

Dukeries Healthcare Limited

# Victoria Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

About the service: Victoria Care Home is a residential care home that provides personal and nursing care for up to 93 people. At the time of our inspection 80 people lived in the service. Two people were in hospital at the time of our inspection, but both were expected to return to the service.

People's experience of using this service:

People that we spoke to said that Victoria Care Home was a good place to live and that staff treated them with respect and kindness. However, we found that monitoring risk was not always appropriate and advised the registered manager to relocate a listening device to ensure that only staff were able to hear it.

There was not always enough staffing to meet people's needs. The nursing unit had staff deployed which met with the staffing required. However, not all staff deployed were carrying out moving and handling which meant that there was not enough staff to enable people to be cared for appropriately.

People's health and social care needs were managed well by management and the staff team. There were positive relationships with professionals which supported people's overall wellbeing.

Medicine was administered safely and there were clear protocols in place for medicine taken when required. Records were kept up to date and Medication administration records (MAR) were all correct and checked by staff and the registered manager.

The registered manager showed evidence of ongoing quality monitoring across all aspects of the service. Any concerns raised by residents' relatives or staff were investigated and addressed. This was also used to inform improved practises throughout the home.

People had enough to eat and drink. People were offered choices and had an input into the menu planning. The lunchtime experience was relaxed, and staff were assisting with serving meals and assisting people where necessary. However, staff weren't deployed effectively so that all those who required assistance, received it.

There were a variety of activities both to keep people occupied and entertain them and physical activities to assist with people's mobility. However, not all people were engaged or consulted about activities and the registered manager agreed that this needed to be planned better.

### Enforcement

We found breaches in relation to safe care and treatment in not mitigating risk in relation to choking and in relation to staffing not being sufficient to meet the needs of people living at the service.

Rating at last inspection: At the last inspection Victoria Care Home was rated as Requires Improvement. The last inspection took place on 6 June 2018. At this inspection the home has remained the same.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection. The registered manager now has systems and processes in place to respond to complaints and to monitor the quality of the service.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## 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 effective?

**Requires Improvement** ●

The service was effective

Details are in our Effective findings below

### Is the service caring?

**Good** ●

The service was caring

Details are in our Caring findings below

### Is the service responsive?

**Good** ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

**Requires Improvement** ●

The service was Well-Led

Details are in our Well-Led findings below

# Victoria Care Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector an Expert by Experience and a Specialist Nurse Advisor. 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 Care Home is a residential care home that provides personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

The inspection was unannounced.

The inspection took place on 13 November 2019.

#### What we did:

Before our inspection, we reviewed information we held about the service. This included the last inspection report, information received from local health and social care organisations and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection. We reviewed the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gave

the management team the opportunity to share any other additional information they wished to share. During the inspection we spoke with 16 people who used the service. We spoke with nine members of staff including a domestic assistant, care assistants, four assistant managers the registered manager, compliance manager and operations director.

We reviewed a range of records. This included eight people's care plans and medication records. We also looked at five staff files in relation to recruitment, training and supervision records. We reviewed records relating to the management of the home and a broad range of policies and procedures.

# 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 remained the same. 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.

### Staffing and recruitment

- Staff all had criminal records checks prior to starting work at the service, however, these had not been reviewed regularly. Some staff had not had further checks since they started employment and in some personal records, this was up to 14 years since checks had been carried out.
- One person told us "They haven't got enough staff. The buzzer goes to emergency if it rings for too long." Most of the people we spoke to told us that there was not enough staff to meet the needs of people living at the service. One person told us that due to a health condition they were required to lie down for specific periods during the week. This did not always happen as there was not always adequate staffing to hoist the person onto the bed. The registered manager told us that this had been addressed and there was a process in place to ensure that this was achieved.
- The registered manager told us that they had a dependency tool to assess staffing requirements. However, there was not sufficient staff to meet the needs of those people living on the nursing unit. Staff told us that at times there were three care staff to support 27 people in the morning, many of who required one to one support. The registered manager told us that the nurses were counted in the numbers, however the nurses did not attend to any personal care or moving and handling of people. The registered manager gave us a rota which showed that five staff were usually deployed to the nursing unit.

The failure to ensure that there was enough suitable competent, skilled and trained staff on duty was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2018.

