Care Homes UK Limited

Victoria House

Inspection report

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Ratings

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

Overall summary

This inspection was unannounced and took place on 28 January 2015. At the last inspection on 19 June 2013 we found the provider was breaching regulations relating to care and welfare of people who use services, cleanliness and infection control and respecting and involving people. At this inspection we found the provider was still in breach of the respecting and involving people regulation. We also found there was a breach of the assessing and monitoring the quality of service provision regulation.

Victoria House provides accommodation and personal care for up to 30 older people some of whom may also require nursing care.

At the time of our inspection the home 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.

Summary of findings

Medicines were administered to people by trained nursing staff. Nurses administering medicines wore a red tabard which indicated they should not be disturbed. We saw the practice was effective.

We reviewed some people's medication administration records and an incorrect dose of a person's medication had been administered. We spoke with the nurse who administered the medication who confirmed a drug error had occurred and this would be reported to the relevant organisations.

Staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. People who lived at Victoria House told us they felt safe living there. One person said, "I do feel safe here."

We looked around the communal areas of the home and in some people's bedrooms. The home was clean and odour free. Bathrooms contained soap dispensers and paper handtowels. There was sufficient personal protective equipment for staff to use including disposable gloves, aprons and hand gel.

We arrived at Victoria House at 7.30am and found 15 people lined up in the main lounge, conservatory and small lounge. 11 of the 15 people were sat in wheelchairs with little stimulation. When we asked staff why this was we were told they were waiting to be taken into the dining room for breakfast which was at 8am.

People generally had a good choice of food, however, we saw one person being supported to eat food which was pureed and looked unappetising. We were unable to identify what the food was. The chef told us the meal was the same as everyone else's but just pureed.

We noted two toilets on the ground floor for the use of people living at the home. The toilets were not large enough for them to be accessed easily by wheelchair users, the provider had improvised by adding external curtains which were drawn when the toilets were in use. However, the door was left open which did not maintain people's privacy and dignity.

Staff with whom we spoke said they had received training in the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS). Care staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

The provider had a comprehensive training programme in place. We saw the training matrix which detailed the dates of staff training; this ensured the registered manager knew when staff should attend refresher training.

During the day we observed some good caring practices. Staff always took the time to speak with people living at Victoria House and pass the time of day with them. One person we spoke with told us, "They treat me kindly and speak to me nicely."

We spoke with six people who used the service who said they had little choice in their daily routines. One person said, "I have no choice in where I sit, they just bring me in here."

We looked at three people's plans and found them comprehensive and easy to navigate. Care plans were written in a person centred way and a full assessment of people's care needs had been carried out prior to them moving to Victoria House. They contained up to date information based on people's current health requirements.

Quality assurance systems in place in the home to monitor whether the service was providing high quality care were not robust.

People who used the service and staff all spoke very highly about the registered manager of the service. One member of staff said, "I feel very supported by the manager and everyone else working here."

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 not always safe.

Medicines were administered to people by trained nursing staff. We saw medicines were given safely and people were sensitively helped to take their medicines. However, we did see one of example where a person was given an incorrect dose of their medication.

Through our observations and discussions with people who used the service and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home.

We found systems were in place which ensured that only suitable people were employed by this service.

Is the service effective?

Requires Improvement

The service was not always effective.

We found some of the practices of the home did not always ensure people were given every opportunity to consent to certain aspects of their care.

The adaptation of the premises was not in all areas easily accessible for people using wheelchairs.

The provider had a comprehensive training programme in place. We saw the training matrix which detailed the dates of staff training. Staff supervisions had been carried out every two months.

Is the service caring?

Requires Improvement

People were left waiting in wheelchairs for their breakfast for some considerable time.

Our observations showed that people who used the service had a good rapport with staff. Staff seemed to know people and their needs well.

Staff ensured people's confidentiality by not discussing their health needs with anyone other than with people identified by the person.

