The Abbeyfield Society

Victoria House

Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by the CQC which looks at the overall quality of the service.

This was an unannounced inspection. During the visit, we spoke with ten people living at the home, four relatives, one district nurse, five care staff and the registered manager.

In September 2013, our inspection found that the care home was meeting the regulations we inspected.

Victoria House provides accommodation and nursing care for up to 30 people who have nursing or dementia care needs. There were 26 people living at the home when we visited.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People told us contradictory things about the service they received. Whilst most people we spoke with and their relatives were very happy, others were not. People who weren't told us that the things they were not happy with were relatively minor. Our observations and corroboration of evidence showed that the care provided was good although some records were not completed. The service was safe, effective, caring, responsive and well led although some of the medicine records required improvement.

Some medicine administration records for people using the service were incomplete. This is a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe in most areas. Medicine was safely stored. We checked the medicine administration records for all people using the service and found that some of the records were incomplete without a written explanation provided.

During our visit people told us that they felt safe using the service. We saw that there were robust safeguarding procedures that staff were trained to use and understood. The manager and staff had access to systems that enabled them to learn from any previous incidents of poor care. This reduced the risks to people and helped service improvement.

The home had Mental Capacity Act and Deprivation of Liberty Safeguards policies and procedures. Training was provided for relevant staff to understand when an assessment was required and an application needed to be made.

The home was safe, clean and hygienic with well-maintained equipment that was regularly serviced. This meant people were not put at unnecessary risk.

People's needs were taken into account when deciding the number of staff required per shift. This enabled that people's needs to be met. Staff were not currently subject to disciplinary action. There were policies and procedures to make sure that unsafe practice was identified and people protected.

Is the service effective?

Good

The service was effective. The home assessed people's support needs with them and those that wished to, contributed to their care plans. Any individual specialist input required was identified in the care plans.

The layout of the service enabled people to move around freely and safely.

The visiting policy and visitors' book demonstrated that people were able to see their visitors when they wished and that visiting times were flexible. This was confirmed by visitors during our inspection.

Staff were suitably trained meet people's needs.

People's health, nutrition and hydration needs were met.

Is the service caring?

Good

The service was caring. We saw that people were supported by professional, kind, caring and attentive staff. The staff were patient and gave encouragement when supporting people. People's preferences, interests, aspirations and diverse needs had been recorded and care and support was provided in accordance with this information.

Summary of findings

Is the service responsive?

Good

The service was responsive. The home assessed people's support needs with them and those that wished to, contributed to their care plans. People regularly completed a range of activities at home and within the local community. During our visit people were engaged in a number of individual and group activities. People's support plans identified how they were enabled to be involved in activities they had chosen and daily notes confirming they had taken part.

People and their relatives confirmed that any concerns raised during home meetings or at other times were addressed.

Is the service well-led?

Good

The service was well led. We saw that the manager and staff listened to people's needs, opinions and acted upon them. The home worked well with other agencies and services to make sure people received their care and support in a joined up way. This was demonstrated by the relationship the home had with community based health services such as GPs and District Nurses.

Appropriate notifications to the Care Quality Commission were made. People and their relatives completed an annual satisfaction survey. Where shortfalls or concerns were raised these were addressed.

There were regular quality audits that improved the quality of the care provided.

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 and to pilot a new inspection process being introduced by the CQC which looks at the overall quality of the service.

This was an unannounced inspection and took place on 11 July 2014.

The inspection was carried out by one Inspector.

At the time of our visit there were 26 people living in the home. We spoke with ten people using the service, four relatives, one district nurse, five care staff and the deputy and registered manager. We saw the care and support provided for people and checked records, policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, the provider completed 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 improvements they plan to make. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. This included notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and comments made by people about the home on our website.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People we spoke to said that they received their medicine when it was required and one person confirmed they self-medicated. We saw them explaining new medicines they had picked up from the pharmacist to staff. We saw that medicine was safely stored. We checked the medicine administration records for all people using the service and found that some of the records were incomplete with some administration sheets not having entries recorded. The manager acknowledged this may be the case before we reviewed the records, was aware that there had been some issues with recording in this area and that it was being addressed through further training. This is a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.

People said staff provided the service they needed, when they wanted it and in the way they wanted it.

We saw and the manager demonstrated that there were systems enabling them and staff to learn from events such as accidents, incidents, complaints, concerns, whistleblowing and investigations. This effectiveness of the system was demonstrated by the manager already being aware of the missing entries in the medicine administration sheets. They had taken action by discussing the errors with staff and monitoring. There were no levels of concerns raised by people we spoke with and high level of praise for the manager and staff. This reduced the risks to people and helped service improvement.

We saw that the home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Training was provided for relevant staff to understand when an assessment was required and application needed to be submitted. People had been assessed for capacity and best interest meetings had taken place. This meant people received the support they needed if they could make particular decisions for themselves and when they could not.

