk assessments were in place for each person using the service. For example, moving and handling assessments identified the individual risks and the level of support needed to move safely. We also saw that risks of people acquiring pressure sores due to immobility and frailty were assessed. Where potential risks were identified pressure relieving equipment was put in place, such as specialist mattresses and seat cushions. This also limited the likelihood of people developing pressure sores.

Personal emergency evacuation plans (PEEP's) were in place for all people using the service. The plans gave information on the mobility needs of people to assist emergency services in the event of the service needing to be evacuated. The staff told us that fire equipment tests and fire drills took place regularly. We saw records that also evidenced they took place regularly.

The staff told us they were aware of the accident and incident recording procedures. We saw that the registered manager closely monitored accident and incidents to look for trends in an effort to reduce the risks. We also saw that relevant risk assessments were reviewed and updated as required following any accidents and incidents occurring. People at high risk of falls were referred to the falls specialist team for advice and guidance on how to reduce the falls incidents, whilst balancing the rights to people's freedom of movement and independence.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care service. We saw that written references were obtained from previous employers and checks had been

carried out through the government body Disclosure and Barring Service (DBS). The registered manager confirmed they used the same external care agency staff to ensure they and people using the service got to know one another.

People said they thought there was enough staff available to provide their care and support. One person said, "If I need help I use my call bell, they always come fairly quickly".

A visiting relative said, "Generally there is always a member of staff about, I only have to say and they help in any way that they can". The staff said they felt there was enough staff to support people appropriately. The registered manager confirmed they were in the process of recruiting more staff and were waiting on the necessary employment clearances coming through. We observed on the day of the inspection there was enough staff available to meet people's needs and people's requests for any assistance were quickly responded to.

People told us they received their medicines from staff on time. One person said, "I get my medicines on time". The medicines were only administered by staff that had received full training which was also evidenced in the staff training records. We observed people receiving medicines from staff, and that staff administered them following the medicines administration procedures. We saw that people were offered pain relieving medicines prescribed to be given 'as required' and their choice of whether they needed them was respected.

The medicines administration records (MAR) and stock control records were held on a computerised system. A member of staff said, "It took some getting used to when it was first introduced, but I am used to it now, it is a very good system and greatly reduces the risks of medicines errors". We also saw that hard copies of MAR charts were held as a backup in any event of the electronic system not being available. We looked at the stocks and records of controlled drugs (CD) in use and found they were appropriately managed.

Is the service effective?

Our findings

People said the staff providing their care were appropriately trained to meet their needs. One person said, "The staff know how to look after us, I think they are very well trained". Relatives said they thought the staff had the right skills and knowledge to meet people's needs. One relative said, "The staff seem to know my [family members] needs very well, I think they have the right experience".

The staff told us they had completed induction training, which included attending mandatory training and working alongside experienced members of staff. We saw the training covered mandatory health and safety matters such as, moving and handling, food hygiene, medicines administration, infection control, fire safety, first aid and safeguarding. Also training on dementia care, pressure area care, nutrition, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The training consisted of a mix of face to face and e-learning distance learning courses. During the inspection we observed the staff providing people with day to day care and through their interactions with people it was evident that they had the skills and knowledge to meet the needs of people using the service.

Staff told us they had regular supervision meetings to provide them with the opportunity to reflect on their work performance and discuss further training needs. We saw records of the meetings also confirmed they took place. They all said they felt comfortable to approach the registered manager or any of the senior staff to discuss matters at any time.

People told us that staff sought their consent and offered them choices before supporting them with their care. One person said, "The staff always ask before they do anything". Throughout the inspection we observed they explained what they were doing and asked people before providing their care and support.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service was working within the principles of the MCA and DoLS. The registered manager was aware of their responsibilities under the MCA and DoLS codes of practice. We saw that MCA assessments had been carried out where people's capacity was in doubt and best interest decisions had involved their representatives. We also saw that the registered manager had submitted DoLS applications to the Local Authority and awaiting decisions to be made.