Relatives we spoke with had been involved with their family members care planning and were kept updated with any changes to people's care needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people we spoke with told us they had little choice in how they spent their day and when for example they could have a bath.

Summary of findings

We saw there were no complaints recorded. People who used the service and their relatives told us they did not know how to complain, however we were told they had never needed to complain.

We saw care plans were comprehensive and covered all the aspects of a person's care, for example; moving and handling, hygiene and dressing, sleep, cognition, nutrition, communication and maintaining safety.

Is the service well-led?

Requires Improvement

The service was not always well led.

Whilst there were systems in place to audit the service these had not always been completed adequately.

The provider carried out surveys of people who used the service, their relatives and visiting health professionals to check the standard of care being delivered.

Staff were happy working at the home and were very positive about the leadership of the home.

Victoria House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 28 January 2015. The inspection team consisted of two adult social inspectors, a governance specialist advisor, and an expert-by-experience with experience of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information from the local authority and the records we held about the service. We spoke with six people living at Victoria House, three visiting relatives, seven members of staff, the registered manager and the area manager.

We looked at six people's care records and three people's medication administration records. We observed lunch and spent time observing care throughout the day. We checked the premises were clean and well maintained. We reviewed records relating to the management of the service, staff records and safety of the building and equipment.

Requires Improvement

Is the service safe?

Our findings

We saw medication which was prescribed to be taken as required (PRN) had good guidance which described when PRN medicines should be given. We saw the provider had compiled protocols for the administration of certain medicines which required specific rules to be observed. As an example we saw protocols were available for nurses to access when administering warfarin where the dose is determined by periodic blood tests. We looked at the records regarding the administration of warfarin. The record book of periodic blood tests and the prescribed dose of warfarin was unavailable for us to inspect. The day before our visit the person's blood test had been carried out and the record book had been taken away with the sample. This meant that until the book returned the nurses were administering warfarin from memory. The provider had not taken a copy of the current record for reference. Our scrutiny of the MAR sheet for the night before our visit indicated an incorrect dose of warfarin had been administered. We spoke with the nurse who administered the warfarin who confirmed a drug error had occurred. This meant the provider was not taking adequate steps to ensure vulnerable people were protected against receiving unsafe medicines.

We saw the medication administration records (MAR) sheets were complete and contained no gaps in signatures. We saw that any known allergies were recorded on the MAR sheet. However we saw that some medicines were required to be given between 30 and 60 minutes before food yet our observations showed these medicines were given on seven occasions immediately before or after food. We asked the nurse administering medicines if this was normal practice and was told it was. We subsequently brought this to the attention of the manager who said they would discuss the matter with the pharmacist to devise a safe system of administration.

Medicines were administered to people by trained nursing staff. Nurses administering medicines wore a red tabard which indicated they should not be disturbed. We saw the practice was effective. People who lived at the home had been assessed as unable to self-medicate. We saw medicines were given safely and people were sensitively helped to take their medicines.

We looked at the medication storage and administration procedures in the home. We found medicine trolleys and storage cupboards were secure, clean and well organised. We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. The drug refrigerator and room temperatures were checked and recorded to ensure medicines were being stored at the required temperatures. We found eye drops for three people were incorrectly stored in the fridge when they should have been stored at room temperature. We told the nurse on duty about this.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date.

Three care staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Safeguarding Adults Unit and the Care Quality Commission if they had any concerns. They also told us they were aware of the whistleblowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. People who lived at Victoria House told us they felt safe living there. One person said, "I do feel safe here." Another person said, "Yes, I have no problems." Someone else said, "Oh yes, I have never felt unsafe here." We observed a person becoming distressed when another person became agitated; the person said they were frightened the agitated person may harm them. Staff reassured the person this would not happen and stayed with them until they had calmed down.

We asked staff about training they had received to enable them to deal with emergency situations. Staff told us they had received first aid training and felt confident they could respond to certain situations. For example, staff knew how to respond if a person was choking.

