

Shaw Healthcare (de Montfort) Limited

Victoria House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were detailed risk management plans in place to protect and promote people's safety. Staffing numbers were sufficient to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to attend health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and/or their relative where required. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the

CQC and external agencies.

More information is in the Detailed Findings below

Rating at last inspection: Good (report published 13/07/2016)

About the service: Victoria House is a purpose built single story care home that provides residential care for up to 47 older people, including people living with dementia.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

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 well-led.
Details are in our Well-led findings below.

Good ●

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 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.

Inspection team:

This inspection was carried out by one inspector, an assistant inspector 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. Their area of expertise is dementia care.

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. The service accommodates up to 47 people in one purpose building. At the time of our visit there were 45 people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

The inspection site visit activity started on 28 November 2018 and ended on the 28 November 2018.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last

inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection visit, we spoke with ten people who used the service and two relatives. We observed the care for two people living with dementia. We also had discussions with eight staff members that included the area and registered manager, the main cook and kitchen assistant and four care and support staff.

We looked at the care and medication records of four people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People continued to feel safe living at the service. One person said, "I'm pretty independent still, but when I need help there's always someone there for me. I feel very secure." A relative told us, "I am confident that [relative] is safe and well looked after".
- Staff told us they had completed appropriate and effective training in relation to safeguarding and they understood the systems in place to raise any concerns they may have. One told us, "I would report any concerns I had to the manager." There were notices displayed around the service regarding safeguarding people and how to report abuse.

Assessing risk, safety monitoring and management

- People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. They covered a variety of subjects including, moving and handling, nutrition and tissue viability. Where people had been identified as a high falls risk they also had a falls prevention support plan in place.
- Staff were aware of people's risk assessments and how to keep them safe. A staff member said, "We have risk assessments in place so we know what to do to keep people as safe as possible."
- Risk assessments were reviewed and updated regularly or when people's needs changed.

Staffing levels

- People felt there were enough staff employed to meet the needs of people using the service. One person said, "You can always find someone. Help is never far away." A relative said, "There are always enough staff on duty and there are always plenty of staff around in the communal areas."
- Staff said there were enough staff to meet people's needs safely and didn't feel rushed or under pressure. We observed sufficient numbers of staff on shift to support people safely.
- We found safe recruitment practices had been followed. We spoke with staff who told us they had produced references and identification before being offered a post.
- Records showed that Disclosure and Barring Service (DBS) checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People continued to receive their medicines as prescribed. One person told us, "I take my tablets when [staff member] brings them. I trust them to know what I should be taking."
- Staff told us and records confirmed they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to

guide staff on when to administer them safely and consistently.

- We saw evidence that regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- People continued to be protected against the spread of infection. One relative said, "[Relative's] last home was filthy so I know how bad things can be. Here it's a different story, [relative's] room is clean, and the bathroom spotless."
- Staff told us and records confirmed they had completed training in infection control. They followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- Information about how to prevent the spread of infection, such as effective hand washing, was available in the service and the service was clean, hygienic and free from unpleasant odours.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The registered manager responded appropriately when things went wrong and used any incidents as a learning opportunity.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed before they went to live at the service.
- People's diverse needs were detailed in their care plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices, diet and gender preferences for staff support.
- Staff completed training in equality and diversity and the staff team were committed to ensuring people's equality and diversity needs were met.

Staff skills, knowledge and experience

- People continued to be supported by staff that had the skills and knowledge to meet their needs. One person told us, "I've not fallen since I came here, they've been really supportive and encouraged me to get back some of my independence."
- Staff told us they were very satisfied with the training they received and felt the provider really valued them and was willing to invest time and effort into their training. One commented, "I had an excellent induction when I started and that gave me a lot of confidence." Records demonstrated staff had completed a comprehensive induction and on-going training programme.
- Staff told us they were well supported and received regular one to one supervision so they could discuss any issues of concern or share good practice.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they were happy with the food provided. One person said, "Very homely meals; makes it feel like being at home. We always get offered choices."
- People's nutritional needs were assessed using a variety of tools such as weight charts and daily records. We saw this information in people's care plans and noted it was reviewed and updated monthly or when people's needs changed.
- The registered manager said they worked closely with the dietician and speech and language therapists to ensure people had the right support with their dietary needs. Records confirmed this took place.

Staff providing consistent, effective, timely care

- Staff continued to support people in a timely manner with their healthcare needs. Two people told us how they had recently visited an optician, and another said they were regularly visited by a nurse from the local GP surgery.
- The registered manager informed us they had contacted a local dental service that was going to provide training in oral care for staff and also undertake dental checks for people living at the service who wanted them. We saw this advertised on a notice board.

- Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and treatment guidance was available to staff. People's healthcare information was reviewed monthly to check it had been updated in line with their needs.

Adapting service, design, decoration to meet people's needs

- People's rooms were very personalised and they told us they had been involved in choosing the decorations and objects in their rooms. We saw they reflected people's personal interests and preferences.
- The environment was accessible, comfortable and decorated with photos and lots of personal touches that made it feel homely and welcoming. Artwork produced by people living at the service was on display in communal areas and in people's rooms.

