

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Victoria House is a residential care home providing accommodation and personal care for up to 47 people. The service provides support to older people, people living with dementia and people with a mental health diagnosis. At the time of our inspection there were 33 people using the service.

Victoria House has 6 separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia and another specialises in providing support for people living with a mental health condition.

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

People were protected from the risk of harm, felt safe, and staff were aware of how to raise any safeguarding concerns. Care and risk support plans set out people's known risks and provided guidance to ensure staff could provide safe care. Some risk assessments did not contain enough detail, and this was rectified during the inspection. Medicines were managed safely. New staff were safely recruited and there were enough staff to meet people's needs. The provider was working within current government guidance in relation to infection control and there were no restrictions upon visiting arrangements. Incidents and accidents were acted upon appropriately and lessons were learned when things went wrong.

Some improvements to the décor would be beneficial to support and stimulate people living with dementia, We have made a recommendation about the environment in the effective section of the report., the registered manager began to work on this during the inspection. People were assessed prior to moving into the service and were supported by staff with a good level of knowledge and skills. People received effective support with eating and drinking. People were supported to have control over their lives. Staff worked with other agencies, seeking advice and support when needed. The service made use of adaptive technology to support independence and reduce risk.

Mental capacity assessments were in place for people who lacked or had fluctuating capacity to make specific decisions, but these did not cover all key decisions. Staff knew about the Mental Capacity Act 2005 (MCA) and how to support people to make day to day choices about their care and routines. Staff supported people in the least restrictive way possible and in their best interests however these decisions were not always recorded, this raised the risk of decisions being made which did not always follow the principles of the MCA.

Systems in place to monitor the quality and standards of the service were not always effective. We found inconsistencies in records relating to allergy information, diabetes risk assessments and MCA assessments. There was a positive culture in the service. People said the registered manager was approachable and responsive. Staff received regular supervision and 1 to 1 meetings to support learning and development. The provider had clear policies and procedures in place to support staff. There was an ongoing improvement plan for the service. The provider ensured any lessons learned from incidents was shared across the service

and region.

People were treated with respect and their dignity was upheld. People were involved in their care planning. We observed staff interacting with people in a friendly and supportive way. There was a positive approach to the delivery of people's care. Staff understood the people they were supporting and knew them well.

Care plans contained information about people's preferences and people received care tailored to their needs and wishes. Activities were planned to enable people with a range of communication needs to be involved. There was easy read information available in the service. The provider responded appropriately to complaints and sought out regular feedback from staff, relatives and people using the service.

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 good (published 28 December 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing in the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe section of this report.

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 COVID-19 and other infection outbreaks effectively.

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.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and 1 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.

Service and service type

Victoria House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Victoria House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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. We used the information the provider sent us in the provider information return

(PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 7 people using the service and 3 relatives to gain feedback on their experience of care provided. We spoke with 14 staff members. This included the registered manager, quality improvement manager, deputy manager, team leaders, care staff, administrator and activity co-ordinator. We looked at 10 people's care records and 3 staff files in relation to recruitment. We reviewed training and supervision records for all staff. We also looked at a variety of records relating to the management of the service including audits, staff rotas, safeguarding and incidents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management

- Risk assessments for some people who had diabetes did not contain sufficient information to ensure staff had all relevant information on how to provide safe care. For example, risks around high/low blood sugars and how to manage diabetic foot care. We did not find any evidence of people coming to harm from this, because staff knew people well. We raised this with the registered manager and the information was added immediately.
- People's risks were assessed regularly and updated monthly or more frequently if necessary. Evidence based tools were used to assess risks such as falls, skin integrity and eating/drinking. Care plans held information on measures to reduce risk such as movement sensors to alert staff when people who were at risk of falls get up from bed. This reduced the time taken to get support and helped keep people safe.
- Personal emergency evacuation plans (PEEPS) tell staff how to safely evacuate people in the event of a fire. PEEPS were up to date and included information such as a person's mobility, understanding of information and how many staff were needed to safely evacuate them.

Using medicines safely

- People had medicines assessments which set out how they preferred to take their medicines, and other relevant information to ensure safe administration. We found some inconsistencies in the care plan records as to where information about allergies was recorded, and one person where the information was not clear if they were being given medicine covertly or not. We did not find any evidence of harm to people because staff knew where to locate this information on the medication records and were aware of people's allergies. The provider took immediate action to rectify this and explained how this would be checked in future to reduce the risk of recurrence.
- Medicines were stored and administered safely. An electronic records system supported staff to administer medicines at the prescribed time and prompted them to make a record, this reduced the risk of errors.
- Medicines given 'as needed' were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.