We spoke with the registered manager about staffing levels; we were told there were sufficient staff to meet people's physical and social needs. The registered manager said, "I

Is the service safe?

have one registered nurse and four carers on morning and evening shifts and one registered nurse and two carers on a night shift. If I need more staff, for example to care for a person at the end of their life I increase the staffing. I review staffing levels on a daily basis."

The registered manager told us staffing levels were assessed on people's need and occupancy levels; the staffing levels were then adjusted accordingly. The manager said "Where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours, or if necessary agency staff were used, this ensures there is a continuity in service and maintains the care, support and welfare needs of the people living in the home." We saw evidence of this on the staff rota. This meant the service was considering a number of factors to determine sufficient numbers of suitable staff, to keep people safe and meet their needs.

We asked people who lived at Victoria House if there were enough staff, one person said, "Sometimes they are a bit short but they come as soon as they can." Another person said, "Yes there is, I have a red knob that I press and help comes." Someone else said "I pressed it (my buzzer) last night because there was a drip on the tap and three carers came straightaway." Visiting relatives told us, "There always seem to be appropriate staffing levels." And "There have been times when I have felt there should have been staff present, when someone gets agitated or when people try to get out of their chairs and there are no staff in the room to oversee." "There has been a lot of turnover of staff, two or three have started within the last month."

We looked at the staff files of three people employed by the service we saw copies of their application forms, interview notes and signed job descriptions. We saw two written references had been obtained with the exception of one person where only one had been received. There were photographic identity documents, passport and driving licence. The service also checked whether the Disclosure and Barring Service (DBS) had any information about people. The DBS is a national agency that holds information about criminal records. This ensured that only suitable people were employed by Victoria House, which should help to protect vulnerable people against the risks of unsuitable staff.

We looked around the communal areas of the home and in some people's bedrooms. The home was clean and odour free. Bathrooms contained soap dispensers and paper handtowels. There was sufficient personal protective equipment for staff to use including disposable gloves, aprons and hand gel. Housekeeping staff used colour coded equipment to minimise the risk of the transference of infection. Equipment and cleaning products were appropriately stored and the home had a Control of Substances Hazardous Health policy in place.

We looked at the safety assessments of the home and found they were up to date, fire drills had been conducted and we found legal requirements relating to the premises were complied with. We noted there were good systems in place for staff to carry out regular health and safety checks around the premises including the fire safety equipment and installations, water temperatures and fridge temperatures and these records were kept up to date. Records showed the provider had contracts in place to regularly test, inspect and service installations such as the central heating systems and the fire detection system.

Requires Improvement

Is the service effective?

Our findings

The design and layout of the premises were mostly suitable for people who used them. We noted most people who lived in the home needed considerable assistance with their mobility including wheelchair users. People's bedrooms were on two floors and the upper floor was accessed by a passenger lift. We noted two toilets on the ground floor for the use of people living at the home. The toilets were not large enough for them to be accessed easily by wheelchair users, the provider had improvised by adding external curtains which were drawn when the toilets were in use. However, the door was left open which did not maintain people's privacy and dignity.

We concluded this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the menu was displayed on the wall next to the kitchen and had a good variety of choices available at each mealtime and throughout the day. It stated that drinks and cakes were available at any time but we did not witness cakes or fruit being offered in between meals. We saw drinks being offered during the day in addition to the drinks trolley although we did not see any snacks being offered or available in the lounges. We saw the chef speaking to people to see what they would like to eat from the menu. We spoke to the chef about choices and we were assured that they would make any dish requested by individuals.

We observed the lunch time meal. People were brought into the dining room from 12pm and lunch was served at 12.30pm. Staff were attentive to people's needs during lunch. We saw one member of staff assisting someone to eat, they did this gently, calmly and at the person's pace. The member of staff explained what they were doing and what was on the fork. Drink was offered to the person throughout the meal. We saw one person being supported to eat food which was pureed and looked unappetising. We were unable to identify what the food was. The chef told us the meal was the same as everyone else's but just pureed. When we spoke with the manager about this they explained it had been difficult purchasing plates which would have allowed each element of the meal to be pureed individually. The registered manager agreed to look into this again.

