

Inniscastle Care Limited

Victoria House Residential Home

Inspection report

Low Grange Crescent
Belle Isle
Leeds
West Yorkshire
LS10 3EB

Tel: 01132708529

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 03 and 11 January 2019. The first day was unannounced.

At the last inspection in October 2017 we found three key questions rated requires improvement. Since the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to be rated 'good'. At this inspection we found improvements had been made and the service was no longer rated requires improvement.

Victoria House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide care and support for up to 41 people. At the time of our inspection 41 people were living at Victoria House Residential Home. The home has two floors, with bedrooms on both the ground and upper floor.

The service had a registered manager. 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.

The people who lived at Victoria House Residential Home told us they felt safe. There were enough staff to meet the needs of the people who currently lived there, and appropriate precautions were taken to ensure that staff had the right character to work with vulnerable people. However following employment ongoing security checks had not always been completed, we raised this with the registered manager to continue with some background checks on staff. The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding and were aware of their responsibilities to report any possible abuse.

The building was secure, clean and well maintained, and staff ensured any environmental hazards were minimised.

Care records were well kept and easy to follow. They gave a good indication of people's abilities and provided a good description of their likes and dislikes. Where risk had been identified, risk plans were in place to minimise the risk of harm occurring. Senior staff were trained to administer medicines and we saw people were assisted to take their prescribed medicines in a way they were comfortable with by staff who understood their needs.

People were supported by a stable staff team who knew the people well. We saw that the staffing ratio reflected the needs of the people living at the service. The people we spoke with believed the staff were competent and knowledgeable. We saw from training records that all new starters received a thorough

induction and ongoing refresher training to maintain their competence.

Staff communicated well with each other and we saw that information was exchanged between staff informally throughout the working day, and a handover meeting took place at the start and finish of every shift. This ensured that care staff were aware of any change in peoples' needs and of any tasks which might need to be completed.

The registered manager and the care staff we spoke to, demonstrated a good understanding of capacity and consent. When people were being deprived of their liberty the correct processes had been followed to ensure that this was done within the current legislation.

People liked the food provided, and attention was paid to their dietary needs and preferences. Lunchtime was a sociable occasion and there was some conversation as people ate their meals.

Care staff monitored people's general health, and where specific healthcare needs were identified the service liaised with healthcare professionals to provide an appropriate level of support.

We saw people were comfortable and well cared for. Staff were vigilant to people's needs and could respond in a timely way to people's requests for assistance. They respected people's need for privacy, but understood the risk of social isolation and ensured supervision and regular checks were made when people retired to their rooms.

Regular reviews showed that people's needs and abilities were closely monitored and any changes were noted and amended in care plans. There were some activities, and stimulation was provided at a pace suited to people's needs. The service supported people to plan for the end of their life and considered their needs and wishes ensuring their comfort and dignity.

Staff worked well together and encouraged a culture of mutual respect. They recognised the service was people's home and understood their role to support vulnerable people.

The registered manager was respected by staff, people who used the service and their relatives, but did not always have a visible presence throughout the home.

The service sought feedback from people and some monitoring systems were in place, but information collected by the service could be used more effectively to improve the quality of the service.

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.

Staff had a good understanding of safeguarding and the action to take should they have any concerns.

Staff were recruited in a safe way. Ongoing background checks of staff were to be introduced.

The service was clean and tidy and environmental checks had been completed.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised and told us they were confident in their roles because of the support.

People received the nutritional support they required. Food appeared appetising and people said it was nice.

The service followed the principles of the Mental Capacity Act 2005 and supported people appropriately when depriving them of their liberty lawfully.

Is the service caring?

Good ●

The service was caring.

Staff knew about equality and diversity and how to treat people with respect.

Staff supported people with kindness respect and compassion.

Is the service responsive?

Good ●

The service was responsive.

People were supported with their end of life needs and involved in those decisions.

Regular activities happened in the service although more general stimulation when entertainers were not on site could be effective.

Care records were written in a person-centred way and reflected peoples current needs.

Is the service well-led?

The service was well-led.

Everyone knew who the manager was and said they were easily contactable.

The service had a robust system of audits and monitoring tools to review the service and identify shortfalls.

