

Supreme Care UK Ltd

Victoria House Care Home

Inspection report

71-73 Victoria Road
Polegate
East Sussex
BN26 6BX

Tel: 01323487178
Website: www.supremecareuk.com

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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

We inspected Victoria House on the 28 December 2017. This was an unannounced focussed inspection.

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.

Victoria House Care Home provides accommodation and personal care for up to 26 older people living with a range of health care needs. Some people required support with memory loss and dementia, whilst others were reliant on care staff to assist them with their personal care and health needs.

Victoria House Care Home was inspected in August 2015 where it was rated as inadequate overall and the CQC took enforcement action. A focussed inspection took place in October 2015 to follow up on concerns in relation to safety at the home and we found the provider had not made suitable improvement and the service continued to be rated as inadequate. CQC took further enforcement action and the service was placed into special measures. We inspected in May 2016 to see what improvements the provider had made to ensure they had met regulatory requirements. We found considerable improvements had been made and the provider was meeting all regulations. We inspected on the 20 and 25 July 2017 to see if the improvements had been sustained. Not all improvements seen at the May 2016 inspection had been sustained. We found that the management of medicines was unsafe. People were also at risk of not receiving appropriate care and support because guidance about how people should be supported was not always in place where needed. We also found that quality monitoring systems needed further development to ensure best practice in all areas, for example, repositioning, fluids and nutrition. At this time we served Warning Notices to ensure peoples safety and well-being and further improvements to the organisational audits.

We undertook an unannounced focused inspection of Victoria House on the 28 December 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in July 2017 had been made. The inspector inspected the service against two of the five questions we ask about services: is the service safe and well led, This is because the service was not meeting some legal requirements. This report only covers our findings in relation to the key questions of whether the service is Safe and Well-led. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. You can read the report from our last comprehensive inspections, by selecting the 'all reports' link for Victoria House on our website at www.cqc.org.uk.

This inspection found that improvements had been made and the breaches of regulation had been met. Whilst these improvements had been made, time was now needed to fully embed the new systems to

sustain improvement. The rating over all remains 'requires improvement' as the provider needs to be able to demonstrate they can sustain into the future. This will be assessed at their next comprehensive inspection.

At this inspection there was improved managerial oversight to ensure documentation was kept up to date and ensured people received safe, effective, caring and responsive care. A range of audits had been introduced and completed either weekly (for medicines) or monthly. When audits had identified issues there was evidence of recorded actions taken to address the issues. For example, poor recording of medicines administered had led to the further training and competencies. The management and storage of medicines were safe. Care documentation and associated risk assessments had all been reviewed and a new format introduced.

Accidents and incident reporting had been completed and there was management overview of audit of falls and incidents to prevent a reoccurrence. This meant measures to ensure learning and preventative measures had been taken.

People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed. Technology was used to assist people's care provision. People's individual needs were met by the adaptation of the premises.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

Staff had training on keeping people safe and understood the process of reporting concerns. People were protected, as far as possible, by a safe recruitment system. Staff had been checked to ensure they were suitable before starting work in the service. There were sufficient staff at this time to meet people's needs. People felt comfortable with staff and said, "Great staff, caring with a sense of humour." There was a lot of laughter and banter between people and the staff. We also saw some positive interaction between staff and the people they supported.

The provider had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Victoria House was not consistently safe. Whilst meeting the legal requirements that were previously in breach, practices need time to be developed and embedded, to ensure consistent good care.

There were systems to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

There were sufficient staff to meet peoples' needs.
Comprehensive staff recruitment procedures were followed

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it.

Requires Improvement ●

Is the service well-led?

Victoria House was not consistently well led. Although they were meeting the legal requirements that were previously in breach, quality assurance systems needed time to be fully embedded before we could give a different rating.

The home had a vision and values statement and staff were committed to improvement.

People, relatives and staff spoke highly of the manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

Staff had a good understanding of Equality, diversity and human rights.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Requires Improvement ●

Victoria House Care Home

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 checked 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.

The inspection took place on the 28 December 2017. This inspection was unannounced and undertaken by one inspector. We carried out this inspection to see if the Warning Notices served at the last inspection in July 2017 had been fully complied with.