We spoke with people who used the service and asked them about the food, one person said, "Yes, I get enough to eat and drink, I am never hungry." Someone else said, "I have problems with eating but a member of staff (name of staff member) sits with me to encourage me. When I have asked or mentioned that I like tinned fruit they got it for me. I also asked for sardines and again, the next day they had sardines on the menu." Another person said, "I think the food is good, you have a choice of what you want. You also get a choice of drinks too, tea, coffee, orange or blackcurrant." A relative we spoke with told us, "From what I hear I think the food is good and my relative (person's name) says he enjoys his food. His dietary needs are met as he needs soft foods. There is always the opportunity to stay for a meal if you want to."

Staff with whom we spoke said they had received training in the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards. Care staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests for their own safety. We saw five applications had been made to the Supervisory Body recently but no authorisations had yet been received.

We saw risk assessments were carried out where it may be appropriate to use bed-rails. We saw relevant questions were asked and answers given to ensure people were not subject to unlawful restraint. Our observations of care plans and the use of bed-rails in practice demonstrated the provider was using the device appropriately.

We observed two people in the lounge who were seated in bespoke chairs with the intention of tipping the person slightly backwards. We looked at the two people's care plans to find health needs assessments had taken place which identified the need for the observed posture to be maintained. Therefore whilst the chairs restricted people's movements they were not being used for the purpose of restraint.

We saw that care plans recorded whether someone had made an advanced decision on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions. The correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions

Requires Improvement

Is the service effective?

held of the healthcare professional completing the form. We spoke with staff that knew of the DNACPR decisions and were aware that these documents must accompany people if they were to be admitted to hospital.

The provider had a comprehensive training programme in place. We saw the training matrix which detailed the dates of staff training; this ensured the manager knew when staff should attend refresher training. We saw there was a good range of training courses attended by staff, for example, moving and handling, medicines administration, safeguarding of vulnerable adults, fire safety awareness, health and safety, dementia and food nutrition. Staff were able to take part in specialist training, for example, enteral nutrition, urinary catheter care, dementia awareness, palliative care, death, dying and bereavement.

Staff at Victoria House completed an induction prior to delivering care to people. The induction covered, moving and handling, infection control, fire safety awareness, food hygiene, dementia and equality and diversity which was supported by the completion of supplementary training booklets. We saw this evidenced in a staff members recruitment file.

Staff supervisions had been carried out every two months. We saw in staff records that individual work performance had been reviewed, together with agreed future targets discussed and the record was signed by the member of staff and the registered manager. Staff files we looked at included notes on staff's annual appraisal meetings with the registered manager at the end of December 2014. This meant that staff were being offered support in their role as well as identifying their individual training needs.

From care records we reviewed we saw people had access to other health professionals when required. For example, we saw one people had regular appointments with a chiropodist and optician.

Requires Improvement

Is the service caring?

Our findings

At our last inspection we found people were left lined up in their wheelchairs in the corridor of the home. We arrived at Victoria House at 7.30am and found 15 people lined up in the main lounge, conservatory and small lounge, 11 of the 15 people were sat in wheelchairs which meant some people would have been sat in their wheelchairs for some considerable time. When we asked staff why this was we were told they were waiting to be taken into the dining room for breakfast. We were told breakfast would not be served until around 8am. We spoke with the registered manager about this and we asked why people could not be taken into the dining room straight away. We were told people did not like sitting in the dining room before their breakfast was served. We concluded this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the day we observed some good caring practices. Staff always took time to speak with people living at Victoria House and pass the time of day with them. We saw one person ask a member of care staff if they would get them a cushion as they were uncomfortable, the member of staff went immediately to find one.

People we spoke with told us, “They treat me kindly and speak to me nicely.” Someone else said “Most of the staff are nice. They have been good to me. They will do anything for me.” Another person said, “I would not say anything wrong with how I am treated.”

