

Victoria House (North East) Limited

Victoria House

Inspection report

10-12 Victoria Terrace
Bedlington
Northumberland
NE22 5QA

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Victoria House is a residential care home converted from three terraced houses. Residential care is provided for people who have a learning disability, physical disability or those with autism. The service provides personal care and support to up to 9 people. At the time of the inspection there were 9 people living at the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

The service was registered with CQC prior to the publication of the Right support, right care, right culture guidance. The size of the service was larger than current best practice guidance. However, the layout of the building meant there were separate communal areas people could access to decide who they wanted to socialise with.

Records did not always demonstrate medicines were managed safely. The policies and procedures in place lacked detailed guidance of how staff should provide support. The infection, prevention and control [IPC] policy and procedure did not provide detailed information in relation to safe practices to help prevent the spread of infections. The safeguarding policy did not evidence the provider understood their responsibilities in relation to safeguarding procedures.

People were supported to personalise their bedrooms to reflect their taste and preferences and their opinions were sought to ensure people were included in decisions about their care. Risk assessments were completed to assess known risks people were exposed to and people were encouraged to be as independent as possible.

Right Care

There were sufficient numbers of staff to meet people's needs. Staff knew people well and knew the most effective ways to communicate with people to overcome any communication barriers. Information was available to people in alternative formats to support people's communication needs if this was necessary.

Staff treated people with care and kindness and supported people to take part in a range of activities appropriate to them. Assessments of people's needs had been completed and care plans had been developed to meet people's needs.

Right Culture

The culture at the service was positive. The management team led by example and staff worked in ways which were person-centred to the needs of individuals. People and relatives gave positive feedback about the caring attitudes of staff.

People were supported to take part in activities of their choosing and had opportunities to socialise and go on holiday if they wanted to. Feedback from people confirmed they were happy living at the service and felt safe.

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 this practice.

Recruitment records did not demonstrate safe recruitment procedures were always followed. Staff worked in an open and transparent way. However, records were not available to demonstrate staff were meeting the requirements of the duty of candour regulation. We have made a recommendation about this.

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 20 September 2019).

Why we inspected

We received concerns in relation to the management of the service and support provided to people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. The provider started to take action to address the issues identified during our inspection.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to safeguarding people from the risk of abuse and good governance 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Victoria House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

Victoria House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Victoria House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the local NHS IPC team, fire service and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 4 relatives about their experience of the care provided. We spoke with 3 members of staff including the registered manager, service provider manager and a senior carer. We also requested feedback from 9 members of staff by email and received 4 replies. We reviewed a range of records. This included care records for 6 people including medicines records. We looked at the recruitment records for 3 staff and a variety of records relating to the management of the service, including policies and procedures. We also received feedback from 2 health and social care professionals who visited the service.

Following the inspection site visits we requested additional information by email and continued to seek clarification from the provider to validate the evidence we found. We also sought advice from pharmacy inspector colleagues to discuss the inspection evidence linked to the provider's medicine policy.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Systems and processes to safeguard people from the risk of abuse; Using medicines safely

- Safe systems were not in place to protect people from harm. The provider's safeguarding policy did not assure us they understood their responsibilities in relation to safeguarding. In addition, the identified safeguarding procedures documented in the provider's policy were not compliant with the requirements of the Health and Social Care Act 2008.
- Medicine errors had not been reported to the local authority safeguarding team in line with their reporting thresholds.

Whilst we did not identify any impact on people, the provider's failure to ensure safe systems were in place to protect people from the risk of abuse was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records relating to the management of medicines did not always demonstrate medicines were managed safely. In addition, the provider's medicine policy had been written generically, was not specific to the service and lacked information and clarity.
- Systems were in place to monitor the temperature of the medicines fridge. However, records showed the fridge temperature was not within the identified normal range for the storage of medicines. This is important to ensure any medicines which require refrigeration are stored at the correct temperature. The service provider manager told us this was a recording issue and the fridge temperature was within a safe temperature range. However, medicine audits completed by staff had not identified this issue.
- Dates had not always been recorded when topical medicines [creams, ointments and lotions applied on the area of the body being treated] had been opened. This is necessary to ensure medicines are disposed of in line with the manufacturer's guidelines.
- Records did not evidence the actions staff had taken when there had been a high use of medicine administered on a 'as required' basis for 1 person. We raised this with the registered manager who told us they had fully involved other professionals in the care of this person.

The provider's failure to ensure records relating to medicines management were accurately maintained was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One relative told us of the positive support provided by staff in relation to medicine administration. They said, "Medication is really, really good. Victoria House [staff] have really encouraged [name of person] to take their medication."