Before our inspection we reviewed all the information we held about the service. We looked at the providers' action plans following our inspection in July 2017. We also looked at the Provider Information Return (PIR) which had been submitted in July 2017. 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 considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with five people who lived at the service, the manager, three staff, and the housekeeper. We looked at all areas of the building, including people's bedrooms, the kitchen, laundry, bathrooms and the lounge and dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at two care plans, staff demonstrated how they documented care on the new care plan system. We also looked at risk assessments, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Victoria House. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspections in July 2017. The provider had been in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management of medicines were not safe and there was a lack of individual risk assessments to keep people safe. At this inspection we found improvements had been made in areas where we had previously identified shortfalls. The breaches of regulation were met. However, further time is required to ensure these are fully embedded into practice before we can be assured practices are consistent and continually safe.

People told us that they felt safe. One person told us "I feel very glad to live here, I'm safe and cared for." Another person said, "Really nice here, good staff and I get everything I need."

The management of medicines was safe. Policies and procedures were in place to support the administration and management of medicines. People confirmed they received their medicines on time. One person said, "They give me my pills properly and I've never gone without." Medicines were administered by staff who had received appropriate training in medicines. Staff also had regular medicine competency checks to ensure their practice remained safe. Two members of staff spoke of their training and of the competency tests that they undertook regularly. One staff member said, "Its good training, we are shown how to check medicines in, record amounts and check that it's what was prescribed by the doctor. The manager also observes us giving out and recording to make sure we are doing it correctly." The manager confirmed that competency of medicines is on-going and that extra checks were done if errors or poor recording was identified through the weekly audits.

Medicines were stored appropriately and securely and in line with legal requirements . People's medicines were stored in a locked room and a medicine trolley. The temperature of the medicines trolley and surrounding areas were checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines. These arrangements ensured medicines were stored safely and therefore safe to take or apply to skin. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. At the last inspection we found that people's medicines were out of stock for up to a month and therefore not given as prescribed. The manager had introduced an ordering system that provided a second check that ensured people's medicines were ordered in a timely way and meant medicines were never out of stock. This had mitigated the risk previously found.

Staff retained patient information leaflets for medicines and also had access to the British National Formulary (pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology) to check for information such as side effects. Staff had started to complete medicine care plans/risk assessments for every person to ensure all staff had an understanding of why the medicines were prescribed, the possible side effects of the person not receiving their medicine and side effects of medicines. This was on-going at this time.

Where risks to people's health, safety and well-being had been identified, these were now consistently well

managed. People had a care plan with accompanying health and environmental risk assessments completed. Everyone who lived at Victoria House had a full assessment of needs, environmental risk analysis, person specific care plans and associated health and social risk assessments. For example, catheter care, nutrition (fluids) and mobility. This meant staff had the necessary information they needed to deliver safe care. We spoke with an agency staff member who said that they had access to the information necessary, to provide safe care. They also said that the staff knew people well and were very supportive.

People who were deemed at risk of not drinking enough had clear information in their care plans that their fluid intake should be monitored closely and fluid charts used. When fluid charts were used they were completed properly and evaluated every 24 hours and overseen by the manager. The organisational procedure stated people who had not reached their target intake for three days should be referred to the GP and staff had ensured this was progressed.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence was shared with staff. Therefore we were assured that there were lessons learnt and improvements made when things went wrong. Any subsequent action was also shared and analysed to look for any trends or patterns. The manager monitored these and audited them to ensure appropriate support was provided and when necessary, changes had been made to reduce the risk. Staff said they completed accident or incident forms as soon as possible and, then discussed what had happened. One member of staff told us, "We talk about what happened so that we can try to prevent it happening again."

Risks associated with the safety of the environment and equipment were identified and managed appropriately within people's care documentation. Equipment such as hoists and wheelchairs were stored safely and were accessible when needed. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. The provider employed a dedicated facilities person who was responsible for overseeing the safety of the environment and premises. All fire exits were clear from obstruction and in good working order. Personal emergency evacuations plans (PEEPs) were in place for individual people and gave clear information for staff to follow. These had been reviewed to ensure that they were reflective of peoples' mobility needs and in-line with staffing levels for day and night evacuations.

People were cared for in a clean, hygienic environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. We saw that the service and its equipment were clean and well maintained. We saw that the service had an infection control policy and other related policies in place. People told us that they felt the service was clean and well maintained.

The organisational recruitment processes remained unchanged. All had Disclosure and Barring Service check (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. All had full employment history, references and evidence of checks on identity.