The home was safe, clean and hygienic with well-maintained equipment that was regularly serviced. Equipment such as the fire and call point alarms were serviced and maintained under contract and there were regular checks including cleaning rotas and fridge and freezer and hot water temperatures. Electrical appliances brought into the home were also safety checked. This reduced the risk to people and didn't put them at unnecessary risk.

There were regular health and safety, risk assessment and key performance indicator audits. Key performance indicators told the home and organisation how well it was performing and showed areas that worked well and others that required improvement. If need for improvement was identified the improvements were made.

We saw evidence that there was a robust, competency based staff recruitment process and staff had been Disclosure and Barring Service (DBS) cleared. People's care needs were taken into account within the staff rotas when making decisions regarding the required staff numbers, qualifications, skills and experience. Three people told us "Staff seem to have a lot of training programmes and behave very well", "I feel safe and secure" and "This is a very nice place and there is always someone to talk to."

We saw sufficient staff on duty to meet people's needs during our visit. The staff rota reflected the number of staff on duty during our visit. It also demonstrated there were adequate numbers of staff to meet the needs and safeguard the welfare of people using the service. This was confirmed by people who use the service and staff. One person felt that staff were "A little thin on the ground sometimes."

There was a no discrimination policy that staff had been trained to use and we saw being followed during our visit with people being treated with equal respect.

Policies and procedures were in place to make sure that unsafe practice was identified and people were protected. These were discussed during minuted staff meetings. Staff also had access to the organisation's whistleblowing procedure.

The home had a no restraint policy that staff confirmed they were aware of and they had also received challenging behaviour training. This reduced the risk of people having their liberty deprived.

A sample of the five care plans we looked at contained risk assessments that were regularly reviewed and updated when people's care needs changed. There was also a section within the care plans that recorded specific areas of concern for the individual and how to minimise risk.

Requires Improvement

Is the service safe?

The home and organisation reviewed risks regarding all aspects of the service provided within the quality assurance monitoring system. This meant the home operated within a safe environment.

Good

Is the service effective?

Our findings

People expressed their views and were involved in making decisions about their care and treatment. People said "The staff are very nice people, friendly, helpful, marvellous and always smiling", "If I have a problem staff help and if they can't they get someone else" and "We do a lot of smiling."

Staff received induction training in line with the 'Skills for Care' induction standards and underwent mandatory annual refresher training. The induction was spread over five days. Training included safeguarding, infection control, dementia, the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Supervision took place a minimum of three monthly or more often if required. Staff were appraised annually. There were regular staff meetings and a handover at the end of each shift. The training matrix identified when refresher training was due and a number of courses had been booked for the period August to December 2014 that included care planning, dementia, stroke training, rights, risk and choice and person centred planning.

The home had active volunteers who have been Disclosure and Barring Service (DBS) cleared. During the week of our visit three volunteers and an activities co-ordinator had arranged to accompany some people using the service on a boat trip.

The care plans we looked at included sections for health, nutrition and diet. A full nutritional assessment was carried out and updated monthly. Where appropriate monthly weight charts were kept and staff monitored how much people ate. They said any concerns were raised and discussed with the home's GP who visited weekly. Nutrition guidance was available to people and there was access to community based nutritional specialists. They also demonstrated that referrals were made to relevant health services as required and this was confirmed by a district nurse we spoke to.

People told us that they chose the food menus, they were given choices in advance and their choices were checked with them on the day to see if they had decided to change them. One person said "The food is good and I'm putting on weight like mad." One person told us there had been a dip in the quality of meals provided when there was a change in catering personnel but this had now been rectified.

People told us that they were comfortable discussing their health needs with staff and personal care was given based on their gender preferences. They said their health needs and any changes were discussed with staff, the GP and district nurses.

The layout of the service enabled people to move around freely and safely.

Good

Is the service caring?

Our findings

People using the service told us that they felt treated with dignity and respect. They said that they thought there were enough staff to meet their needs without being rushed or over worked. Staff took time and trouble to make sure that their needs were met, were interested in them, friendly and helpful. People said "The care provided here is very good and there is the opportunity to do a lot of activities" and “My aunt came here because she wished to maintain her independence and she has been here nine years.” We looked at the staff training programme and this showed us they had received training about respecting people’s rights, dignity and treating them with respect. There was also a policy and procedure regarding treating people with dignity and respect that we saw them following.

We saw and people told us that they were consulted about how they wanted their care provided and when. They were also asked about the type of activities they wanted to do and meals they liked. These were discussed with their key workers and other staff as appropriate such as the chef during communal meetings and at other times. Key workers are staff who had been identified to take the care and support lead for a particular person. Some people said they liked to go to the meetings whilst others preferred to speak directly with staff and the manager.

During discussions between staff and people using the service it was quite apparent they knew each other very well and there was a lot of warmth and good humoured banter that everyone joined in with. Staff listened patiently to what people had to say and gave them time to get their point of view across and make decisions.