The registered manager knew their legal responsibility to submit notifications in the event of incident's.

Good ●

Victoria House Residential Home

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.

This was an unannounced inspection and was conducted by one adult social care inspector and two Experts 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. This inspection took place on 03 and 11 January 2019.

We requested and received a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this document to help us with our inspection planning.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked the local authority commissioning and safeguarding team for their views of the service.

We spoke with 12 people who used the service, one visiting relative, one visiting health care professional, nine staff as well as the registered manager and the administrator.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records of four people. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe at Victoria House Residential Home. They told us, "Safe, oh yes we are all safe. Nothing to harm us here", and "I wouldn't change anything, it's safe here."

We looked at four recruitment files. We found there was a safe system of staff recruitment in place and all necessary checks were completed. However, although background checks had been completed at the point of employment, further checks had not always been carried out. For example, one member of staff had been employed over 10 years at the service but only had a background check when employed. We mentioned this to the registered manager who told us they had started a new process to renew DBS checks after five years of employment, but they conceded this had not been fully introduced yet.

We found sufficient staff to keep people safe. We asked people who told us they believed there were enough staff and staff told us they felt they were able to meet the needs of the people who lived at Victoria House Residential Home. One care worker who was working on both days told us, "There are busier times but overall we can keep people safe and meet their needs."

There were no restrictions on people's movements on each of the floors, with the only exceptions being to areas where it may not be safe, such as the laundry and kitchen. To ensure the safety of all the people who used the service, stairwells had key codes, but this did not restrict any access as people were able to use the passenger lift to move between floors. The front entrance was kept locked, with access via a secure key code. This would help to ensure that unauthorised people would have difficulty entering the home and staff were aware of who was in the building at any time. We were asked to sign the visitors book when we entered the building and produce our identity badges.

A safeguarding policy was in place and protocols and procedures were in line with the local authority guidelines. Where safeguarding allegations had been raised, we saw that appropriate action had been taken, with full protective measures in place and investigations carried out.

When we spoke with staff they told us that they received good training around the protection of vulnerable adults, with regular refresher training and updates. They showed an understanding of how to protect people from harm and could tell us what they would do if they suspected a person was at risk of abuse.

We looked at four care records which showed that risks to people's health, welfare and safety had been assessed and were monitored. Risk assessments were reviewed and where needs changed care plans reflected these changes and identified follow up action. For example, one person had difficulty swallowing. Acting on the advice of a speech and language therapist (SALT) the care plan instructed staff to ensure the person had soft foods and sat in the correct position when eating. Risk assessments for areas of identified risk were completed and reduced risk where possible. Appropriate equipment was put in place, such as crash mats to reduce the consequence of falls. Some people who used the service required assistance with moving and handling using mechanical aids, such as hoists or stand aids. We saw that equipment was clean and well maintained. Staff were able to use this equipment effectively and took care to ensure that transfers

were safe. We saw that bedrooms had call bells to summon help if required. One person told us, "I use my bell sometimes. Most of the time they come quickly. If they are helping someone else they can take a few minutes."

Medicines were stored and administered safely. All medicines were kept in a locked trolley stored in a treatment room. Senior care staff were trained to administer medicines, and they ensured medicines were managed effectively. Each month orders were made and checked with the pharmacist on delivery to ensure the correct medicines were provided. Any unused medicines were also checked, recorded and returned to the pharmacy. The service recorded fridge and room temperatures.

Controlled drugs were appropriately stored in a further locked cabinet. The controlled drug register was countersigned when controlled drugs were administered.

We looked at medicine administration records (MAR) and found they had been completed accurately with no gaps in recording. Where medicines were prescribed to be taken 'as required' there were instructions which gave details including the name and strength of the medicine, the dose to be given, the maximum dose in a 24-hour period, the route it should be given and what it was for. Regular audits and checks ensured safe management of medicines.

Bedrooms and communal areas such as bathrooms, toilets, dining areas and lounges were clean, well lit, and free of any unpleasant odours. Good standards of hygiene and cleanliness were maintained and audited. Staff we spoke with told us that they had received training and understood the importance of infection control measures and hygiene. These included the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning. Communal toilets and bathrooms had a supply of liquid hand wash and paper towels and each had foot operated pedal bins to prevent the spread of infection. The laundry had separate areas for clean and soiled items to ensure that there was no cross contamination. The kitchen was clean and well organised, with food stored appropriately and fridge and freezer temperatures recorded daily to ensure that any perishable items were kept at the right temperature.