We spoke with three visiting relatives, who all said they could visit whenever they wished to but were discouraged to visit during meal times. One person said, “My relative (person’s name) is well looked after. Staff contact me or my sister if there is anything we need to know about, we are kept well informed.”

One person we spoke with said they had been involved in the writing of their relatives care plan and that regular reviews were carried out as the person’s needs changed. They said, “They keep me informed and they (person’s name) is doing well.” Other relatives we spoke with were not aware of care plans and reviews.

We saw where possible people’s confidentiality was maintained. We saw in one person’s care plan that a friend of a person who used the service had wanted to discuss details of the person’s health. The nurse on duty had suggested they speak with the family of the person.

During our conversations with the manager it was clear the well-being of people who lived at Victoria House was paramount to them. The manager told us they would do whatever they could to ensure the happiness of people. The manager told us a person who had lived at Victoria House had been a keen ‘motorbiker’ and when they passed away she had arranged cavalcade of motor bikes to go with the funeral cortege to the church.

Requires Improvement

Is the service responsive?

Our findings

We spoke with six people who used the service who said they had little choice in their daily routines. One person said, "I have no choice in where I sit, they just bring me in here." Another person said, "It gets me down that I cannot go out to have a drink with my mates." Someone else said, "This morning they wanted me to get up at 5am and I wasn't having it. I was wet but they said they would be back, but they took a long time so I made a noise and they came to get me up." One person said, "I smoke so staff do take me out so I can have one."

We asked people if they had choice around bathing, comments included, "No, since I have been here I have had three baths, which is alright." "I have no choice, once a week. I believe mine is due tonight." "I usually have a bath on a Saturday and my hair set on a Sunday." "I have had one bath since I have been here (eight days). They tell me when they are going to bath me." "They choose when I can have a bath." "No I have one or two a week. I try my best to wash myself in the mornings."

We asked people if they had a choice of when they got up and went to bed, comments included, "Carers come round and wake people who need assistance and it wakes me up." "I wait for staff to assist me and am usually down for 9am. I can go to bed when I want but I have heard some people being told they have to go to bed." "They do not let me go to bed when I want to. If I ask they leave me to the last." "Yes I can (decide), I like to go to bed about 6.30 so I can watch my own TV and they always take me."

We saw there was a chart on the notice board which stated what the daily activities were, however, during our visit we did not see any activities or hobbies being made available to people.

Other than watching TV and listening to music, we did not see people stimulated in any way.

A person who used the service said, "I do crosswords, sometimes people come in to sing to us. They don't take us out on trips." Another person told us staff took them out to the bank in Wakefield. Someone else said, "I just sit and talk mainly, I'm not bothered about T.V." A relative we spoke with said their relative's hobby was fishing which they could no longer do, but they also enjoyed music and staff were always willing to assist the person. When we asked the manager about what the service could do better they said, "A better social life for the residents, we could do more however they're restricted due to their physical condition."

We concluded this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a number of 'thank you cards displayed on the notice board in the home's entrance, which were complimentary about the staff providing care to the people who lived at the home.

The complaints procedure was displayed in the entrance to the home. There were no complaints recorded and the registered manager confirmed this was because none had been received. We were told by the registered manager they asked people and relatives on an on-going basis if they had any concerns or comments to make about the care provided and we were told they acted upon suggestions immediately.

We asked family members if they knew about the complaints procedure, no-one was aware of it. They did say that if they had cause for concern, they would speak to the registered manager. A relative we spoke with said they had not been happy with the room allocated to their family member; they spoke with the manager who within a few months had allocated the person another room. We spoke with a person who used the service and asked them what they would do if they need to make a complaint the person said, "I don't really know, I have never been told what to do."

We looked at three people's plans and found them comprehensive and easy to navigate. Care plans were written in a person centred way and a full assessment of people's care needs had been carried out prior to them moving to Victoria House. They contained up to date information based on people's current health requirements. Where changes were required these had been documented and regularly evaluated.

