

Key Healthcare (Operations) Limited

Victoria House

Inspection report

Park Road North
Middlesbrough
Cleveland
TS1 3LD

Tel: 01642242975
Website: www.keyhealthcare.co.uk

Date of inspection visit:
23 October 2019
25 October 2019
31 October 2019

Date of publication:
29 November 2019

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

About the service

Victoria House is a care home which provides residential and nursing care for up to 68 people across two interlinked buildings. Some people at the service were living with dementia and/or mental health conditions. At the time of the inspection 60 people were using the service.

Victoria House accommodates older people who require residential or nursing care some of who are living with dementia. Regent House (attached to Victoria House) supports younger adults who are experiencing mental health conditions and has the aim of enabling people to move onto living independently. Each building has its own separate facilities.

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

Victoria House required refurbishment and was not always free of malodours. Furnishings were worn, décor dated, and the general upkeep of the home required improving.

Risks to people's health living in the residential wing were not consistently assessed to provide staff with guidance on how to keep people safe.

The provider's quality assurance checks had not highlighted the issues found during this inspection regarding the standards within the service and record keeping.

Staff knew how to safeguard people from abuse. Recruitment processes were being reviewed and strengthened. Staff and people told us there was enough staff on duty to meet needs.

Most people's care and support plans were person-centred and reflective of people's specific health needs and future goals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the providers procedures were not followed in practice for some people. We have made a recommendation the provider reviews their systems to strengthen this area.

The service worked closely with other professionals and agencies to best meet people's needs. A complaints system was in place. Lessons were learnt from adverse incidents.

The provider had recently appointed a new registered manager. Staff stated they felt supported by the new registered manager, had started to receive regular supervision and annual appraisal's were planned. Staff received training in line with the provider's policy.

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

Rating at last inspection

The last rating for this service was Good (published 24 October 2018). At this inspection the service has been rated Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to how the provider maintains the premises and equipment and, monitors the quality of the service provided at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out on 23, 25 and 31 October. The first day of inspection was carried out by one inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day two inspectors visited the service and on the last day one inspector visited.

Victoria House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 newly appointed manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We requested feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

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 14 people who used the service and seven relatives about their experience of the care provided. We spoke with 27 members of staff which included the provider, registered manager, deputy manager, two clinical lead nurses, one nurse, a team leader, two senior care workers, 13 care workers, two activities coordinators, two maintenance officers and the cook.

We also spoke to two volunteers who regularly support the service with activities and a visiting health professional.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Care plans recorded people's current health needs. However, for one person living on the residential unit, their care plan did not contain information specific to a health condition.
- Risk assessments within the residential unit were not consistently detailed to provide staff with guidance on what to look for and how to manage some people's health needs. Within the nursing unit and Regent House, risks assessments were found to be detailed and provided staff with clear guidance.
- Systems within Victoria House were ineffective to promote good standards of infection prevention and control. Some areas were lacking in good standards of housekeeping and repair. We found some walls unclean, malodour in one person's bedroom and mould in bathrooms and around some windows.
- Safety checks and audits had failed to identify, and address areas of concern found during the inspection. For example, a broken window pane which posed a risk of injury to people living with dementia.

Whilst we found no evidence that people had been harmed, systems to demonstrate good governance and maintenance on the standards of the premises were not robust enough. These are breaches of regulation 15 (Premises and equipment) and regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were aware of people's needs and knew how to manage people's risks whilst also supporting them to remain independent.
- General risk assessments for tasks undertaken by staff were in place.
- The provider had a plan to be followed for adverse events such as a fire.
- Staff received training in controlling infection. Gloves and aprons were available and used by staff to reduce the risk of infection spreading.

Staffing and recruitment

- People and staff told us there were enough staff on duty to meet people's needs. Comments included, "Staff are always around and are so attentive." One staff member said, "I have no concerns about staffing levels, we are well staffed and avoid the use of agency staff."
- Pre-employment checks were undertaken before new staff began work to ensure staff were suitable and safe to carry out their role. However, some recruitment records were not fully complete. The registered manager was introducing a new recruitment process to strengthen checks and records moving forward.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One said, "We are monitored closely, and doors are locked."

- Staff told us they would not hesitate to report any safeguarding concerns to the management team and were confident action would be taken to keep people safe.
- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.

Using medicines safely

- Medicines across all areas of the service were safely managed. Staff received appropriate training.
- People told us they received their medicines on time or were supported to gain independence in managing their own medicines. One person said, "[Staff] give me my medication in front of me." • Where people were prescribed medicines to take 'as and when required' clear guidance was available for staff to follow and record how effective these were for the person.

