

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:
22 September 2020

Date of publication:
20 October 2020

Ratings

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

Summary of findings

Overall summary

Victoria House is a care home which provides residential and nursing care for up to 68 people across two adjacent buildings. Some people at the service were living with dementia and/or mental health conditions. At the time of the inspection 57 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 (adjacent to the main 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

At the last inspection we found improvements were required with regard to the cleanliness and upkeep of the building, risk assessments and the provider's governance of the service. At this inspection we found improvements had been made in all these areas.

People enjoyed the improved communal areas during our visit and were protected against the risks of poor maintenance through the comprehensive work overseen by the registered manager. Staff followed safe infection prevention and control procedures. People interacted warmly and in a trusting way with staff.

Risk assessments have been updated and improved and staff demonstrated good person-centred knowledge of people's needs and the risks they faced.

People were cared for by kind, caring staff who created a warm and welcoming environment.

The registered manager had in place a range of quality assurance and auditing processes, which demonstrated ongoing improvements to the service. Staff felt supported by the registered manager, who had successfully maintained people's safety, staff safety and a positive culture and atmosphere during a time of national pandemic.

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 requires improvement (published 3 December 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 October 2019. During the inspection we identified breaches of legal requirements. Following the inspection, the provider submitted an action plan to show what they would do and by when to improve person-centred care and good governance.

We completed this focused inspection to make sure they had followed their action plan and to confirm they now met legal requirements.

We undertook this focused inspection to check whether improvements had been made and sustained in these areas. This report only covers our findings in relation to the key questions safe and well-led. 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was 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 Care Act 2014.

Inspection team

An inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Victoria House is a 'care home'. People in care homes receive 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.

Notice of inspection

We gave a short period notice of the inspection. This supported the home and us to manage any potential risks associated with COVID-19.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, nurse on duty, and a member of maintenance staff.

We reviewed a range of records. This included three people's care records, maintenance and safety checks, recruitment information, training information, rotas, accident and incident information and meeting minutes. We looked at a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with six relatives and three professionals who regularly visit or work with the service. We spoke with five more care and housekeeping staff.

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.

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

At our last inspection the provider had failed to ensure the satisfactory standards and maintenance of premises and equipment. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At our last inspection we found numerous instances of the building in poor state of repair and/or cleanliness. Significant improvements had been made and were noted at this inspection, including a new kitchenette and newly decorated communal areas. The registered manager had plans in place for further improvements.
- Regular safety checks were in place and, where repairs were required, completed promptly. There were contingency arrangements in place and regular servicing and maintenance of gas, electrics and lifting equipment.
- At our last inspection we found risk assessments lacked detail to support staff to minimise risks. At this inspection we saw care plans contained up to date assessments of risk associated with peoples' care and support needs.
- Individual COVID-19 risk assessments had been developed and included in people's care files.
- The registered manager had implemented a range of additional safeguards during the pandemic. Relatives and external professionals were confident in measures the home had taken.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Using medicines safely

- Medicines were managed safely. Staff demonstrated a good knowledge of people's medicine requirements.
- Where people were prescribed medicines 'when required' there were clear non-medicinal strategies in place to help support people in a positive way.

Staffing and recruitment

- People were supported by sufficient numbers of suitably qualified and competent staff who were effectively employed.
- We found there were enough staff available to assist people. One relative said, "There are definitely enough staff and they are so attentive."

Systems and processes to safeguard people from the risk of abuse

- The provider had clear policies and effective systems in place to safeguard people from the risk of abuse. The registered manager has significantly improved the accessibility of information through clear signage and information displays throughout the building.
- Staff interacted warmly with people. Relatives felt staff acted in people's best interests and would help protect them from any avoidable harm. One said, "They are patient and take the time to know what is best for people."

Learning lessons when things go wrong

- Staff kept records of incidents and accidents. They proactively tried to identify trends to help reduce the risks of repetition of things like falls. They sought and acted on the expertise of other professionals.
- The registered manager took an interest in national best practice guidance and implemented aspects of it to make the service safer.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's

At our last inspection the provider had failed to ensure the satisfactory standards and maintenance of premises and equipment. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Damaged furniture, ceiling tiles had been removed or replaced and window fittings repaired. Whilst there were some ongoing improvements required, the registered manager had addressed priority areas of refurbishment and had plans in place for the rest.
- Signage had improved, with clear noticeboards and accessible information.
- Personalisation of people's bedrooms had improved. We saw a range of rooms where staff had helped people personalise their surroundings to their tastes. One relative said, "The redecoration of the room had a positive impact on her wellbeing. The home's maintenance team are always doing something."
- Communal spaces were bright and vibrant, with some elements of dementia-friendly environments. One communal room was particularly dark and underused as a reminiscence area. The registered manager agreed to rethink how this space could best be used.