Learning lessons when things go wrong

- Sometimes staff received an injury such as bruising to their hand caused by a person whilst they were distressed. We found these incidents were not always reported by staff which meant the management team were not always aware of what had happened. This limited the information available to senior staff to monitor the person, understand their behaviour and develop support plans to help reduce distressed behaviours and possible injury to others. The registered manager acknowledged this and reminded staff to complete incident forms in relation to staff injury and told us they would review historical incidents.

- Incidents, accidents and falls were reviewed to identify if any lessons could be learned at service level and across the region. The registered manager and quality improvement manager reviewed these monthly and shared any learning with the team. Other professionals were involved where needed. For example, where it was noted a person was experiencing increased falls, the falls team were contacted for additional support.
- Team meetings were used effectively to discuss and share learning within the service. This meant staff were aware of any changes to people's support needs and were able to keep them safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Staff had completed safeguarding training and knew how to escalate any arising safeguarding concerns. There were notices around the service on how to report abuse.
- The registered manager was aware of their safeguarding responsibilities. They had a tracker which ensured any concerns were escalated and followed up on. The tracker also showed what actions were taken to mitigate future risk.
- People felt safe and received safe care. One person told us, "I just feel safe. The staff are alright, yes, they are very good staff. They look after us well."

Staffing and recruitment

- The provider ensured staff were recruited safely by undertaking robust pre-employment and identity checks. These included a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. People and staff told us there were usually enough staff available. One person told us, "It depends what they are doing. Sometimes I have to wait a bit, but not too long, it can't be helped, it could be me," Another person told us, "Yes, (staff are) reasonably quick to get to me" One member of staff told us, "There is enough staff to support everyone."
- During periods of short staffing vacant shifts were covered by the existing team including management staff as well as bank and agency workers. Records and feedback confirmed this. To ensure consistency as far as possible, the registered manager booked the same agency staff in advance. All these measures reduced the impact of short staffing upon people's care.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visiting. The provider was working in line with current government guidance. There were clear processes in place in the event of an outbreak of infection to ensure visits could still take place safely.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found some key decisions did not have separate MCA assessments, for example, whether someone who had fluctuating capacity needed support with administering their medicine. Where some decisions were made in people's best interests, records did not always confirm who else was involved. For example, health professionals or family members. This raised the risk of decisions being made which did not always follow the principles of the MCA, we have reported further on record keeping in the well-led section of the report
- The management team had completed mental capacity assessments where people needed to be deprived of their liberty to keep them safe. For example, keeping doors locked and safety monitoring with movement sensors. The registered manager had made appropriate DoLS applications where this was required.
- Care plans included clear information about people's capacity to make simple day to day choices, such as when to get up and included relevant information to ensure staff provided appropriate care.
- Staff had received training and were able to demonstrate an understanding of MCA and DoLS.

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

- The service included a wing which specialised in supporting people living with dementia. The environment could be improved, and we recommended the provider seek best practice guidance on dementia friendly environments. The provider responded positively to our feedback and confirmed they had sought guidance around specialist environments, ordering dementia signage and rummage boxes.
- Specialist equipment was available to support the delivery of care and support. This included specialist

beds for those that needed them, pressure relieving mattresses and equipment to help with mobility.

- The service was generally well decorated. The dementia wing had a quiet lounge which was decorated with sensory wallpaper and items of interest such as a bookshelf. The service was being decorated for Christmas celebrations. There were some areas which needed refreshed paintwork due to chips and marks on walls and doorways, which the provider was aware of.

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

- People's needs were comprehensively assessed prior to moving into the service. This was kept under review to ensure people received effective support. People we spoke with confirmed this. One person told us, "The staff know all about me and my health."

- Assessments covered a range of areas such as mobility, eating and drinking and set out people's level of independence and the level of support they were likely to require. For example, one care plan noted, '[Person] is able to choose own clothes and dress themselves, will need support with small buttons.'

Staff support: induction, training, skills and experience

- People were supported by staff with the right skills. Staff received a range of mandatory and refresher training in areas such as moving and handling and diabetes. One person told us staff were skilled and knowledgeable. They said, "I haven't noticed anyone not doing it right".