- People told us they felt safe living at the home. One person said, "The staff make us feel safe and make me feel happy."

Staffing and recruitment

- Systems were in place for the safe recruitment of staff. However, records did not always demonstrate these systems had been followed. For example, the information recorded on a candidate's application form did not always correspond to the information recorded on their curriculum vitae. The reasons for any employment gaps in a candidate's employment history were not recorded on recruitment documentation.

The provider's failure to ensure recruitment records were well maintained contributed towards a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient numbers of staff to safely meet people's needs. People spoke positively of their relationships with staff and of having opportunities to do activities which were important to them.
- Staffing contingency plans were in place. This ensured steps could be taken to ensure safe staffing levels were maintained if staff were unable to attend work.
- Relatives were complimentary about staff and the support they provided to people. One relative told us, "They [staff] spend quite a bit of time doing knitting with [name of person] which they really enjoy."

Preventing and controlling infection

- IPC policies and procedures lacked detail to guide staff in the actions to take to ensure they followed safe practices to prevent the spread of infections.

The provider's failure to ensure effective IPC policies and procedures were in place contributed towards a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home was clean, tidy and had no malodours. Enhanced cleaning schedules were in place to ensure the home was thoroughly cleaned to help stop the spread of infection.
- There were sufficient supplies of PPE and staff had received training in how to use this safely.

Visiting in care homes

- Systems were in place to support people to maintain relationships with their relatives and friends. This included visits to the home and maintaining contact with the use of technology such as the telephone.

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

- A range of risk assessments had been completed to address the known risks people were exposed to. This included considering the strengths and areas of need for each individual.
- Relatives confirmed they felt people were supported to take positive risks to be as independent as possible.
- Systems were in place to review accidents and incidents. Where staff had identified any improvements which could be made systems were in place to share this learning with the staff team.
- The provider planned to further develop their approach in relation to sharing any learning with another location they managed. This would ensure consistency in both homes operated by the provider.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- Some of the policies and procedures in place did not evidence the provider understood their responsibilities. For example, the safeguarding procedures were not compliant with the requirements of the Health and Social Care Act 2008 and the medicines and IPC policies lacked detail.
- A range of audits was completed to monitor quality across the service. They had not identified the issues we found during this inspection.
- There were some gaps in the knowledge of management staff in relation to guidance which was relevant when supporting people with a learning disability and autistic people. This included the Right support, right care, right culture guidance.

The provider's failure to ensure effective policies and procedures were in place and that staff were fully aware of guidance relevant to the needs of the people they were supporting was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager promoted a positive culture within the service.
- Systems were in place to ensure statutory notifications were submitted. Statutory notifications contain details of certain incidents and events which the law states must be notified to CQC.

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

- People were complimentary about the care they received and the staff working at the home. One person told us, "We have house meetings. We get asked if we are happy living here, or if there is anything we would like to do."
- Feedback from staff showed they felt positive about working at the home. One staff member told us, "My manager and the management team are very supportive. They are always on hand for advice and support whether this is work related or about personal matters. I feel very supported both inside and outside of work."

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

- The management team worked in an open and transparent way.
- Duty of candour policy and procedures had not always been followed. Notifiable safety incidents had

been identified and notified to the Commission and staff had communicated with relevant people following incidents. However, written records were not available to evidence the actions staff had taken to be compliant with the duty of candour regulation.

We recommend the provider reviews their systems to ensure duty of candour policies and procedures are always followed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- Communication systems were established to share information with relevant people. For example, with people, health care professionals and relatives.
- Questionnaires were used to obtain feedback from stakeholders involved with the service. One relative told us they thought feedback would be more constructive if the responses were requested anonymously.
- A visiting healthcare professional told us about the positive working relationship they had with the home. They said, "I feel this service is very well run by staff that really care for the clients they support. Any requests to me are always made in a timely manner and are always proportionate."
- Systems were in place to learn lessons when things went wrong. This included the review of accidents and incidents with the view of improving care for people.
- The registered manager and service provider manager responded to the inspection feedback to make improvements. For example, they told us they would be reviewing all of their policies and procedures to make the necessary changes. They were committed to ensuring people received safe care and that the documentation in place reflected the service was well-led.

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment An effective safeguarding policy and procedure was not in place to safeguard people from the risk of abuse. Medicine errors had not been reported to the appropriate authorities in line with reporting thresholds. Regulation 13 (1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system to monitor the quality and safety of the service was not in place. Regulation 17 (1)(2)(a)(b)(c)(f)