People were complimentary about the food and drink they received at the service. One person said, "The meals are very nice, its good home cooking here". Another person said, "We have a choice every day, if there is something on the menu I am not particularly keen on, they always sort something else for me to have

instead". Relatives said their family members seemed satisfied with the choice and quality of the food available. We saw that during resident meetings people made suggestions as to alternative meals to be included on the menus and they had been made available to them.

People had nutritional assessments carried out to identify whether they were at risk of poor nutrition and hydration, whether due to ill health or swallowing difficulties. In such cases the GP had been consulted and the support of dietitians and speech and language therapist (SALT) had been arranged to ensure that people received the right diet for them. We also saw records that demonstrated that people's weight and food and drink intake were closely monitored.

During the inspection at lunchtime, we observed people receiving their meals. Most people were seated at the dining tables, whilst some people chose to have their meals in the armchair using an occasional table. We saw the staff offered people a choice of water and fruit drinks and they offered people discreet support to enable people to maintain their independence with eating and drinking as much as possible.

People told us they could see their GP whenever they needed. During the inspection one person told us they were not feeling well and the senior staff contacted the GP surgery to arrange for the person to be seen on the day. Relatives confirmed that the staff contacted them whenever their family member was unwell. One relative said, "The staff always call us if [family member] is not well, the communication with the home is really quite good".

The staff kept records in people's care files when they had contacted the GP and other healthcare professionals in response to meeting people's physical and mental health conditions. We also saw they had acted on the advice of healthcare professionals in monitoring people's conditions.

Is the service caring?

Our findings

One person said, "I really do like living here, I enjoy the company of others, it's good for me". Another person said, "I love it here, we have a laugh with the staff" and another person said, "I hope I never have to move to another home, it is very nice here".

We observed interactions between people using the service and the staff, there was a homely atmosphere people chatted to each other and it was evident that friendships had been made and they enjoyed each other's company. One person said, "The staff are really nice, they always have time for you".

We observed the staff explained what they were doing when assisting people and went at each person's own pace. It was evident from their actions and discussions with the staff that they took the time to get to know people and build up good relationships. We heard people being addressed by their preferred names and the staff responded to people's requests for assistance quickly and calmly.

During the inspection we observed staff were professional in their approach towards meeting people's care needs, for example, where needed, they assisted people to move using moving and handling equipment and walking aids. We noted they took the time to provide people with the support they needed, whilst allowing them to be as independent as possible.

People and their representatives were involved in making decisions and planning their care. One person said, "Yes I know I have a care plan, the staff sit and ask me questions about the care that I need". People said they were involved in setting up their care plans and involved in the ongoing reviews. Relatives also said they were involved in making decisions about the care of their family members who lacked the capacity to make their own decisions. We saw that each person was asked whether they wanted to share information about their lives before moving into the service. For example, life events, past occupations, hobbies and interests. The information helped staff to be more aware of each person's unique individuality. We also saw that confidential information about people using the service was stored securely and only shared with health and social care professionals involved in their care.

People were supported to maintain relationships with people that mattered to them. Relatives said they could visit as often as they liked and were always made welcome. One person said they visited their family member every day. One relative said, "The staff are very friendly, the home has a welcoming feel to it". We observed staff welcoming visitors to the service; they offered people tea, coffee and biscuits and offered people the choice as to where they wanted to spend time with their visitors.

People told us the staff treated them with respect and ensured their privacy and dignity was promoted. The staff understood what privacy and dignity meant in relation to supporting people with personal care. We observed they discreetly attended to people's personal care needs.

Is the service responsive?

Our findings

People told us their needs were assessed before they moved into the service. We saw records of the assessments within their care files. There was evidence of the involvement of people in putting together their care plans and they had been signed by the person or their relatives.

People and their representatives told us they knew they had a care plan in place and that reviews took place regularly. One person said, "Yes I have a care plan, I know what it is all about". Records of care plan reviews were signed by the person and their representatives to show their involvement in discussions about their care needs.

