Sun Care Homes Limited

Victoria Cottage Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Victoria Cottage Residential Home on 11 May 2017. The inspection was unannounced. The home is owned and managed by Sun Care Homes Limited. It is registered to provide accommodation for up to 18 older people. On the day of our inspection seven people were living at the home. The service is also registered to provide personal care to people living in the community, no one was being supported in their own home on the day of our inspection.

We carried out an unannounced, focused inspection of this service on 17 January 2017. Breaches of legal requirements were found. During this inspection we found that improvements had been made across a number of areas and some further improvements were still required. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

The service had a registered manager in place at the time of our inspection. 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.

There was a risk that people may not be adequately protected from the risk of falls. Other risks associated with people's care and support were effectively assessed and managed.

There were systems and processes in place to minimise the risk of abuse. People received their medicines as prescribed and these were managed safely.

There were enough staff to provide care and support to people when they needed it and safe recruitment practices were followed. People were supported by staff who received training, supervision and support.

People were enabled to make decisions. Where a person lacked capacity to make a certain decision they were protected under the Mental Capacity Act 2005. We found two isolated incidents were people's rights under the MCA had not been protected and the service took swift action to address this.

People were supported to eat and drink enough, however improvements were required as to how people's nutrition and hydration was recorded. People had access to healthcare and their health needs were monitored and responded to.

People received caring support from staff who knew them and cared about their wellbeing, they were treated with dignity and had their right to privacy respected. People were involved making choices relating to their care and were supported to maintain their independence.

People received person centred care which met their needs. Their preferences were respected and they were provided with opportunities for social activity. Where possible people and their families were involved in planning their care and support.

People were supported to raise issues and staff knew how to deal with concerns if they were raised. People and staff were involved in giving their views on how the service was run.

Most of the systems in place to monitor and improve the quality of the service were effective. However issues related to the day to day practice of staff were not always identified. Some confidential information was not stored securely.

The management team were passionate about making improvements to the service and had brought about a positive change in the quality of the service. Swift action was taken to address areas of concern raised during this inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 consistently safe.

There was a risk that people may not be adequately protected from the risk of falls. Other risks associated with people's care and support were effectively assessed and managed.

There were systems and processes in place to minimise the risk of abuse.

People received their medicines as prescribed and these were managed safely.

There were enough staff to provide care and support to people when they needed it and safe recruitment practices were followed.

Is the service effective?

Good

The service was effective.

People were enabled to make decisions. Where a person lacked capacity to make a certain decision they were protected under the Mental Capacity Act 2005. We found two isolated incidents were people's rights under the MCA had not been protected and the service took action to address this.

People were supported to eat and drink enough, however improvements were required to recording of people's nutrition and hydration. People had access to healthcare and their health needs were monitored and responded to.

People were supported by staff who received training, supervision and support.

Is the service caring?

Good

The service was caring.

People received compassionate care from staff who knew them and cared about their wellbeing. People were treated with

dignity and had their right to privacy respected.

People were involved making choices relating to their care and were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received person centred care which met their needs and respected their preferences. Where possible people and their families were involved in planning their care and support.

People were provided with opportunities for social activity.

People were supported to raise issues and staff knew how to deal with concerns if they were raised.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The majority of systems in place to monitor and improve the quality of the service were effective. However issues related to the day to day practice of staff were not always identified.

Confidential information was not being stored securely.

People and staff were involved in giving their views on how the service was run.

The management team were passionate about making improvements to the service and had had a positive impact on the quality of the service. Action was taken to address areas of concern raised during this inspection.

Victoria Cottage Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We conducted an unannounced inspection of the service on 11 May 2017. The inspection team consisted of one inspector and an inspection manager.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection visit we spoke with one person who used the service and the relatives of three people. We spoke at length with two senior care workers and briefly with three other care staff. We also spoke with registered manager and the nominated individual. The nominated individual is a person who is nominated by the provider to represent the organisation.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, for example their risk assessments. We also looked the medicines records of four people, three staff recruitment files, training records and a range of records relating to the running of the service.

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.

