

Victoria House Care Home Limited

Victoria House

Inspection report

2 Victoria Road
Poulton
Lancashire
FY6 7JA

Tel: 01253892400

Date of inspection visit:
16 October 2018

Date of publication:
29 October 2018

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

Victoria House provides accommodation and personal care for up to 12 older people. The home is situated in a residential area of Poulton-le-Fylde and is close to shops and local amenities. Victoria House is well served by public transport, being on a bus route and close to the railway station. There are two lounges and one dining area situated on the ground floor, with individual bedrooms on the ground and first floors. A stair lift is in place for ease of access to the upper floor. At the time of our inspection visit there were 12 people who lived at the home.

At the last inspection carried out on 05 May 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home told us they were safe, well cared for and enjoyed living at the home. Comments received included, "I am really well looked after and feel completely safe." And, "I am looked after really well by caring and conscientious staff."

Relatives spoken with during the inspection told us they were happy with the care provided and had no concerns about their family members safety. Comments received included, "I am very happy with [relatives] care. They are treated with respect and dignity by staff." And, "We think the home is absolutely brilliant. The staff are fantastic, they have the patience of saints."

Throughout the inspection we observed staff being kind and attentive to people in their care. We saw they were caring, patient and engaged people in conversation whilst providing their support. We saw staff were always in attendance and available when people needed their help.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and

experience required to support people with their care and social needs. All staff except one recently recruited staff member had achieved national care qualifications. The registered provider told us the new staff member would soon be undertaking their care qualification training.

The service had sufficient staffing levels in place to provide support people required. People had support to enable them to pursue activities of their choice.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People's care and support had been planned with them and was person centred. They told us they had been consulted and listened to about how their care would be delivered. Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by the service. They told us they were treated as individuals and received person centred care.

We observed the daily routines and practices within the home and found people were treated equally and their human rights were constantly being respected.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The design of the building and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place and staff had received infection control training.

Meal times were relaxed and organised around people's individual daily routines. People told us they enjoyed the quality and choice of meals provided for them.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information about support from an external advocate should this be required by people they supported.

The service had a complaints procedure which was made available to people and their family when they commenced using the service. The people we spoke with told us they were happy with the service and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek their views about the service provided.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Victoria House

Detailed findings

Background to this 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 was planned to check 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.

Victoria House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 16 October 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in 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 did not use the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was because people who lived at the home were able to speak with us and tell us about their experiences living at the home.

During the inspection visit we spoke with a range of people about the service. They included three people

who lived at the home and three relatives. We also spoke with the service's registered manager, registered provider and two care staff. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records of four people, recruitment and supervision arrangements of three staff members and staffing levels. We also checked the care homes environment to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they felt safe in the care of staff who supported them. Comments received included, "I am really well looked after and feel safe and comfortable in the care of the staff." And, "I am really well looked after and feel completely safe. The staff are very good and do a good job."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

People who lived at the home told us they were happy there were sufficient numbers of staff available to meet their needs. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner.

Records seen confirmed appropriate recruitment checks had been made to ensure staff were suitable and safe to work with vulnerable people.

We found people's medicines continued to be managed safely by the service. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We looked at how the service managed controlled medicines and found safe storage, administration and recording had been maintained.

We looked around the home and found it continued to be clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' had been reviewed to see if lessons could be learnt and to reduce the risk of similar incidents. For example following one incident at the home the service had updated one person's risk assessment, contacted the falls prevention team and occupational therapist. Advice given was the home had done everything they could to try to make people safe.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. Comments received included, "I am very happy here. The staff treat us ever so well. They do a wonderful job." And, "The quality of staff is really good. They comply completely with [relatives] wishes and I know [relative] is very happy here. They think the world of the staff."

People had received a full assessment of their needs on their admission to the home. Following assessment the service had produced a plan of care for staff to follow. We saw people had signed consent forms confirming they agreed with the support to be provided. We found the records were consistent and staff provided support that had been agreed with each person.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. In addition, staff completed the services mandatory training including health and safety, nutrition and hydration awareness, moving and handling people and safeguarding adults. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

We found people continued to be happy with the variety and choice of meals provided. We saw snacks and drinks were offered to people between meals including tea, coffee, juices, fruit, biscuits and cake. Lunch was organised and well managed and provided a relaxed and social occasion for people to enjoy their meal.

The service shared information with other professional's about people's needs on a need to know basis. For example, when people were visited by healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits from General Practitioners (GP's) and other healthcare professionals had been recorded with outcomes to the visit.

The service had joined the Enhanced Health in Care Home Framework which is cooperation between the service and the Health Service. The service had been issued with a device to enable clinicians and care home staff to communicate in a virtual way and carry out remote examination and support to people. This enabled people to be treated in their home environment and reduce pressure on the ambulance and

hospital services.

We looked around the building and found it was appropriate for the care and support provided. There was a chairlift that serviced the second floor to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful, kind and showed genuine compassion to people in their care.

People who lived at the home told us they were very happy, well cared for and enjoyed living at the home. Comments received included, "The staff cannot do enough for me. I love it here. It's a lovely home. I am very happy." And, "[Relative] used to visit a friend who lived at the home and always said if she needed to go into care she wanted to come to Victoria House. [Relative] thinks the home is brilliant. The staff are fantastic, patience of saints."

Care plans seen confirmed people and their families had been fully involved in their care planning. Records we looked at contained evidence of them being engaged in the development of their care plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for.

Staff had a good understanding of protecting and respecting people's human rights. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Staff had received equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences. Throughout the inspection we observed the daily routines and practices within the home and found people were treated equally and their human rights were respected.

We spoke with the registered provider about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. We observed staff undertaking their daily duties during the inspection. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw people's communication needs had been assessed and where support was required this had been met.

The service had Wi-Fi (wireless connectivity) in the building enabling people who lived at the home to have internet access through their hand held computers and mobile phones. The registered provider told us this enabled people who lived at the home to maintain contact with family members, friends, and watch films at their leisure.

People who lived at the home told us they were happy with the activities organised for their entertainment. These included musical movement/arm chair exercises, entertainers monthly and one to one reminiscing and pamper sessions with staff. One person said, "I enjoy the activities but we also entertain ourselves having a proper laugh in the lounge joking and singing together."

The service had a complaints procedure which was issued to people on their admission to the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The people we spoke with told us they were happy and had no complaints.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

Is the service well-led?

Our findings

People who lived at the home and their visitors told us they were happy with the way in which the home was managed. Comments received included, "The owners are open and transparent. The home is really well managed in my opinion." And, "The owners are brilliant with the residents and visitors. The home is a pleasure to visit."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability. The registered provider, registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them and management provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained.

Staff told us they were able to contribute to the way the home operated through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered provider and registered manager.

We looked at the minutes of a recent residents meeting. Issues discussed were people's satisfaction with the care and meals provided. We noted positive feedback had been received from all who attended the meeting.

Surveys completed by family and friends of people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt consulted and involved in the running of the home, which was well managed. Comments received included, 'I would have no hesitation in recommending Victoria House to anyone needing an excellent care home. It is small enough to feel very personal with long serving staff providing continuity in care. We are very happy with the care provided.' And, 'We have always been pleased with the care and understanding my relative receives.'

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's, district nurses, falls prevention team and occupational therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

The service had on display in the reception area of their premises and their website their last CQC rating,

where people could see it. This has been a legal requirement since 01 April 2015.