We saw people and their visitors being treated with dignity, respect in all areas of the home. People were encouraged to join in with activities. One relative said “People are asked what they want and when they want it. They are not forced to do things”. The activities we saw were person centred meaning they were focussed on the individual on a one to one basis as well as group activities. The Victoria House choir were rehearsing during our visit. The home was holding a fete in late July and people had made jewellery, arts and crafts the profits from which went towards outings. People could access facilities in the local community such shops, transport links and Kew Gardens.

People confirmed that they were aware there was an advocacy service. Currently no one required advocacy.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and ongoing training and contained in the staff handbook that they had to sign to confirm they had read.

There was a policy regarding people’s privacy that we saw staff following throughout our visit, with staff knocking on doors and awaiting a response before entering. They were very courteous and respectful even when unaware of our presence.

We spoke to four relatives who confirmed they visited whenever they wished. One person said they came every day.

Good

Is the service responsive?

Our findings

People told us that they were asked for their views, listened to and their views were acted upon. They said if they had a problem, they would speak to the manager or staff. They added that they rarely had a problem, but if they did they were confident it would be dealt with promptly. People and their relatives told us "There is an extremely nice manager who talks honestly" and "Staff are competent, trained and thoughtful." A district nurse said "There is good communication and staff always ask and answer questions."

We saw and records demonstrated that people and their relatives were provided with feedback surveys and encouraged to attend meetings. There were quarterly house and relatives meetings where people were encouraged to put their views forward. This included a catering committee. The meetings were minuted and amended by 'residents representatives'. The surveys were compared with those of the previous year to identify any performance trends and changes made accordingly.

Referrals to the home were mainly made privately and any available assessment information was gathered so that the home could identify if the needs of the person could be met. Prospective people wishing to use the service and their relatives were invited to visit to see if they were interested in moving in. They made as many visits as they wished and it was during the course of these visits that the manager and staff carried out an assessment. Staff also visited them to make an assessment. The visits were also an opportunity to identify if they would fit in with people already living at the home. People were provided with written information about the home and there was a review of the placement after six weeks.

The five care plan records we saw showed confirmed that people's needs were appropriately assessed, where possible they were invited to visit and their families and other representatives were fully consulted and involved in the decision-making process before moving in.

The care plans recorded that people's needs were regularly reviewed, re-assessed with them and re-structured to meet their changing needs. They were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes.

The care plans were formalised and structured but also added to during conversations between people and staff, other activities and people were encouraged to contribute to them as much or as little as they wished. People agreed goals with their lead staff that were reviewed monthly and daily notes also fed into the care plans. Behaviour charts that identified patterns of or changes in behaviour were also used to identify changing needs.

People using the service and their relatives told us they were aware of the complaints procedure and how to use it. We saw that the procedure was included in the information provided about the service for them. We also saw that there was a robust system for logging, recording and investigating complaints. No current complaints were recorded and we saw evidence that previous complaints had been acted upon and learnt from. Staff said they had been made aware of the complaints procedure and there was also a whistle-blowing procedure. One person said "If I have a complaint, I have no concerns about making it".

Good

Is the service well-led?

Our findings

People and their relatives told us that there was an open, listening culture at the home that made them feel confident that their views would be listened to and acted upon as appropriate with the manager and team operating an open door policy. They said “The manager and staff are always approachable”, "The great morale in this place comes from the top down". and “We looked at a lot of different places and were persuaded by the attitude of the manager and warmth of the staff.” There were regular minuted house, relatives and staff meetings that included night staff.

There was a charter for people who use the service that outlined what they can expect from Victoria House, its staff and the home’s expectations of them. The organisation’s vision and values were clearly set out and staff and management practices reflected them. We also saw people and their relatives being actively encouraged to make suggestions about the service and any improvements that could be made.

During our visit we saw supportive, clear, honest and enabling leadership from the management team who were available to people using the service, relatives and staff as required. Staff were given responsibility for specific tasks and use their initiative. The manager said they received regular supervision and an annual appraisal in the same way that the staff at Victoria House did.

The home maintained strong links within the local community and had a strong pool of volunteers, many of whom are relatives of people who have received a service at Victoria House.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. The records we saw showed the procedure was appropriately followed regarding hospital admissions. A district nurse said the home maintained excellent communication links with community based health services when required.

Records showed that any safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. The manager gave an example of tissue viability nursing to demonstrate how incidents were learned from and action plans implemented. Tissue viability nursing was the prevention of damage to the skin, underlying tissues and nursing wounds to heal.

The home used a range of feedback methods in respect of service quality. These included audits, house meetings, review meetings that people and their family attended, operations managers’ monthly visits, pharmacy reviews, weekly and monthly health and safety checks and operational business plans. The quality assurance system measured how the home was performing and any areas that required improvement were identified and addressed.

There were monthly critical friend visits from other managers within the organisation to quality assure all aspects of the service in a cycle, annual policy and procedure reviews and visits from the local authority commissioning and quality teams. A critical friend is someone who provides constructive criticism.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.