Care Quality Commission

Inniscastle Care Limited

Victoria House Residential Home

Inspection report

Low Grange Cresent
Belle Isle
Leeds
West Yorkshire
LS10 3EB

Tel: 01132708529

Date of inspection visit:
12 July 2022

Date of publication:
06 September 2022

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	**Requires Improvement** ●
Is the service well-led?	**Requires Improvement** ●

Summary of findings

Overall summary

About the service
Victoria House Residential Care Home is a residential care home providing accommodation and personal care to up to 43 people. At the time of our inspection 37 people were living at Victoria House Residential Home. The home has two floors, with bedrooms on both the ground and upper floor, with three shared communal lounges and dining rooms.

People's experience of using this service and what we found
Systems and processes used by the provider to monitor and improve the service were in place but needed strengthening then embedding into practice. Environmental risks relating to safety checks had not been promptly carried out. Accident and incidents were monitored, however, recording of action taken required strengthening and improvement to ensure lessons were learnt.

People received medicines by staff who were suitably knowledgeable and trained. We found that medicines prescribed to thicken people's drinks were not safely stored. When people were prescribed medicines on a 'when required basis' (PRN), guidance was available to help staff give them these medicines however they were not in line with how they had been prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited in line with regulatory requirements to ensure only suitable staff worked
in the service.

Infection prevention and control (IPC) systems were in place. The home was visibly clean; however, we identified some IPC issues which were addressed shortly after the inspection.

Staff were confident in reporting concerns internally and to external organisations. Staff felt supported by the registered manager, who they found to be approachable and visible in 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 and update
The last rating for this service was good (published 05 March 2019).

Why we inspected
We received concerns in relation to the recruitment and selection of staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Victoria House Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Care Quality Commission

Victoria House Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

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

Inspection team
The inspection was carried out by two inspectors and an 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 Residential Home 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 Residential Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection
This inspection was unannounced.

Inspection activity started on 12 July 2022 and ended on 15 July 2022. We visited the service on 12 July 2022.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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
We spoke with five people who used the service and three relatives of people using the service, about their experience of the care provided. We spoke with seven members of staff including the registered manager, carers and domestic staff. We reviewed a range of records. This included three medication records and three staff recruitment records. A variety of records relating to the management of the service, including maintenance safety records, and policies and procedures were reviewed.

Requires Improvement

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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse
● Staff had received safeguarding training and knew how to raise concerns.
● People told us they were safe. One person said, "I feel safe because the staff are good, they look after you and I'm not worried about anything."
● The registered manager understood their responsibility to share safeguarding concerns with the local authority and CQC but not all appropriate notifications had been sent when necessary. We asked that the notifications be sent retrospectively.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Risk to people had been considered and risk assessments were in place and regularly reviewed.
● Environmental risks were assessed and monitored; however, we found some equipment had not been checked in line with health and safety requirements.
● Analysis of accident and incidents was taking place but there was no record of action taken following incidents to ensure lessons had been learnt and future incidents reduced.

Further information about these concerns are reported under the well led section of this report.

Using medicines safely
● We found several containers of 'thickener' left in a communal area, not locked away. Thickeners are prescribed medicine's that are added to drinks to make them safer for people who are at risk of choking. Accidental ingestion of thickener could cause harm. The provider took immediate action following our inspection.
● When people were prescribed medicines on an 'as required' basis, protocols were in place to inform staff how and when to administer them, however, they were not in line with how the medicines had been prescribed. For example, pain relief protocols instructed staff to administer the medicine on a regular basis, rather than as required as prescribed. Following the inspection, the provider sought professional's advice on how frequently medicines needed to be administered.
● Where PRN medicines had been administered staff did not always record the reasons for administering these medicines.
● Controlled drugs were being managed safely and in line with the provider's policy.
● The registered manager assessed staff competencies around administering medicines.

Further information about these concerns are reported in the well led section of the report.

Staffing and recruitment

● Prior to the inspection we received concerns about the recruitment and selection of staff, and we contacted the registered manager to discuss these concerns.
● During the inspection we found systems and processes had been strengthened to ensure the safe recruitment of staff was taking place. This involved carrying out pre employment checks prior to staff starting work.
● We found there were sufficient numbers of suitable skilled and competent staff to meet people's needs, however we received some concerns about staffing levels.
● We reviewed the providers dependency tool which is used to calculate staffing levels based on people's needs, taking into consideration the lay out of the building. Staff were being provided in line with the dependency tool.

We recommend the provider reviews the dependency tool to ensure staffing is sufficient based on people's changing needs.

Preventing and controlling infection

● The service needed some refurbishment. The registered manager told us there was an improvement plan in place and showed us the areas which had already been refurbished.
● We identified some IPC issues. For example, we found dirt behind a toilet and a rusty microwave. These issues were addressed by the registered manager promptly.
● Staff wore appropriate personal protective equipment (PPE) when supporting people and had completed training in the prevention and control of infection.
● There were measures in place to ensure the safe storage and disposal of PPE and the provider regularly checked staff practices to ensure they were in line with government guidelines.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

● People were receiving visits in line with Government guidelines.

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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Requires Improvement

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. At this inspection the rating 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; Continuous learning and improving care

● The provider had audits in place to monitor the quality of the service, however they were not effective in identifying concerns we found on inspection. For example, the providers monitoring system for accidents and incidents had not ensured all CQC notifications and safeguarding referrals had been made.

● Monitoring systems did not show what action had been taken to reduce risks and show continuous learning and improving care.

● Maintenance audits showed that equipment safety checks were out of date, but prompt action was not carried out to ensure checks had been done. For example, some equipment had been without a safety check for over five months, we found one bed had not been safety checked since 2019. Safety checks are needed in order to verify that lifting equipment and accessories remain safe for use, and to detect and remedy any deterioration in good time.

● We found that whilst there had been medicine checks, these were not sufficiently robust to identify the issues we raised about medicines during the inspection.

The provider had failed to effectively establish and operate systems to assess, monitor and improve quality and safety of the services provided which put people at risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People benefitted from a positive and person-centred culture at Victoria House Residential Home. People and relatives told us the service was well run and staff were responsive to their needs. One relative said, "I couldn't wish for [relative] to be looked after any better. [Relative] is always happy and there has never been a problem."

● People gave positive feedback about the service, one person said, "The service is good, and the quality of care is brilliant." Another person said, "Staff are conscientious caring and committed to all they do."

● Staff told us they enjoyed their jobs, and staff morale was generally okay and better now new staff had started.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood their responsibilities around duty of candour.

● Relatives said they were kept informed if anything went wrong and were kept up to date about concerns and issues.

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

● People, their relatives and staff were involved in the service by the registered manager.
● Staff attended staff meetings and could give feedback, but some staff felt that more meetings would be beneficial. Staff told us the management was fair and approachable and they were able to raise concerns with management. Some staff said they thought having more frequent staff meeting would be beneficial, we fed this back to the registered manager.

Working in partnership with others

● The management team regularly worked in partnership with others through weekly multi-disciplinary teams where other agencies supported the service, for example advanced nurse practitioners, pharmacists, and occupational therapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively establish and operate systems to assess, monitor and improve quality and safety of the services provided which put people at risk.