### Assessing risk, safety monitoring and management

- Risks were assessed but were not always mitigated appropriately to keep people safe.
- We observed two people sitting in a small lounge area with no staff. At lunchtime they were served food in the lounge, both were at risk of choking and had soft diets. There were no staff supporting or observing them eating even though they were at risk and one was struggling to pick up the food with a fork.
- Staff we spoke to knew about people's individual risk in detail. However, there was not enough staff to manage risk at mealtimes and not everyone received the support they needed. This was an issue of staff deployment and the management were looking at an effective way to utilise staff to keep people safe.

The failure to mitigate risks and to protect people from the risk of choking is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person who had limited communication had a baby monitor in their room so that staff could hear and be able to assist if there was a problem, mitigating the risk. However, the receiver of the monitor was

plugged into a communal lounge which meant that the persons privacy was compromised. We were told this had been advised by a nurse specialist to ensure the persons safety over the other checks they carried out to ensure that the person was safe.

At the time of our inspection we advised that if a monitor was to be used, that the receiver should be in a place where only relevant staff could hear.

#### Using medicines safely

- Medicines were managed safely and there were no errors on the medicine administration charts (MAR).
- MAR charts all signed for when medicine had been given and there were no missing signatures. People received their medicine when prescribed and there was a system in place for ordering repeat medicines.
- Staff who gave medication had been assessed as competent and all staff who administered medicine were trained to do so.

#### Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and knew how to spot the signs of abuse. The staff that we spoke to said that they wouldn't hesitate to challenge anyone who they felt were not behaving appropriately towards a person and they would also report on to a senior or the registered manager. Staff were aware of the whistle blowing policy.
- Safeguarding concerns were reported through to the local authority safeguarding team and the care quality commission (CQC). Information on safeguarding was clear and an investigation had taken place after any concerns were raised.

#### Preventing and controlling infection

- The home was clean, and we observed domestic staff cleaning throughout our visit. One person told us "It is all very clean, always."
- All staff used Personal Protective Equipment (PPE) and we saw them frequently change gloves and aprons.

#### Learning lessons when things go wrong

- We saw evidence that the manager had a robust quality monitoring and improvement plan in place for all aspects of the service.
- Incidents and accidents were managed and monitored, and systems were put in place to improve from the information they collected.
- People, relatives and staff were given the opportunity to give feedback which was used to drive improvements where it was needed.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager had introduced nutritional risk assessments, so that people's dietary requirements could be assessed and monitored, in accordance with their needs.
- Menus were available, and people told us that there was always a choice of meals, however, this was not reflected on the menu board at the time of our inspection. We did witness staff asking people what they would like.
- The mealtime experience was mixed. Those who were able to and wanted to eat in the dining room were observed and offered support if required but those who ate in different areas did not always receive the support they needed. The registered manager had plans to better deploy staff so that everyone received the support they needed at mealtimes.

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

- The registered manager had ensured people's needs had been thoroughly assessed before a placement at Victoria Care Home was arranged. This helped to ensure the staff team were able to meet individual needs in accordance with people's wishes and preferences.
- Staff applied learning effectively in line with best practise, which led to good outcomes for people and supported a good quality of life. Staff told us that the training was good and helped them to both understand their role and carry out tasks more effectively.

Staff support: induction, training, skills and experience

- People were supported by kind, caring and compassionate staff who respected people's privacy and dignity.
- We saw induction programmes had been completed by new staff members and the provider had enabled the staff team to complete a good range of training modules.
- Supervisions were taking place frequently and staff told us that they felt supported. which enabled discussions around work performance, areas of concern.

Staff working with other agencies to provide consistent, effective, timely care

- We saw that the service had forged good working relationships with professionals involved in the care and treatment of people.
- We saw evidence of appropriate, timely referrals to health and social care teams in people's care plans.

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

- We noted the corridors had recently been decorated and updated. This was still being carried out as we noted some areas in the home were very 'busy' with decorations and flowers. The registered manager told us that they were working on updating these areas.
- The home was adapted to meet the needs of those living there and there was enough suitable equipment to ensure people were looked after safely.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure that people were supported well.