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

At our last inspection the provider had failed to ensure governance systems were suitably robust to monitor specific risks to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care planning documentation regarding risks had improved. People's needs were fully assessed and clearly identified, including their choices about care and support. Staff demonstrated a good understanding of people's needs, as documented in their care plans.
- Information in care plans guiding staff on how to support people during times of distress had improved. We saw specific non-medicinal strategies in place to help staff divert people and find positive ways to engage

them.

- The registered manager and deputy had reviewed care records to ensure they were accurate and up to date.
- Nationally recognised tools were used to monitor risk, and the registered manager had implemented their own areas of best practice to help monitor and mitigate risk. For instance, a falls tracker that had worked well for them previously.

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.

- Care plans we reviewed noted people's consent to care for a range of decisions, such as receiving the flu vaccine. Where a restrictive practice was considered for a person's safety, such as bed rails, this was fully assessed in line with MCA principles. They involved people able to help decide what was in a person's best interests.
- The registered manager had arranged further MCA training for staff. They ensured staff were competent through specific MCA competency supervisions.
- Staff understood people well and helped them to make day to day decisions and choices. One relative told us, "Staff respect his wishes. They understand and communicate with him very well."

Staff support: induction, training, skills and experience

- Staff were trained in core areas such as safeguarding, infection prevention and control, moving and handling and falls awareness. Training plans for the next two months were comprehensive and wide-ranging.
- Staff told us they felt supported by the registered manager. Relatives had confidence in the skills and knowledge of staff.
- Regular competence-based supervisions ensured staff regularly discussed their understanding of key areas of practice.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Feedback about meals was consistently positive. People enjoyed mealtimes, which were enhanced by the significantly improved décor of the dining areas.
- People were supported to choose through improved visual menus.
- Staff worked with other health professionals to make sure people received food and drinks according to their needs.
- The registered manager worked well with external health and social care professionals to ensure people's

needs were met. All external professionals we spoke with had confidence in the ability of staff to meet people's needs. One said, "I would be happy with them looking after my relative."

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 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.

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

At our last inspection the provider had failed to ensure governance systems were suitably robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits and quality assurance measures were in place across the service to ensure all aspects of care were monitored and improvements made where needed.
- The registered manager acted in an open and transparent way throughout the inspection. They led by example during an extremely difficult time (the coronavirus pandemic) and all staff we spoke with felt there was clear leadership.
- The registered manager had implemented a well-planned range of improvements to improve the fabric of the building, cleanliness, atmosphere and accountability. Relatives we spoke with were consistent in their praise and recognition of the improvements. One said, "They put things in place straight away to improve the room. I am very pleased with the service and would recommend this service to others."
- The registered manager and staff team understood their role and responsibilities and were keen to ensure a good quality service was provided. Tasks were suitably delegated to ensure workloads were achievable and staff could develop their skills and responsibilities.

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

- The registered manager had ensured people had played a fuller part in the running of the service. For instance, ensuring people's choices were respected and acted on in terms of decoration, and involving people in practical activities such as refurbishing the activities hub area.
- People had developed good relationships with staff; they were relaxed and enjoyed laughter and banter with staff.

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

- There were a range of means of engaging with people, including residents' meetings and surveys. The registered manager had implemented a 'resident of the day' scheme to ensure each person received one-to-one time with activities, kitchen and housekeeping staff.
- The service worked in partnership with health and social care professionals who were involved in people's care. One told us, "They get involved and are a big part of the multi-disciplinary meetings. They're open and transparent. They are quick to respond, that goes for the whole management team."
- Staff confirmed they were well supported and had confidence in the registered manager. One said, "They have been beside us throughout this whole thing and have made some really good changes."

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

- The registered manager understood their responsibilities in terms of regulatory requirements. For example, notifications that needed to be made to CQC.
- The registered manager was open and honest with us about the service and areas they were further developing. They had made a range of positive changes to the service, in terms of the fabric of the building and staff development. They were responsive to suggestions and were pro-active in their attitude.