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

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 Act requires 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. The application procedures for this in care homes and hospitals are 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 were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Records were clear when decisions had been made in people's best interests or they had been asked to sign to consent.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful. Records confirmed this.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People were cared for by staff who were kind, caring and compassionate. One person said, "From the first meeting they have all been brilliant." Another told us, "As soon as we arrived here we knew it was the one. All the staff without exception are so kind." They went on to tell us about a staff member who regularly brought them treats such as sweets and cakes. "[Name of staff member] won't take any money for them. They are just naturally caring."
- Staff knew people well and the things that were important to them. For example, one person preferred to stay in their room as they became anxious when they went into the communal areas. Staff made sure they visited the person in their room regularly to provide company and reassurance. The person's relative said, "We are working with the staff to encourage [relative] to have some time in the home's lounges and mix with others."
- We saw that relationships between staff and people were caring and positive. For example, we observed the lunch time meal in the dementia unit. Staff clearly knew people well and could read their body language and behavioural characteristics which enabled them to manage care or intervene if needed.
- We saw compliments from relatives that were all very positive. One read, 'Thank you all so much for all the loving kindness you showed [name of relative]. You made their life happy in their final years.'

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

- People told us that staff respected their choices and the decisions they made. For example, one person didn't want a bed in their room as they were a very poor sleeper and had not slept in a bed for years. The staff had respected their decision and had supported them to have a sofa in their room instead. The person said, "I did try a bed for a little while but I couldn't get used to it. So, I said I wanted a sofa and the staff helped me to get one."
- We saw that people could have access to an advocate to support them to make decisions about their care and support.
- Records showed people were involved in meetings to discuss their views and make decisions about the care provided.

Respecting and promoting people's privacy, dignity and independence

- All staff respected the privacy and dignity of each person and they could give us examples of how they did this.
- Care plans documented all aspects of people's care and life choices. These contained regular prompts to staff to respect people's choices and right to privacy.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything

about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored secularly.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People continued to receive person centred care that met their needs. A relative said, "After four moves in the last two years we're not afraid of getting what's right for [relative], but we've never had any qualms here, the care is right."
- As part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their individual preferences, interests and aspirations. From this information a tailored plan of care was developed.
- Each care plan detailed the needs of each person and provided staff with guidance on how to support them in the best way. They described the individual support people needed to maintain their independence. For example, where a family member had the legal responsibility for their relative's finances, it was identified that the person would still like regular access to some money. The care plan stated, '[Name of person] likes to keep some money in their purse, which they keep in their bedroom.' This meant the person could still maintain some financial independence at the service.
- There was an activities coordinator who completed an assessment of people's social care needs. These included past interests, hobbies, topics for conversation and family and friends. The activity coordinator was then able to ensure activities were bespoke and suitable for each person. For example, several people said they had previously enjoyed travelling. An activity called armchair travel had been implemented where people virtually travelled to different places and were engaged in conversations about each country

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of ways to do this. For example, friends and family meetings, a comments box and a complaints procedure. People and relatives said they would be happy to raise a complaint should they need to. No complaints had been received at the service in the 12 months prior to our inspection visit.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that staff used pictures, photographs and objects of reference to ensure people could understand as best they could any information they were given.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. People had an end of life care plan in place that recorded any wishes they may have in relation to their end of life care.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager told us they promoted the ethos of the organisation which included 'respect, dignity, and privacy; enabling 'customers' independence, self-reliance and interaction with their community to feel they have control.' They achieved this through meetings and one to one supervision sessions. They said, "This is people's home and we strive to make it a home. When families visit they are visiting their relative's home and should also feel comfortable. We are totally open and honest." We found the registered manager had a good understanding of people's needs and acted to make improvements that resulted in good outcomes for people.
- People and staff spoke highly of the registered manager. One person said, "The manager is smashing. You can go to her with anything and she'll sort it out. She's not afraid to get her hands dirty if a job needs doing." A member of staff commented, "The manager is brilliant. She wouldn't ask us to do something that she wasn't prepared to do herself. We all have total respect for her."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager and area manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken. For example, they completed regular checks to ensure care plans were reviewed and where necessary updated monthly. We found that care plans had been reviewed monthly which showed the quality checks on the care plans were effective.
- Staff felt they were well trained and supported and were committed to the care and development of the people they supported. They felt that when they had issues, they could raise them knowing they would be listened to. All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed they understood their right to share any concerns about the care at the service.

Engaging and involving people using the service, the public and staff

- The provider and the registered manager positively encouraged feedback from people and staff and acted on it to continuously improve the service, for example by asking people about which activities they preferred and their views about the meals provided.
- Satisfaction surveys were carried out with people, their relatives and staff. Feedback was analysed and

used to implement improvements or suggestions. For example; changes to the menu had been implemented following feedback from people.

Continuous learning and improving care

- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- The provider and registered manager demonstrated an open and positive approach to learning and development. They had been awarded the Investors in People award. Two staff from Victoria House had been recognised and rewarded in the 'Shaw Star' regional awards.
- The provider operates an incentive scheme that includes an employee of the month where staff receive vouchers as a reward for their hard work and commitment.

Working in partnership with others

- The PIR told us the provider was working closely with a local service who provide support with transport to take people out on trips to the shopping centre and local pubs for lunch and drinks. The service will also offer support with volunteer drivers for hospital, doctor or dental appointments.
- The service had developed a dementia café that will be opened shortly. The Alzheimer Society have agreed to open the café and provide support through talks and discussions and will provide the service with information leaflets.