Supporting people to live healthier lives, access healthcare services and support

- There were good systems in place to ensure that people saw healthcare professional when required.
- We saw evidence in care plans where people had been referred through to the GP or nurse specialist when their health care needs had changed.

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 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.

- The provider had ensured mental capacity assessments and best interest decisions had been conducted for each area of care. DoLS applications had been made as appropriate.
- The provider had obtained evidence to demonstrate legal authority had been granted for named individuals to act on behalf of people who lacked capacity to make decisions.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- We observed that people were treated with kindness, dignity and respect. We received feedback from people and relatives which supported this.
- People's religious and cultural needs were considered. The registered manager told us that there were regular church services for all religions. We saw that they treated people as individuals and planned religious and cultural requirements at the time of their assessment to live at the service.
- People had effective relationships with staff who provided their care and support.

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

- People and their families were involved in care planning and invited to express their views in all aspects of their lives.
- The registered manager listened and acted on any feedback received from people. People were consulted about their care and treatment and any changes explained and discussed with people and invited to give their views.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. We saw information in a care plan regarding ensuring that people are covered whilst receiving personal care to maintain their dignity.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way.
- People's needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.
- People had access to Advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew them well and understood their preferences.
- People had care plans which were personalised and detailed. The plans had been reviewed as needs changed and were person centred. Staff knew people well and could tell us about their needs and preferences.
- People's communication needs were assessed, and staff could explain what different formats could be used to communicate should this be needed. The registered manager told us that one person was unable to speak English communicated with the staff through picture cards and a translation service from the internet.
- Activities were planned by an activity co-ordinator; however, this did not engage all people living at the service, people told us that there was not enough activities. The registered manager told us that they would look to better deploy activities so that they could engage more people.

Improving care quality in response to complaints or concerns

- People knew how to complain and were confident that they would be listened to.
- The registered manager actively requested feedback from people and their relatives. Complaints and compliments were followed up and a resolution sought for complaints.
- Feedback from relatives and residents was collated and addressed. The registered manager was proactive on responding to feedback and was keen to engage with people and relatives to gain an understanding of how they could make improvements.

End of life care and support

- Preparation was made for end of life care sympathetically and with the aim of people being supported to have a pain free and dignified death.
- Staff understood people's needs, were aware of good practise and guidance on end of life care, and respected people's religious beliefs and preferences.

# 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 remained the same.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management showed clear evidence of a robust quality monitoring process for the home which was recorded. This included all aspects of the environment, staff supervision and appraisals and health and safety. However, this did not address the lack of adequate deployment of staff at key times throughout the day.
- Notifications were made in an accurate and timely manner and evidence was shown of learning from errors. The service had an open and transparent culture. People were supported by staff who were committed to providing good quality care to people.
- The staff we spoke to were enthusiastic about their work and felt that they were supported well by the manager.

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

- The service was not always well managed. Some staff were unclear about their roles and responsibilities and managers were accountable for staff and appropriate deployment which wasn't happening at the time of our inspection. We saw that there was a staffing shortfall on the nursing unit because of the way staff were deployed. The registered manager acknowledged this at the time of our inspection and understood what would be required to make improvements.
- There was a lack of oversight of people's safety for example, one member of staff going to transfer a person when the task demanded two people with a hoist. People were not being supported at mealtimes when they were at risk of choking.
- There was a system in place to monitor all incidents. This highlighted if appropriate action had been taken including sending notifications to external parties such as the local authority and statutory notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was aware of the importance of understanding equality and diversity and protected characteristics.
- People's views on how the service was run were gathered by having regular meetings to discuss various aspects of the service.

Continuous learning and improving care

- The registered manager had learned from mistakes and keep staff informed of any changes that could affect people's care. Regular meetings were held with staff to discuss issues and to allow staff to have their say.
- A visiting professional told us that the service had improved, and they had received regular updates from the service.
- The staff we spoke with said that they felt confident to raise any issues with the registered manager.

#### Working in partnership with others

- We saw evidence that people were supported to access health and social care services required. They had regular visits from healthcare professionals who people told us had a good relationship with the home.
- The registered manager explained that they had engaged with the local community and supported people to access it as they wished.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The failure to mitigate risks to people with particular regard to choking and moving and handling leading to unsafe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The failure to ensure that there were sufficient trained and qualified staff to meet the needs of people using the service.