We saw care plans which covered all aspects of a person's care, for example; moving and handling, hygiene and dressing, sleep, cognition, nutrition, communication and maintaining safety. We looked at people's daily notes and found generally information contained in the daily notes

Requires Improvement

Is the service responsive?

was reflected in the body of people's care plans, however, for one person we saw they had difficulty swallowing tablets whole and subsequently liquid medication had been prescribed, this had not been changed on the person's medication care plan. It is important to ensure that information is documented in all relevant sections of a person's care record.

In one person's care plan it stated they could be un-cooperative when personal care was being delivered. The care plan contained detailed guidance on how best to assist the person. It stated, 'If unsuccessful, staff need to leave (person's name) providing they are safe and go back later, even send a different member of staff'.

Requires Improvement

Is the service well-led?

Our findings

Some quality assurance systems were in place in the home to monitor whether the service was providing high quality care. These included a daily audit of; menus, activities, staff handover/staff deployment, resident rooms, resident appearance/grooming, fire exits, bathrooms, laundry and infection control. We saw evidence on the daily audit documentation that some actions had been noted for example new bedroom furniture being sourced.

We were shown the December 2014 'mattress audit' by the registered manager. We did not see any identified actions that needed to be taken, and there was no evidence of monitoring or checking that previous required actions had been taken. We also saw the December 2014 infection control audit again no comments or actions were noted.

We were told by the registered manager they were unsure how to use the new audit tool to audit the care plan documentation. The registered manager was also unable to find the medication audit at the time of our inspection.

We saw the results of a recent undated 'residents' survey'. There were four replies to the survey, where the service was mainly rated as 'very good'. People had rated living at the home, their bedroom, the living room, the furniture, the cleanliness, meals provided, choice/supply of drinks/ snacks, quality of care provided, approach/care provided by staff, involvement in care planning, social events and activities and knowing how to make a complaint/ compliment as either very good or excellent. One person had given an average rating to the garden and outside areas and another person stated that the dining room was cold. Specific comments included "I like it here, the staff are good and help me." "I love living here it's very good, the staff are kind and caring." We concluded people were asked for their views on the service, however, did not see an action plan with regard to the areas for improvement.

Relatives we spoke with said that they had never been involved in any meetings and one person said "I don't know if they have them." We did not see any minutes of resident or relatives meetings. They had completed a survey. Another person said they had completed a survey last year but had not received any feedback.

We concluded this was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Staff meetings gave staff the opportunity to contribute to the running of the home, together with communicating information to staff to ensure standards of care were maintained and improved. The last staff meeting was held in October 2014 and the previous meeting was in June 2014. Areas of discussion at staff meetings included for example; congratulations to staff regarding the fire inspection, infection control audit, the 'domestic of the year award', evacuation plan and improvements in the standard of communication/documentation, and a reminder about security.

Staff had completed a survey and we saw there had been 14 responses, comments included; The home is always looking for ways for improvement and our management are always asking for our opinions." "We are all like part of a family, our management are always there for us." "In the few weeks I've been here I have thoroughly enjoyed it and enjoy working with everyone." "I love my job, staff, residents and management and there's a very good atmosphere around the home and good teamwork."

Staff we spoke with were very complimentary about the registered manager of the service. They said their views and opinions were always taken into account. Staff told us they enjoyed working at Victoria House. One person said, "I feel very supported by the manager and everyone else working here."

We saw the results of the 'professional's survey, comments included; 'The registered manager and her staff are extremely welcoming – the residents always look well cared for, happy and content'. 'Manager and staff always very welcoming. Always have the information you request, very helpful, quality of care and passion for the care and wellbeing of residents is very evident'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who use services and others were not protected against the risks associated with unsafe or unsuitable care and treatment because there was not an effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of services provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The registered person did not have suitable arrangements in place to ensure the dignity, privacy and independence of service users.**