The provider had assured that all staff had the skills, knowledge and competency to keep people safe. There was a training plan which told us staff training had been established and there was a rolling plan that ensured refresher training was booked. A member of staff told us "Training is good, we have lots of it." Another confirmed that they had received fire training, and that it included mock evacuations. Systems to assess staff competency to complete aspects of their roles had been introduced and were progressing to

ensure all staff were competent and confident in their role. It was acknowledged that this still needed to be embedded in to their training programme but the manager was confident that this was achievable.

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff were able to describe different types of abuse and what action they would take if they suspected abuse had taken place. They were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. There were policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse and the contact number for the local authority to report abuse or gain any advice. We saw that safeguarding referrals had been made appropriately to the local authority safeguarding team in a timely fashion. One staff member told us, "I would raise concerns if I saw or heard anything that was inappropriate."

There were enough staff working in the home at this time to meet people's needs. At the last inspection we were told that due to dependency levels increasing, staffing levels would be increased to three. However this had not happened as due to people moving to nursing care and changes to people's health this had not been deemed necessary at this time. The manager told us that this was constantly being reviewed. The accident and incident audits for November and December 2017 had not identified any trends that identified insufficient staffing at any certain time. People told us the staff were always available and we saw that staff responded promptly when people used their call bell for assistance. One person said, "There are always staff around, I think there are enough, never been a problem." Staff told us there were enough staff to provide the support people needed. One member of staff said, "We have enough staff on in the morning and evening, and if we need more staff it's organised." People chose where they wanted to sit, in the lounge or their own rooms and staff provided assistance if needed. One person told us, "They are a good bunch."

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspections in July 2017. The provider had been in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of the increased risk of unsafe or inappropriate care due to ineffective oversight and monitoring systems.

Following our last inspection in July 2017 the provider submitted an action plan detailing how they would meet their legal requirements.

There was no registered manager in post. The manager had been appointed had been in post since July 2017. She informed us that she had started the registration process with CQC. We have requested that this is progressed as a priority.

The manager had introduced more in depth audits that clearly demonstrated issues found, what action was to be taken and a date of completion. However, further time is required to ensure these are fully embedded into practice before we can be assured practices are consistent and continually safe.

Robust systems had now been established so the provider could assure themselves staff had appropriate skills and knowledge via regular competencies and access to timely training for new starters. This meant the provider could now be assured staff had the skills and were safe and competent to undertake their roles in areas such as fire safety and medicines.

The manager had delegated some tasks to other senior staff members. This meant she had more time to monitor the care delivery and undertake staff supervisions and competencies. The manager was relaxed and enthusiastic in respect of the changes. The manager was responsive to our comments and feedback throughout the inspection and sent actions plans immediately after our inspection identifying how they intended to take the service forward and embed systems over the next few months.

Quality assurance systems had been effective at driving improvement such as those associated with the environmental condition of people's rooms and communal areas. The environmental audits were thorough and effective. However they needed to have intended completion dates so as to monitor the progression, such as carpet replacement. Medicine audits were being undertaken weekly at present until the manager was satisfied that staff practices were safe and embedded. There were still some errors being identified and these were addressed with additional training, staff supervision and support. The manager had worked hard to introduce audits that reflected learning from accidents and incidents. Accidents and incidents were audited monthly and analysed for trends and themes. Any recurring themes and trends were highlighted and an action plan put in to place to prevent a reoccurrence. For example one person who had become unsteady on their feet had been referred to the falls team for advice.

Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with

management including any issues in relation to equality, diversity and human rights. Management was visible within the service and the manager took an active approach. The manager told us, "I listen to all the staff, my door is always open." The service had an emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "Definite improvements, we are listened to, and supported." Another member of staff said, "We have a handover every day about the residents and what is happening. There is good communication."

Staff told us they found staff meetings helpful and felt the manager listened to ideas and supported them through recent changes with care plans and medicine management. They felt that the new documentation and technology allowed them to improve their care and released time from filling in multiple forms to spend time with people. Staff said the computer systems were really good for documenting what care was delivered. Staff continued to be positive about working at the service and were happy in their roles. They said that having more activities was really good and enabled them to do one to one sessions for those who remained in their rooms. Staff were compiling photograph boards in communal areas of activities and events people enjoyed and staff showed these during the inspection. One staff member said, "It is a reminder to us all of how much people enjoy life still."

Staff commented that the manager was available for advice and generally felt supported in their roles. Meeting minutes between senior staff identified a range of operational areas were routinely discussed and identified how improvements could be made within the service.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services. Staff had a good understanding of equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.