Requires Improvement

Is the service safe?

Our findings

There was a risk that people may not be protected from the risk of falls as adequate control measures were not always in place to mitigate this risk. A falls risk assessment completed for one person recorded that they were at 'very high risk' of falls and showed that they had fallen three times in the past 12 months. In addition to this, care records documented that the person was unable to use the call bell to summon assistance whilst in their room and were therefore reliant upon staff to maintain their safety. Despite the above risk factors the only control measure in place to reduce the risk of falls was 'two hourly safety checks during the night'. This lack of measures to reduce the risk of falls posed a risk that they may fall in their room and not be attended to in a timely manner.

Furthermore, action had not been taken in response to the above person's changing needs. Records showed that they had experienced two very recent 'unresponsive' episodes. These episodes were unpredictable and had an impact on their level of consciousness. Although the management team had taken action to implement a care plan in relation to these episodes this did not consider the impact of their changing need on the risk of falls. The falls risk assessment and mobility care plan had not been revised to take account of the unresponsive episodes and no additional control measures had been put in place to mitigate this increased risk. This increased the potential risk of harm to this person from falling should they have a further unresponsive episode.

In addition to the above we found that another person had been assessed as being at high risk of falls. Incident records showed that they had had fallen twice in February 2016, one of which was unwitnessed in their bedroom. Despite this recent history of falls the only control measures in place to reduce the risk of falls whilst they were in their room was two hourly checks and ensuring their light was turned on to prevent them from tripping. This person was also unable to use their call bell to summon assistance. This posed a risk that the person may fall in their room and not be attended to for up to two hours.

We discussed our concerns in relation to the management of falls with the registered manager and the nominated individual throughout our inspection visit. We were given contradictory reasons for the approach to risk management for the above people.

Following our inspection we remained concerned that, despite feedback, there was a continued failing on the part of the provider to recognise the above risks. Consequently we wrote to the provider and asked them to ensure that action was taken to address these risks. We received an action plan which assured us that advice had been sought from external professionals and consequently appropriate measures had been put in place to reduce the risks to the above people. However it remains of concern that these risks had not been identified and assessed by the provider prior to our inspection.

The above information was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a risk that action may not be taken to reduce risks resulting from people's health conditions as

records were not always accurately completed. One person was at risk of a health condition and records showed that they had been affected by this for the past nine days. We could find no evidence that action had been taken to address this. Furthermore we noted there had been a period of eight days in the previous month where the person had also been affected by this condition and again there was no evidence of action. We shared this feedback with the management team and following our inspection visit we were informed that this had been investigated and was due to an error in recording. However this had not been identified prior to our visit and showed a risk that staff could fail to identify when the person was affected by this health condition.

We found that in other areas care plans contained individualised information about how to keep people safe. Concise risk assessments were included in care plans and detailed risks relating to people's support. These described how any risks should be managed and was balanced with promoting people's independence. For example we looked at one person's care plan who was at risk of choking. There was a clear risk assessment in place ensure their health and safety and we observed that staff followed this guidance during our inspection visit.

Risks in relation to people developing a pressure ulcer were assessed and planned for safely. Pressure ulcer risk assessments were completed monthly and people who had been assessed as being at risk of developing pressure ulcers were provided with suitable equipment to reduce the risk such as pressure relieving cushions. We saw that this equipment was being used as specified in people's care plans. Records were in place which provided evidence care had been provided in accordance with the care plans. We found some gaps in one person's repositioning records, it was unclear if this was an error in recording or if care had not been delivered as required. We shared this feedback with the registered manager and following our inspection visit they informed us that this would be investigated to reduce the risk of reoccurrence.

Some people using the service communicated with their behaviour. For these people there were clear plans in place detailing how to keep the person and others safe. Staff we spoke with had a good knowledge of how to support people. We observed that where necessary staff intervened to reduce the impact of people's behaviour on others. We spoke with a member of staff who explained how they supported a person who sometimes became anxious and agitated, they told us, "It calms [person] down if your play with their hair." We reviewed this person's care plan and found that this was consistent with the guidance provided in the plan.