Learning lessons when things go wrong

- The registered manager demonstrated a commitment to ensure that where incidents occurred these were looked at for any patterns or trends and where lessons needed to be learned. Where changes to practice were required these were shared across all teams.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's

- Victoria House needed refurbishment so that people had a comfortable environment. This included replacing damaged furniture, cleaning ceiling tiles and walls, redecoration and repairing broken or boarded up windows .
- Signage to help people with orientation within Victoria House required updating. Some notice boards contained too much information which could be confusing for some people.
- Personalisation of people's bedrooms varied across the service. Some bedrooms were highly personalised, whilst others were furnished with mis-matched furnishings which were old and required replacing. The provider was in the early stages of refurbishing some bedrooms.
- People, relatives and staff told us, "Victoria House is a very old building, Victorian facilities, so it can be worrying" and "[Victoria House] does need an upgrade to reflect the good care people receive."

The provider had failed to maintain the standards of the premises and equipment to a safe level to ensure the health, safety and welfare of people living at the service. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some reminiscence areas were being created for people living with dementia.
- Regent House is a newer building and found to be suitably maintained and in a good state of repair.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessment of people's health and care needs varied within the different areas of the service. People's needs who were living in the nursing unit or Regent House were fully assessed and clearly identified their choices about they received care and support. However, assessment of people needs living on the residential unit lacked this level of detail.
- Information in care plans guiding staff on how to support people during times of distress or crisis varied across the service. Care plans for those people living in Regent House or the nursing unit had very clear positive behaviour support strategies whilst for some people living in the residential unit theirs did not.
- Reviews of care plans for people who lived in the nursing unit or Regent House had been undertaken by the new registered manager. A full review of all care records within the residential unit was planned by the new registered manager to ensure a consistent level of care was taken.

Whilst we found no evidence that people had been harmed systems were not robust enough to demonstrate good governance in monitoring risks to people. This was a breach of regulation 17 (Good

Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Nationally recognised tools were used for pressure ulcer risk assessment and for weight monitoring. However, these were not being consistently used in the residential unit to guide staff and reduce the level of risk.

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people's care records who were living on the residential unit had inconsistent information about whether the person could consent to their care.
- Records showed staff had received training in the MCA. However, the providers assessment records were not being fully implemented in the residential unit to show staff understood their responsibilities to ensure people's consent was appropriately sought.

We have recommended the provider reviews their procedures and provides further training to staff to ensure they understand their responsibilities within the MCA.

- The registered manager monitored DoLS applications to ensure they were submitted appropriately and on time.
- Staff had a good understanding of people's communication needs and were observed supporting people to make day to day decisions and choices. One person told us, "Staff sit with me and plan what I want to do each day."
- Some people had chosen to have 'Do Not Attempt Cardiopulmonary Resuscitation' forms completed so staff knew what action to take in an emergency.

Staff support: induction, training, skills and experience

- Staff were trained in areas the provider deemed essential such as safeguarding, de-escalation techniques, moving and handling and falls awareness. One staff member told us, "We are offered ample training opportunities and mandatory training."
- Staff told us they felt supported by the new registered manager and there were positive changes being made.
- An induction process was in place for newly appointed staff. This included shadowing of more experienced staff. The new registered manager was introducing an improved induction programme which was in line with the care certificate standards.
- Nursing and care staff received regular supervision and support for their roles.

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

- People were encouraged to be as independent as possible with their eating and drinking. People accessing the service at Regent House were supported by staff to plan and make their own meals.
 - Kitchen staff had completed training to meet people's needs. The cook was fully aware of people's individual dietary, cultural and nutritional needs.
 - People told us the food was home cooked, healthy and they had a choice. One person said, "Food is lovely. I am diabetic, and I have a special menu."
 - Staff worked with other health professionals to make sure people received food and drinks according to their needs.
- Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- The registered manager worked in partnership with other organisations to ensure people received joined-up care and support.
 - People had regular access to healthcare services when they needed it. One visiting health professional told us they had "No concerns at all about the home" and that GP's "are happy and feel staff are helpful and attentive."
 - Each person had an oral healthcare plan in place and access to a dentist.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There were many positive and respectful interactions between staff and people.
- People told us they were happy at the home. They said, "Staff absolutely treat us with respect and we treat them with respect too – they get back what they give out" and "I can tell them whatever I want to, and they respect me."
- People were involved in decisions about their care. One person said, "Staff work through my plan with me and I can have input if I want to."
- Staff received training in equality and diversity. People's cultural and spiritual needs were respected. Victoria House had its own church, where an all-denominational service was held each month. The registered manager told us of the close links the service has built with the local Muslim and Asian community.
- The management team monitored how staff engaged with people to ensure they were always kind and caring.

