

Dukeries Healthcare Limited

Victoria Care Home

Inspection report

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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 Care Home is a residential care home that provides personal and nursing care for up to 93 people. At the time of our inspection 70 people lived in the service.

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

Sufficient numbers of staff to cover and support people's needs were deployed across all areas. The provider used a dependency tool to identify the number of staff required for each area. Appropriate safety checks were in place to ensure staff were safe to work with people.

Risks were assessed and managed. Since our last inspection the provider had implemented new ways of working to ensure people at risk of choking were kept safe.

People received their prescribed medicines safely. The system for managing medicines ensured people were given the right dose at the right time. PRN protocols were in place but required more details to why the medicine was being given.

We recommend the provider reviews PRN protocols.

Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences.

Staff wore personal protective equipment (PPE) effectively. The service was kept clean to minimise risk of people acquiring an infection. We were assured that the provider was preventing visitors from catching and spreading infections and were assured that people were admitted safely to the service.

The service was well-led, and staff were empowered to do their job, but the registered manager required further oversight when delegating the workload.

The service engaged and involved people and their relatives to ensure they were kept up to date on what was happening at the service. One person said, "They are keeping me informed at the moment, with me being ill, as I used to go three to four times a week, they had no objections me looking in his care plan, if I have a problem I do speak to staff. I have been kept informed, this COVID stopping people going in.

Personal information was stored correctly, but some files contained sensitive information

We have made a recommendation that the provider reviews personal information kept on care files.

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

Rating at last inspection (and update) The last rating for this service was requires improvement (published 24 December 2019). and there were breaches of regulations 12, and 18 of the Health and Social Care Act Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements had been made and the provider was no longer in breach of regulations. Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and staff deployment.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Victoria Care Home on our website at www.cqc.org.uk.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Victoria Care Home

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.

This was a focused inspection to review the Key Questions of Safe and Well-led only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion.

Inspection team

The inspection team consisted of two inspectors and a specialist advisor who was a nurse, onsite at the service. One inspector contacted relatives and staff who were not at work after the inspection.

Service and service type

Victoria Care Home is a 'care home'. People in care homes received 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 announced.

We contacted the service on the day of the inspection. This was because we needed to understand the COVID-19 infection control precautions the provider had in place and to ensure the inspectors understood the current climate of the pandemic and any potential infection risks.

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with 10 relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, care workers, housekeeping and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. Cleaning schedules and a range of audits.

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 coronavirus and other infection outbreaks effectively.

After the inspection We asked the provider to send a variety of records relating to the management of the service, including policies and procedures, training data, quality assurance records, staff meetings and the providers contingency plan all of which were reviewed.

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection in November 2019, we found there was not enough staff deployed to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of regulation 18

Staffing and recruitment

- We saw there was sufficient staff to cover and support people's needs. We observed staff respond appropriately to people's needs and knew the people they cared for well.
- The registered manager told us they used a dependency tool. This tool had identified the number of staff required per shift to work in each area. The provider confirmed this had been effective and were in the process of rolling the tool out to their other homes.
- Staff told us they felt there was enough staff. The registered manager told us they had only used one agency staff and they had been secured from one agency to reduce risk during the pandemic.
- Relatives gave mixed comments regarding staffing levels. One relative said, "I do feel they are a bit short staffed, it's been ongoing since [Name] has been there." Another relative said, "I don't really know to be honest, what I have seen and experienced there is [sufficient]"
- Systems were in place to review and monitor the Disclosure and Barring Service (DBS). The provider completed updated checks in a suitable timeframe to ensure staff were of a good character and safe to work with people.

At our last inspection in November 2019, we found there was a failure to mitigate risks and to protect people from the risk of choking. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Assessing risk, safety monitoring and management

- Risks were assessed and managed, for example, where people were at risk of choking, living with a condition of diabetes or high risk of skin damage.
- One person lived with the condition diabetes. Their risk assessment clearly outlined what signs and symptoms to look out for when their blood sugar was high or low and what staff should do to ensure the person's sugar levels stayed at a safe level.
- Since the last inspection in November 2019 the provider had put meal time observations checks in place.

This was to ensure people got the support they required, sufficient quantities of food and drink. They had also implemented texture International Dysphagia Diet Initiative (IDDSI). The cook was fully aware of people's dietary needs and requirements. Resource files were on each unit that included allergies, fortified diets and how to support people to eat and drink.

