

HC-One Limited

Victoria Park (Coventry)

Inspection report

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Website: www.hc-one.co.uk/homes/victoria-park-stoke/

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Victoria Park is a care home providing personal care for up to 32 people in one adapted building. It provides residential care to people over the age of 65. During our visit, 24 people lived at the home. Accommodation is provided over two floors.

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

Governance systems to monitor the quality and safety were not fully effective in identifying areas needing improvement such as those we found. Staff completed ongoing training to support them in providing safe and effective care to people. Feedback from people, their relatives, and staff, was welcomed to drive forward improvement. People, visitors, and health professionals were positive in their views of the service. The provider took swift action following our inspection visit to address those issues we identified as needing improvement.

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 knew about risks associated with people's care and followed care plans to help ensure people received safe care. Medicines were administered by trained staff using an electronic medication system which helped to ensure they were administered on time. Staff were aware of infection, prevention and control procedures to protect people from the risk of infection. Staff had completed safeguarding training and knew to escalate concerns if they felt people were at risk of harm. People were supported to access healthcare services when required.

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 21 February 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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 safe.

Details are in our safe 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 Park (Coventry)

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 Park 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 Park 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 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

During our inspection, we spoke with 7 people who lived at the home and 6 relatives. We spoke with the registered manager, deputy manager, area director, wellbeing coordinator, domestic assistant, laundry assistant, 3 care assistants and a visiting health professional. We observed the communal areas to assess how people were supported by staff. We reviewed a range of records including 4 people's care plan records, medicine administration records, accidents and incidents, 2 staff recruitment files and various records linked to the management of the service. This included policies and procedures. We observed people in the communal areas to understand their experiences of care and support.

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 for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and processes were in place to guide staff and help safeguard people from the risk of abuse.
- People told us they felt safe living at the home and with the staff that supported them. One person told us, "Yes I do, I really do (feel safe) I know I can't go home; I am on my own, I can't walk very well. ...the staff are always around."
- Staff had completed safeguarding training, so they understood how to identify signs of potential abuse. Staff were able to explain different types of abuse and knew to report any concerns to their manager.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified in care plans and risk assessments. Care plans were regularly reviewed to ensure they accurately reflected people's needs.
- Staff knew about risks associated with people's care and how to minimise these risks. These included risks of falling, and nutritional risks.
- Staff completed regular fire drills, so they knew what to do in the event of a fire. A staff member told us, "We have all had fire training and have weekly drills, we go to the panel by the office, we practice evacuation."

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 worked within the principles of the MCA and if needed, appropriate legal authorisations had been sought to manage restrictions associated with people's care.
- Staff understood the importance of gaining people's consent before providing care. They respected people's wishes when decisions they made were not always in their best interests. For example, declining health professional support.

Staffing and recruitment

- The provider checked staffing arrangements on a weekly basis to ensure there were sufficient staff to

support people's needs.

- Staff were recruited safely, and checks were made to ensure temporary staff were safe to work at the home. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Some recruitment records were not clearly maintained. For example, it was not clear competency checks were made of temporary staff, and a reference for one staff member had not been translated into English. This was addressed following our visit.
- People told us their needs were met. One person felt on occasions there were not enough staff. They said, "They are short of staff, in a sense it affects everyone, but I have always been alright." A relative told us, staff are 100%, no matter when I come in, they are very good to [Name of person]."
- Staff felt there were not enough of them to provide care to people how they would like. One told us, "No, we never have enough time to spend with people, we are always rushing to the next." We did not observe rushed care during our visit but saw staff at times felt pressured throughout the day. The provider told us an extra member of staff was to be made available imminently for the morning shift to support staff.

Using medicines safely

- Staff completed medicine training to help ensure they managed medicines safely.
- Medicines were managed through an electronic system which enabled the registered manager to identify any medicines not given as prescribed.
- Medicine administration records showed time specific medicines had been administered at the times stated to ensure people's healthcare needs were effectively managed.

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 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

The home was open to visitors in accordance with the most up to date government guidance.

Learning lessons when things go wrong

- The provider had processes to identify when things went wrong to help them to learn from them.
- Staff attended regular meetings and daily 'flash' meetings where they could share any areas of concern and learn lessons from these

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

- Managers and staff understood their roles and what was required to monitor the quality of the service but risks we found had not been identified.
- The registered manager completed a daily walk around the building to identify any environmental risks. These checks had not identified exposed hot pipes in a bathroom, items stored on a dirty floor in a linen room, and holes in doors that could compromise fire safety.
- Systems to monitor safe medicine management had not been fully effective. Medicine records showed a cream had not been applied during the morning as prescribed and a pain relief gel was not being used in accordance with prescribing instructions. Records had not been clearly completed for a medicine that needed additional safety precautions to be followed to ensure safe management. The provider took the necessary action to address these issues following our inspection.

Continuous learning and improving care

- Staff were subject to ongoing training to ensure they provided safe care that continued to meet people's needs.
- Accidents and incidents were monitored so that staff could learn from them. However, it was not always clear from records that trends and causes had been identified to help prevent them from happening again. The provider gave assurance this did happen.

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

- Systems were in place to gain the views of people and staff at the service so that feedback could be reviewed and acted upon accordingly. This included meetings and satisfaction surveys. People's equality characteristics were considered during the assessment of their needs.
- Staff told us they attended meetings where they could engage with management staff but stated did not always feel valued during these meetings. Other staff told us they felt supported and were particularly complimentary of the deputy manager who often worked alongside them during busy periods.
- People's needs, wishes and protected characteristics were considered during an assessment of their needs. This included for example if people had a preference for male or female support. 'Resident' meetings gave people opportunities to share their views, and people confirmed if they raised an issue this was acted upon. Some people told us they were not aware of the meetings.

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

- People received person-centred care. Staff used care plan records to ensure people's choices and wishes were met.
- People and their relatives felt included in decisions about care. One person told us, "I love it here." A relative told us, "I don't think anything we have asked for we have been told can't be done, they are so accommodating. We would have absolutely no hesitation in recommending this home."
- Staff knew people well and had daily opportunities to discuss people's care to ensure people's needs were met and their wellbeing maintained.

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

- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so we can be assured risks have been managed. These events had been reported to us as required.
- The provider was meeting the requirement to display their most recent CQC rating.

Working in partnership with others

- The service worked in partnership with others such as GP's, chiropodists, dentists, and opticians to maintain people's wellbeing. A health professional spoken with was very positive about the service and how staff supported people and when referencing a family member staying there stated, "I know the care would be given, they are caring here."