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

- Care and support plans emphasised people's rights, choices and the support they required to make decisions about their support and activities.
- Staff supported people to be involved in all aspects of their care and reviews.
- People were involved in all decisions about their care and support. One person said, "We sit together and plan my care, we have agreed what I want staff to do to help me recover if I become unwell."
- People accessed support from an independent advocacy service to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff could clearly explain how they respected people's right to have their privacy and dignity promoted. One said, "I always ask permission and explain what I'm going to do before I start, I check throughout that the person is ok."
- Staff helped people to develop their independence. Care plans reflected the steps staff should take to support people to be independent. One person said, "I'm working towards managing my own medicines for when I get my own place. I'm taking it day by day and staff are supporting me with this."
- People received care and support from a consistent staff team. One relative said, "All the residents here get treated with respect. The staff are very quick to react to anything going on."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received individual support which was person-centred.
- Care and support plans reflected people's choices, wishes, life aspirations and what was important to them.
- People were supported by staff who knew them well and how to positively support them to avoid situations that could lead to distress.
- People's cultural and spiritual needs were considered as part of their initial assessment.
- Staff shared information effectively about people's needs. Handover 'Huddles' had been introduced by the registered manager to improve communication and outcomes for people at the services.

Meeting people's communication needs

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

- People's information and communication needs had been identified and recorded in care plans. Staff were aware of people's non-verbal signs of communication and responded quickly to diffuse situations.
- Information was available in an accessible formats to support people using the service to raise concerns and share their feedback. This included complaints records in easy read format or other languages.

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

- A wide range of activities were planned with people each day. This included activities within the services and outings to the community. Some people received enhanced support allowing them one-to-one time with staff to undertake activities of their choice. One person said, "I have six hours of one-to-one support, we go to places like Whitby, Redcar, shopping and the pub."
- The service had links with the local community. Visits had been arranged for people to visit local Mosques.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt they would be listened to by the management team. One person said, "I would talk to the staff or go downstairs and see the manager if I needed to complain. They couldn't do better if they tried though."
- No complaints had been recorded since the last inspection.

End of life care and support

- End of life plans were in place to record the support people wanted at this stage of their life and remained pain free. These included people's wishes and choices.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality monitoring of the service had failed to identify the issues found during this inspection regarding the risks associated with some people's health needs and maintenance standards within Victoria House.
- Further work was required from the provider to strengthen and improve quality monitoring systems to ensure they were effective in identifying and acting upon areas for improvement.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The newly appointed registered manager had previously worked as the clinical lead in Regent House. She was committed to ensuring the same high standards were implemented consistently across the whole service. Regular management meetings had been introduced where improvements to communication and service delivery had been introduced. However, these changes needed time to embed into all areas of the service.
- Appropriate reporting had been carried out to notify the CQC and local authorities when incidents occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The new registered manager spent time with people and staff. This allowed them to gain people's views and involve people in any changes being made to the service. One person said, "This place is homely, welcoming, happy. They are like my family. I am a person and I am regarded as such."
- People said they felt the service was improving following the appointment of the new registered manager. One person said, "This manager is much better, she gets involved and talks to us."
- Meetings were being held where people could express their views.
- Staff told us the registered manager was, "Very supportive", "Brilliant" and "Works alongside us, so supportive with a real open-door policy."
- Team meetings were being held regularly. Staff said they could speak up at these. Meetings covered areas such as safeguarding, communication and training.

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

- Throughout the inspection the new registered manager was open and honest about the areas of improvement needed.
- People and relatives told us they felt the service was being well-led since the appointment of the new registered manager.
- Notifications about incidents that affected people's safety or welfare had been sent to CQC appropriately.

Working in partnership with others

- The new registered manager worked in partnership with the local authority commissioning team to identify and make improvements to the service.
- The service worked with a range of other professionals and agencies to best meet people's needs. Care records noted the close involvement of GP's, Community Psychiatric Nurses, dentists and dieticians.

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
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the satisfactory standards and maintenance of premises and equipment to ensure they were appropriate for the purposes for which they are being used.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure governance systems were suitably robust to ensure the safety and quality of services provided to meet people's health, safety and welfare needs.