Using medicines safely

- Medicines were administered in a safe way.
- The provider had a lead named member of staff responsible for managing medicines daily.
- Protocols for PRN were in place, but some had limited information. For example, one person had paracetamol, as and when required, but there was no information if this should be given with other medicines that contained paracetamol. Another person had medicines for epilepsy, but the protocol did not describe when the medicines should be used, such as if the seizure lasted more than five minutes.

We recommend the provider reviewed PRN protocols to ensure there is sufficient information to meet all people's needs.

Preventing and controlling infection

- The service was clean and tidy. There was a head housekeeper and a team of domestics who understood how to protect people from the risk of infection.
- Personal protective equipment (PPE) was being used effectively and safely. However, disposal of PPE was not always in line with government guidance, a pedal bin was being used in the main reception area that did not have any liner. Government guidance advises a specific bag to be used, 'a tiger bag', and this was not in place. The registered manager said they would address this.
- All staff had up to date infection control training. Although staff had not received specific training in relation to Covid-19, they had been provided with information, which helped to support and increase their knowledge of the infection. The service was conducting regular Covid-19 testing for people using the service and staff, where people tested positive the service followed current government guidance.
- The service had a food hygiene rating of five stars which is the highest rating. Food hygiene training for staff and correct procedures were in place and followed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- Processes and policies were monitored along with staff knowledge of how to report and respond to safeguarding referrals if required.
- We discussed all outstanding safeguarding concerns. The provider had investigated, taken action and lessons learned had been identified.

Learning lessons when things go wrong

- The registered manager put processes in place to mitigate risk and prevent issues from happening again.
- Detailed account of incidents and actions were taken for example a behaviour chart which evidenced why a person required PRN and their pain scale. This was shared at the head of department meeting to ensure all staff were aware of the new process in place.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continues learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risk and regulatory requirements

- The manager said staff were more empowered to do their job well They [staff or management] had delegated the work load and responsibility to heads of department, however there was limited oversight to ensure staff followed procedures. For example, one head of department told us staff didn't like completing all the paper work. They had reported visual findings and we could see the tasks had been completed but there were gaps in the paper work - we noted this as a recording issue. When we spoke to the registered manager, they told us they would address this.
- Staff and the registered manager were committed to providing high quality care and they shared the same values in achieving this
- Robust quality audits were carried out to identify issues and how to address these.
- The provider conducted monthly reviews of the service and responded proactively to any issues found.
- The registered manager understood what they needed to report to us legally and had submitted notifications of significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people, relatives and staff in how the service was run.
- Relatives told us they felt confident the provider would inform them if something went wrong and would involve them in any discussions about improving people's care and support. One relative said, "They [managers] do phone, I have been kept updated during the pandemic." Another relative told us, there was good communication, management have been very much in touch lately." "Any issues before [COVID-19], they always rang me up, if they have a problem, they let me know." However, some relatives felt the communication was not regular enough.
- The registered manager produced a newsletter every three months. We saw past issues where items had been discussed. The most up to date newsletters were informing families how to stay connected with people living at the service during COVID-19.
- During the coronavirus pandemic, there were restrictions placed on people taking part in their usual community activities. Staff had responded to this by trying to increase the range of activities they offered to people.
- Staff had regular handover meetings to ensure all staff were fully aware of people's updated needs. One staff said, "From the handover, if we have any concerns, we bring it up in the meeting, it goes to the senior

and the unit manager if things need to be changed, they change."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's dietary needs were monitored and personalised to them. The registered manager had implemented a system to mitigate risk of choking for people.
- Relatives told us the service was well managed. Staff felt well supported by management.
- Complaints were monitored and managed.
- Safety measures were in place to ensure the home was safe. Gas, electricity and legionella tests were completed, and certificates were up to date.
- Personal sensitive information was stored in line with legal regulations. However, we found some personal information on a file we looked at. We spoke with the registered manager who told us this information is not normally stored on the files.

We recommend the provider reviewed care files to ensure they do not hold personal information and are in line with their GDPR policy.

Working in partnership with others

- Systems were in place to monitor risk when family and other health care professionals were visiting the home.
- People had access to external health professionals such as GP's and mental health teams.
- Falls, weight and skin integrity were monitored. Where issues were identified there was a process to escalate appropriately to the relevant healthcare professionals.