The service undertook regular checks to ensure that any environmental hazards were identified. The registered manager and administrator conducted regular checks and identified any risk regarding the environment, including the communal lounges and bathrooms.

Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. The service also had a business continuity plan in place.

Each person who used the service had a personal emergency evacuation plan (PEEP) which informed any emergency services what support each person needed to leave the building safely. However, one person's PEEP had not been reviewed by its identified review date of August 2018. The fire alarm and call bell systems were also checked monthly to ensure they were working correctly. There was a record of fire drills, with staff being taught evacuation of the premises. The fire break points were checked on rotation to ensure they were working.

Is the service effective?

Our findings

Prior to their admission into Victoria House Residential Home, people received a full assessment of their needs with consideration of how their needs and wishes could be met. When we looked at care records we saw they included the views of other people who may have been involved in care and support; records included assessments completed by health and social care professionals such as social workers.

The service supported staff to access training and kept a matrix showing when people had completed mandatory training or required refresher courses to keep their knowledge up to date. We looked at this matrix which showed that most staff had completed the required training to develop and maintain their skills. Copies of any certificates were kept in their personnel records. The staff we spoke with confirmed that they had attended training, and that had assisted them to provide people with the support they required. One care worker told us, "There is lots to do but I don't think there is anything else I need right now. I am confident in my work because of the training". All new staff completed an induction programme upon commencing employment with Victoria House Residential Home. During their probationary period they shadowed a more experienced member of staff, and complete mandatory courses designed to equip staff to deliver all aspects of care.

Supervision meetings provided staff with an opportunity to speak in private about their training and support needs, as well as being able to discuss any issues in relation to their work. People told us that they received regular supervision and records we looked at confirmed this. Staff also received an annual appraisal which focused on achievements and plans for future development.

We saw that staff worked well together, shared tasks equally and communicated effectively during the inspection. One care worker told us, "A few of us have been here a while and I think we work well together", and another said, "There is the odd thing but overall we are a good team." Staff were updated about people's needs through good communication and shift leadership.

People told us they enjoyed the food provided at Victoria House Residential Home. One person told us, "Food is nice and hot, they ask if we would like any more" and "It was delicious, every bit of it." We saw that people had been consulted about their food preferences and had chosen mainly traditional meals. Portions were changed according to individuals' appetite (smaller portions for those with less appetite) and people were offered more. The cook had good knowledge of what people liked and how to meet their dietary needs. Options would be available for staff to prepare for supper and if anyone was hungry at night.

There were systems in place to ensure people's health and well-being were monitored and reviewed. We saw staff documented any changes to people's health conditions and contacted the relevant professionals, for example, speech and language therapists (SaLT) or district nurses, for advice. Changes were easily identified within their care plans. People were supported to attend healthcare reviews, and hospital appointments. Monthly reviews of people's weights were monitored and those with a sudden change in weight were referred to health care professionals.

People told us, and we saw documentation in care files that people were supported to see other health professionals when required. One visiting relative told us that they believed the staff were vigilant to any changes, and that one member of staff in particular had a 'radar' and knew instinctively when something was not right with a person. During our visit the service called out a doctor to visit a person who was not well.

People were encouraged to bring personal items from home to give the service a homelier feel. Some dementia friendly alterations had been made, such as signage and low shadow lighting.

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. The service had a detailed MCA policy and staff had been provided with training and were able to feedback how they put it in practice.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had a system for monitoring any applications and authorisations to ensure they were reviewed appropriately. Staff were able to explain the best interests process and when it was required and were able to give examples of where they made decisions for people and where people were supported to make their own decisions. We saw that people had signed their care records where possible. Where they were unable to sign, the reason was recorded, for example, one care record we looked at stated, 'preferred to sign once at the end'. The care records we looked at had individual capacity assessments for people's needs and this was reflected in care plans. Capacity assessments were decision specific and documented what decisions people could make for themselves, such as what to wear, or when to go to bed.