People were supported to engage in hobbies and interests according to their individual choice and preferences. One person said, "I love listening to music, Frank Sinatra, Andy Williams and Mat Monroe, sometimes I like listening to a bit of opera". Another person said they liked watching sport on the TV. One person told us they used to wash up and clean out the kitchen cupboards with staff. They told us however that washing up was no longer an activity they could do, they said this was because all dishes now had to go through the dishwasher. They said, "I'm active, it's a shame, it kept me busy, I actually enjoy washing up". They told us they liked doing arts and craft activities, playing scrabble and dominoes, but their favourite pastime was doing word searches, they said, "I do them constantly, my son brings them in". The person also told us they missed having an activity person employed at the home, they said "I get bored easily, I like taking part in all sorts of activities". They and other people we spoke with confirmed that several people from outside the service came to entertain them through singing, playing musical instruments and doing light exercise sessions with them. We saw the dates that people were due to visit were posted on the notice boards throughout the service.

The registered manager told us they currently had a vacancy for a dedicated activity person and interviews were taking place. They said that supporting people to do meaningful activities like washing and dry up dishes was something they advocated. They said they would ensure that people were fully supported to do such activities, if that is what they wished to do.

Opportunities were available for people using the service and their relatives to provide feedback on the service they received. People told us they attended resident and relatives meetings they said the registered manager and staff were always approachable and available on a daily basis. We saw minutes of the resident meetings that demonstrated people were invited to contribute ideas to improve the running of the service. We saw at a recent meeting they had discussed having picture style menus and this were being implemented.

There was a complaints procedure in place and information on how to complain was available throughout the service. The people and relatives we spoke with told us they did not have any complaints about the service. One person said, "If I had a complaint would speak to [registered manager] she would soon sort it out". We looked at records of complaints and saw that they had been responded to appropriately.

Is the service well-led?

Our findings

There was a registered manager in post and all of the people and relatives we spoke with knew who the registered manager was. People and relatives spoken with said the registered manager was approachable. One person said, "She always makes time for you". One relative said, "I would recommend the home to anyone, we have been very impressed by the care [family member] received here". Staff told us that they received good support from the registered manager and the senior team. One member of staff said, "We work really well as a team, we aim to provide high quality care for the residents. The manager is always approachable; she has an open door policy".

The registered manager worked in collaboration with other health and social care professionals. They had raised safeguarding concerns appropriately and had taken full investigations into all concerns that had been brought to their attention. They had shared information appropriately with the Care Quality Commission (CQC) the local authority and the police in response to all safeguarding matters.

Staff were supported to question practice; they received training on safeguarding and the whistleblowing procedures. They were aware of their responsibilities to protect people from being subject to any abuse.

The core values of the service were understood and promoted by staff. The staff told us that treating people with respect, compassion, dignity and equality was fundamental to their day to day work. People using the service and their representatives said they were involved in making day to day decisions about their care and relatives said they were kept informed about their family members changing needs. They all commented that communication between them and the service was good. Feedback from other professionals involved in monitoring the service was positive.

The staff told us they had regular meetings with the registered manager, they said they were used to share information and ideas. We saw minutes of the meetings that demonstrated staff had discussed care practice, training and areas identified for improvement. All the staff confirmed they enjoyed working at the service and their comments indicated that they felt valued and involved in decision making.

People and relatives told us that the service arranged regular meetings to provide them with information about the service and to provide a platform to discuss ideas for improvement. Records showed that the meetings took place on a regular basis and areas regarding the running of the service were discussed.

Quality monitoring systems ensured that regular safety checks were carried out to the building and equipment, such as, the fire, water, heating, lighting, electrical and gas systems. In addition quality monitoring checks were carried out on care records, risk assessments, medicine records and stock, accidents and incidents and staff management and training records. These were also overseen by a senior representative from within the organisation on a monthly basis and any areas identified for attention had action plans with timescales put in place. We saw that areas identified for attention had been fully addressed by the registered manager.