

Care Homes UK Ltd

Victoria House

Inspection report

2 Nostell Lane
Ryhill
Wakefield
West Yorkshire
WF4 2DB

Tel: 01226727179

Date of inspection visit:
22 January 2021

Date of publication:
08 February 2021

Ratings

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

Summary of findings

Overall summary

About the service

Victoria House is a residential care home providing personal and nursing care for up to 30 people. Some people using the service were living with dementia. At the time of our inspection there were 18 people living at the home.

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

People were safeguarded from the risks of abuse. Staff received training in this area and knew how to recognise and report abuse.

Risks associated with people's care were identified and risk assessments were in place to minimise the risk.

Staff were knowledgeable about risks associated with people's care.

Accidents and incidents were monitored, and trends and patterns identified. Lessons were learned when things went wrong.

People received their medicines as prescribed. Competency checks were carried out and staff were knowledgeable about medicine management.

The provider had a robust recruitment procedure which ensured new starters were recruited safely.

We observed staff interacting with people and socially engaging with them. Staff we spoke with felt there were enough staff. They also told us that the management team was supportive and assisted them when needed.

The provider made sure infection control processes helped keep people safe during the COVID-19 pandemic. The home was clean and there were PPE stations situated at several points throughout the home.

The provider had managed the current pandemic well and implemented effective procedures.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (Published 08 June 2019). At this inspection we found improvements had been made.

Why we inspected

The inspection was prompted in part due to concerns received about a COVID-19 outbreak at the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led.

Prior to the inspection, we reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for the key questions of Effective, Caring and Responsive were used in calculating the overall rating at this inspection.

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 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 reinspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 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.

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

Inspection team

The inspection was carried out by one inspector.

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 had a manager who was 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

We gave the service notice of the inspection. This was because we have changed the way we inspect due to Covid-19 and needed to check with the manager what information we could review electronically and what we would need to look at on site.

Inspection activity started on 20 January 2021 and ended on 22 January 2021. We visited the care home on 22 January 2021.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from the local authority.

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.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including; area manager, registered manager, clinical lead and three care and housekeeping staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We also looked at a variety of records relating to the management of the service, including 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.

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines on time and as prescribed.
- Staff had received training in the administration of medicines and medicines were stored safely.
- Where people were prescribed 'as required' medicines, protocols were in place and staff were aware of when people needed their medicines.
- Where we identified minor issues, such as a missing record used to guide staff in the application of creamed medication, we found no evidence people had been harmed. The provider was quick to rectify these issues and organise individual staff supervision where appropriate.

Systems and processes to safeguard people from the risk of abuse

- People told us they had no concerns about safety. One person told us, "I am absolutely safe here, it's a great place to be."
- People were protected from abuse by staff who had received training to recognise and report any concerns.
- Staff were able to tell us about the training they had received regarding safeguarding, and what they would do if they suspected anything was wrong. One staff member told us, "I would report any concerns immediately. There are posters around the home, displaying information and guidance."

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and risk assessments were in place to minimise the identified risks.
- Staff knew people well and were knowledgeable about the risks involved in their care.
- Staff had access to risk assessments via an electronic system.
- People we spoke with felt they were safe living at the home. One person said, "I have faith in the safety of the building and the people working here."

Staffing and recruitment

- People felt there were enough staff to keep them safe. One person told us, "There are always staff around."
- There were enough staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- The provider had systems in place to help ensure that staff were recruited safely.

Preventing and controlling infection

- There were appropriate protocols and policies in place to support the home around infection control.
- We observed staff wearing appropriate PPE. There was appropriate hand washing facilities throughout the home to minimise the spread of infection.
- The home was conducting appropriate Covid-19- tests for all staff and residents.
- 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 admitting people safely to the service.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped to ensure any themes or trends could be identified and investigated further. It also meant any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

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 good. At this inspection this key question has remained the same. 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

- Providers must notify CQC about certain changes, events and incidents affecting their service or the people who use it. We use this information to monitor the service and to check how events have been managed. We found notifications had been submitted by the provider, as required.
- There was a clear staff structure and staff told us they made up a strong team and worked well together. Comments from staff included, "We have a fantastic team who work very hard for one another", and "The pandemic has brought the team even closer together."
- The provider had quality assurance checks and audits in place and these were used to identify shortfalls, errors and omissions. The provider was considering increasing the frequency of medication audits.

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

- The management team and provider promoted a positive culture within the home.
- Staff felt the culture was person-centred, open, and inclusive. One staff member said, "The registered manager and area manager are open, honest and always accessible and supportive." Another staff member's feedback regarding a positive COVID-19 test stated, "I can't praise them enough since being sent home from work. They have called and text multiple times asking how I am and if I need anything"
- People we spoke with told us they found the management team very approachable. One person told us, "The staff and manager are lovely, I can't fault them at all."

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

- Records showed staff engaged with a range of health and social care professionals.
- Staff meetings were held regularly. Records showed there was an opportunity for quality issues to be discussed and for staff to share ideas.
- Staff told us they were listened to by the registered manager. One said, "The registered manager is always open to listening to staff and any ideas we may have. Staff are always encouraged to speak."
- The registered manager conducted regular supervision and spot checks of staff, to support them to develop.
- People had been supported to keep in touch with their relatives using technology during the pandemic.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibilities and acted on the duty of candour. People told us they were kept informed of any changes in the home and around their care and support.
- The rating from the last inspection was on display in the home.

Continuous learning and improving care

- The registered manager and staff team had systems in place to learn from accidents, incidents and safeguarding concerns. This included any lessons learned from any of the provider's other homes.

Working in partnership with others

- Collaborative working with agencies and organisations was prioritised. The registered manager spoke highly of professional relationships the service had established with a range of professionals such as GPs and district nurses.