Care staff were aware of the importance of asking people for consent before undertaking any care. When we asked if they were offered choices, one person who used the service told us, "Oh yes, every time they support me with something they ask me." A care worker told us that they always sought consent, and we saw that choices were always offered. For example, even though staff knew people's preferences for tea and coffee, and how they liked it, they still offered choice. Consent forms had been completed and signed for by people who used the service. Where people did not have capacity to make their own decisions, an advocate was sourced to help make a decision in the person's best interest.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss. This meant people received information in formats they could understand, such as in easy read or large print.

Is the service caring?

Our findings

Everyone we spoke to was complimentary about the staff at the home. One person who used the service told us, "They are always looking out for us." People told us that they were looked after by kind and caring staff who were mindful of their needs and wishes. A file contained cards and messages of thanks, complimenting staff on their kind and caring nature.

People who used the service told us that they thought the care staff made an effort to get to know them. Staff agreed that this was important and spoke affectionately about the people they supported. One staff member told us, "We like to get to know people so we can have conversation and get to know them further." We saw people had a 'my life story' document completed listing in detail people's personal histories. This covered areas such as birthplace, hobbies and family.

People were well dressed and groomed. We saw that staff addressed people by their preferred names, and spoke to them in an unassuming way, making eye contact and touch when appropriate. Staff formed positive relationships with people and demonstrated a good knowledge of their physical, social and emotional needs. People told us they thought the staff listened to what they had to say and made time to speak with them. They told us that their interactions with staff were positive, and staff showed genuine care for people.

People's care records made clear what people required support with and what they could do independently. People and their representatives were encouraged to discuss goals about what they would like to achieve, and individual needs were recognised and accommodated. Care plans were written in a person-centred way and gave instructions to inform staff how best to respond and meet people's needs. Staff understood how people liked to be treated and supported them in a professional but caring manner. One person told us, "Staff are really nice, they always help me."

A care worker, reflecting on how they supported people, remarked, "We can't help but get attached, but we understand our role. We try and make a family atmosphere where we can." Staff were supportive and showed a caring attitude. For example, we observed a care worker encouraging a person to 'have another spoonful' as they finished their main course at lunch on the first day of inspection, but not insisting before they brought them their dessert.

We saw people were encouraged to form friendship groups and talked with one another. On the second morning of our inspection we conducted a recorded observation to document the mood and behaviour of people and any interactions with the staff. We saw people were relaxed and content and talked with one another, sharing a joke with the staff. People were settled; one person reading a newspaper commented on a story and began a conversation with another person. Staff told us that most people who lived at Victoria House Residential Home got on well together and would look out for each other.

Staff treated people and their belongings with respect and understood their need for privacy. Information held about people, including all care records were securely stored in the office when not in use, but staff had

access and we saw that they regularly consulted care plans and assessments to ensure that they were providing appropriate care and support.

Relatives we spoke to told us that they felt comfortable visiting Victoria House Residential Home. There were no restrictions on visiting and people were made to feel welcome. Visitors we spoke to informed us, and we saw, that staff knew who they were, addressed them by name and were always welcoming.

Is the service responsive?

Our findings

When we asked, a relative told us that Victoria House Residential Home was very good and they were happy their relatives needs were met as they wished.

Prior to their admission, the service completed a pre-admission assessment which provided useful information about people's needs and personality. An initial care plan was drawn up and as the staff got to know the person and how best to meet their needs a more comprehensive plan was produced.

We looked at four care plans. They gave a description of each person, their needs and wishes and how they liked their support to be provided. These were reviewed regularly and any changes were placed in care files to alert staff to any changes required in the provision of care.

Care plans were divided into sections around issues such as mental capacity, skin integrity, mobility, moving and handling nutritional needs, falls risk and managing medicines. Details around meeting needs were instructive, and reminded staff to check specific issues, for example, under 'oral care' instructions on supporting or prompting people to brush teeth or how to care for dentures.

Where a risk had been identified action to reduce or eliminate the identified risk was recorded in detail. Charts were completed to record any staff intervention with a person, such as recording food and fluid intake, and when staff turned a person in bed where there was an identified risk regarding pressure areas. If necessary, a body map indicated any bruising or signs of redness. This ensured any emerging risk was identified and allowed prompt attention.