- Most training was delivered electronically, staff gave mixed feedback about the training they received. One staff member said, "I think we should have more [face to face training], but it is not available." Another said, "We have lots of training, we can access it on our phones". The registered manager told us training was completed online with some face to face sessions where needed, for example, moving and positioning training.

- The provider had identified a training need to support people using positive behaviour support methods. They had developed a 3 day course for staff due to be rolled out in the new year.

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

- People were supported to eat and drink enough. Staff monitored the food and fluid intake of people at risk of poor nutrition and hydration and followed guidance from health professionals. For example, providing thickened drinks and soft puréed diets for people with swallowing difficulties.

- People said they enjoyed the meals provided. There was enough choice on the menu, and they were able to choose alternative meals. One person said, "It's not too bad, we get 2 choices, and they ask what we want. If you don't like what's on the menu, you can have something else."

- During the inspection we observed the dining experience at lunch time. People ate where they preferred which included in their rooms, in comfortable chairs or at the table. Alternatives were offered to people, the food was well presented, and any adaptive cutlery was provided where needed.

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

- The service worked with other agencies and contacted outside support such as district nurses when needed. Records confirmed advice from professionals was sought and followed. A recent speech and language assessment was completed for a person who had difficulties swallowing. The recommendations were shared with staff and transferred to the care plan.

- Detailed hospital grab sheets were available on people's care records which ensured up to date essential information could be shared with emergency and medical staff in the event people were admitted to hospital.

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

- Staff worked in partnership with external health and social care professionals including GPs, social

workers, mental health teams, occupational therapists and district nurses.

- People's healthcare needs were met in a timely and effective way. An advanced nurse practitioner from the local GP surgery visited every week to support the people living in the service. One person told us, "[The nurse] comes in if something is the matter."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; respecting equality and diversity

- People were well treated and supported. Everyone we spoke to provided positive feedback about the care they received. One person told us, "[Staff] are always respectful and kind." Another said, "It's wonderful in here, they care for you so well. It's a wonderful place, you won't find anywhere better. They make cake for you [on your birthday]. It's like having a second family."
- We observed staff interacting with people in a friendly and supportive way. Staff responded promptly and did not rush people. Staff spoke about people with warmth and compassion.
- People's cultural, religious and diversity needs were met. For example, people attended a monthly religious service and leaders of different religious denominations had visited the service in the past to meet people's religious needs.

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

- People were involved in their care planning. People's views were recorded in their care plans. Staff had a good understanding of what was important to people and how they liked their support to be provided. People confirmed they were spoken to about the help they needed and support they wanted
- People were involved in their daily routines. People told us they could get up when they chose. We saw one person remaining in their dressing gown, they told us that they were comfortable, and this was their preference. Another person was having breakfast in bed, they told us this was their choice. Care plans reflected these choices.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was upheld. We observed staff knocking on doors before entering people's rooms. One person told us, "They [staff] always ask me first, always". Staff understood the importance of maintaining people's dignity. One staff member told us, "I always make sure the curtains and door are closed during personal care."
- People were supported to maintain their independence. Care plans included information about the support a person needed and what areas they were still able to do themselves. Staff told us it was important they encouraged people to continue to do as much for themselves as they were able.
- People's records were stored securely which maintained people's confidentiality. The provider was meeting their responsibilities under the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Opportunities for people to go out and about were limited unless they went with a relative. Some people said they wanted to go out more but were not able to. One person said, "We used to go on trips, like Rushden lakes for a coffee." The activities coordinator told us the lack of transport meant it was difficult to take people on trips. We found the impact on people was limited as the provider ensured a varied activity programme was available to people in the service. The registered manager explained that a lack of staff able to drive the bus stopped this but hoped to address this in the future through recruitment.
- People were able to spend time with people who were important to them, including visiting relatives and friends.
- People enjoyed a programme of activities and a weekly calendar was on display. We saw people enjoy an entertainer who attended the dementia wing and people from across the service were invited to join. We also saw local school children visited to sing Christmas carols which people enjoyed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained information about people's choices and preferences. Signed consent forms were in people's care records. This meant people's preferences were known by the staff team to ensure people received their support in the way they chose.
- Staff knew people's likes, dislikes and preferences. Since moving to the electronic care planning system, staff used handheld devices, so they had immediate access to everyone's care records at any time. This meant people received care which was tailored to their needs and wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained a detailed assessment of people's communication needs and preferences. This covered a range of areas including verbal and non-verbal communication, written communication and visual aids. For example, the use of sign language, braille and the use of large sized writing.
- Activities were tailored to enable people with a range of communication needs to be involved. The activity organiser told us they created extra-large bingo cards and word searches for someone living with sight loss. This ensured they could remain independent and continue to join in with an activity they enjoyed.