Care plans were reviewed and signed by the person, showing that they had been involved in considering their care. Where they were unable to sign there was evidence that their relatives had read and signed the plans. Daily records recorded all interventions with the person and provided a chronology of their stay at Victoria House Residential Home.

Activities and events were advertised on a notice board and included for example, Christmas parties, Indian presentation, singers and entertainers. An activity file showed some activities including arts and crafts, birthday parties, quizzes, hairdresser, bingo and singalongs. On the first day of inspection we saw an entertainer using music to motivate people to exercise. Other than visitors to the service, we noted people were often sat around with not much to do. There were different lounge areas with TV's in however, staff did not have the time to play games or stimulate people. We spoke with the registered manager about this. They told us they would consider board games, books and an iPad to stimulate people in-between entertainers visiting the service.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussion with the senior staff and people who used the service demonstrated that discrimination was not a feature of the service. We saw that staff received training in

equality, diversity and human rights. This gave staff information on the risks to people's human rights in health and social care provision.

We saw that the service had a complaints policy and people who used the service told us that they were aware of how to complain if they needed to. None of the people we spoke with had raised a formal complaint, and one told us, "Any issues I raise they are on to it straight away, so I never need to complain." When we looked at the complaints log we saw there was evidence of a full enquiry and where the service was at fault apologies were given. The complaints policy was easily accessible and supplied to new residents with contacts of where and who to make a complaint or any concerns, whether this be in writing or verbally to the registered manager. Comments from people included, "Thank you so much for all your hard work", and a comment from a relative, "On behalf of the family, we would like to thank you for the kindness, care and dedication your staff showed to our mum for the three years she stayed with you."

Staff at Victoria House Residential Home supported people to consider their final needs and wishes and consulted them about how they wanted to be supported at this time. Each person had a 'client request list' (in the event of death) plan noting any specific wishes the person might have regarding their death and funeral. This included any concerns they might have and noted any religious beliefs the person may want to be observed. Some people did not wish or were unable to discuss this, but a further section in care plans showed discussion with family members or other interested parties.

Is the service well-led?

Our findings

People and staff told us the registered manager was always in the building if they needed them. A person who lived at Victoria House Residential Home said, "We know they are there, and can speak with them if we wish, but we mainly just speak with the girls," and staff told us the registered manager was, easily contactable via e-mail and they had regular meetings. When we spoke with the registered manager they told us that they promoted a homely environment. They recognised the hard work of staff and applauded their creativity.

We saw that the registered manager was present but not always visible around the home every day. They showed a clear understanding of their role and were aware of their responsibility to pass on any concerns about the care being provided, including notifications to the Care Quality Commission (CQC) and local authority commissioners. However, we were recently notified of an incident when the police had not been immediately contacted. We spoke with the registered manager about this and they agreed and told us in the future they would involve the police at the earliest point.

Staff at Victoria House Residential Home understood their role and function. They had access to a range of policies and procedures to enable them to carry out their roles safely. They supported people in a person-centred way and promoted their independence. They worked well together, taking mutual responsibility to ensure all tasks were carried out in a timely manner. The positive culture of the service was reflected in the interactions we observed to encourage people who used the service to maintain their independence and listen to them, as well as providing support.

To improve the quality of the service the registered manager sought the views of staff, visitors and people who lived at Victoria House Residential Home. We saw feedback for the last survey was mostly positive with some action points to be considered. Everyone we spoke with said if they had a problem, they would just speak with one of the carers and it would get fixed.

Audits had been completed by visiting professionals. We viewed feedback from one recent report from the local authority contracts team that acknowledged improvements in the service.

We saw people were consulted on specific issues. For example, we found evidence to show their views had been gathered on activities and on meal choices, and that these had helped to shape service delivery. Staff meetings were held regularly, we looked at the minutes of the previous meeting and saw that this was well attended, with evidence of discussion and involvement. Issues such as meal times were discussed, and general instructions passed on.

We saw systems were in place to monitor the quality of the service to ensure people received safe and effective care. Regular audits and checks were undertaken on aspects of the running of the service, leading to production of regular reports covering staffing, training, resident issues, activities, nutrition, incidents, and medicines. This information was used to identify areas for improvement and better the service provision.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.