- The registered manager told us information about the service could be requested in other formats if needed. We saw surveys had been produced in an easy read format for people living with dementia and easy read DoLS information was on display on the notice board.

Improving care quality in response to complaints or concerns

- The service had received 3 complaints in the past 12 months. The registered manager held a log of these and there was evidence of improvement actions resulting from the complaints. Records confirmed complaints were responded to in line with the provider's complaints policy.
- Relatives provided positive feedback about the responsiveness of the service. One relative told us, "We have peace of mind, nothing is too much bother. If we have a concern, it gets sorted out right away."

End of life care and support

- The service was not providing end of life support to anyone at the time of the inspection. Staff had received training in end of life care.
- Care plans provided information about people's wishes at the end of their life and any advanced decisions. Documentation was in place where DNACPR (Do No Attempt Cardiopulmonary Resuscitation) decisions had been made.
- Relatives told us they had been asked if they wished to complete a comprehensive plan for their loved one in preparation for the end of their life.

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 our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place to monitor the quality and standards of the service were not always effective. We found inconsistencies in records relating to allergy information, diabetes risk assessments and MCA assessments. The registered manager and quality improvement manager had identified areas for improvement however we found some areas identified on this inspection had not been identified. The provider had an action plan and an overall service development plan which was updated and reviewed regularly and included dates for completion of tasks.
- The registered manager and quality improvement manager were supportive of the inspection and keen to take on board any suggestions for improvement. During and following the inspection they took immediate actions to follow up on all issues we brought to their attention.
- Staff had access to policies and procedures on their mobile phones. The system prompted staff when policies had been updated. This meant that staff were clear about their roles and responsibilities.

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

- There was a positive and person-centred approach to the delivery of people's care. This was demonstrated by the staff team's understanding of the people they were supporting. Most of the staff we spoke to enjoyed working at the service and found their roles rewarding. One staff member said, "I love it here. I love the atmosphere, going to help people or just having a chat. It's got a lovely feel to it."
- Staff told us the registered manager was approachable and had an open-door policy. One staff member told us of a problem they had where they had approached the registered manager who had been supportive and offered advice
- Staff received one to one meetings with the management team to discuss their work, arising issues and any development needs they may have. This ensured staff could receive any support needed to perform well in their roles. The majority of staff told us they felt well supported.

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

- There was a clear system in place for reporting incidents. The registered manager understood their responsibility under the duty of candour. Relatives and people told us the service contacted them when something went wrong and took action to put things right.
- The provider had up to date policies and governance arrangements in place. The provider and registered

manager notified CQC of incidents as required by law. This means CQC can check appropriate action has been taken.

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

- The provider sought feedback informally on an ongoing basis and via questionnaires. A recent survey was sent out to people using the service, relatives and staff. This captured people's views and was submitted anonymously to head office who collated the results in a report. There an action plan in place to address any concerns or suggestions made from this survey.
- Resident meetings took place regularly and people were encouraged to contribute their views. We saw a recent meeting was held which discussed arrangements for the festive season. This included plans for Christmas Day, Boxing Day and a New Year's Eve party.
- People told us they knew who the registered manager was and felt able to share their views with them. One person said, "She is often walking around. She sometimes pops in, when she is not too busy. She has always got time for you if you speak to her."

Continuous learning and improving care

- The provider ensured any learning from incidents was shared across the service and region. There was evidence that incidents were reflected on, discussed and shared with staff through supervision and general discussions in team meetings. The registered manager met regularly with the quality improvement manager to share information and consider how to drive further improvements in the service. The service improvement plan was used to track and monitor this.
- The service had recently introduced an electronic care planning system. Staff could update and access records quickly and easily. Staff gave positive feedback about the system, a staff member told us, "It's brilliant and means we get to spend more time with people." The system produced reports and alerts which highlighted any concerns, allowing the registered manager to take action quickly to ensure people were kept safe.

Working in partnership with others

- The provider worked with different health and social care organisations, agencies and professionals to ensure people received a good standard of care. They also worked with local community organisations, including schools, to build relationships for the benefit of people living in the service.