During our January 2017 inspection we found that people could not always be assured that incidents would be responded to appropriately. During this inspection we saw that in the majority of cases clear records of incidents were kept. Each incident record had been reviewed by the registered manager to ensure that appropriate action had been taken. We found one incident which had not been recorded using the appropriate paperwork. However this did not have an impact on the person as details of the incident had been communicated to the management team who had taken action in response to this.

People were protected from risks associated with the environment. We saw there were systems in place to assess and ensure the safety of the service from risks such as fire and legionella and control measures were in place to reduce these risks. The registered manager had identified some gaps in staff fire safety training and had taken action to book training, in the interim they had worked with each staff member to ensure their competency in the event of a fire. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency. They also had an emergency grab bag to be used in the event of a fire containing vital information and equipment. Regular safety checks also were conducted on other aspects of the environment such as call bells and bedrails.

People and their relatives told us they felt that they or their relations were safe at Victoria Cottage Residential Home. One person told us, "I'm happy, (I) definitely feel safe." A relative told us their relation was, "Absolutely, one hundred per cent (safe)." Another relative told us, "I don't know what I would do without it here, [relation] is safe."

There were systems and processes in place to minimise the risk of abuse and staff had received training in protecting people from abuse and avoidable harm. Staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse and understood their role in reporting any concerns to the registered manager and escalating concerns to external agencies if needed. One member of staff we spoke with said, "(I would) go straight to the manager. (We have) team meetings every month and safeguarding is always on the agenda." Staff were confident that any concerns they raised with the management team would be dealt with appropriately. Records showed that the registered manager had taken appropriate action and shared information with the local authority when it was needed. For example staff had noticed some unexplained marking to one person's skin, this had been investigated by the registered manager and a referral had been made to the local multi-agency safeguarding hub (MASH). This is where any safeguarding concerns are made in Nottinghamshire.

There were enough staff available to meet people's needs, respond to requests for support and keep people safe. We asked one person who used the service if they felt there were enough staff and they told us, "Oh yes I should think so." Relatives of people who used the service also told us that they felt there were enough staff to respond to people's needs. The relative of one person told us, "(There are) always enough staff around, they always respond if [relation] needs them." Another relative commented, "Staff levels have gone up in the past year, there is always someone around." Staff we spoke with told us that the staffing levels were sufficient and that any last minute absences were covered. During our inspection visit we observed that staff were able to respond to people's needs in a timely manner. The staff we spoke with felt that the staffing levels were sufficient and enabled them to spend time with people who used the service chatting and engaging them in one to one activities.

The registered manager informed us that temporary agency staff were being used on a regular basis at Victoria Cottage Residential Home whilst they recruited to vacancies in the staff team. They told us that they tried to use the same agency care workers to ensure that they were able to build a relationship with people living at the home.

People could be assured that safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained by the provider.

People received their medicines on time and as prescribed. People and their relatives told us that they got their medicines as needed. The relative of one person said, "They always make sure that [relation] has their medicines before they go out." Medicines were well organised and stored safely and medicine records were completed accurately. When people were prescribed creams for topical application there were not always clear details of how, where and why these creams should be applied. We discussed this with the management team who told us that this would be improved.

There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis (known as 'PRN'). These protocols provided clear details to ensure staff knew when to give people these medicines and what alternative approaches should be tried. We saw that these plans had a

positive impact on people who used the service. One person was prescribed PRN medicines, to help reduce their anxieties and lessen the impact of their behaviour on others. The registered manager told us that they had worked with the staff team to improve their skill and confidence in using alternative approaches to help the person manage their anxiety, such as, relaxation and distraction. Records showed that this approach had drastically reduced the need to use these medicines.

Staff had been trained in the safe handling and administration of medicines and had their competency assessed as needed to ensure their ongoing capability. Medicines audits were carried out regularly to ensure medicines were being managed safely and these were effective in identifying areas for improvement, and we saw that any issues raised had been addressed.

Good

Is the service effective?

Our findings

During our January 2017 inspection we found that there was a risk that people's rights under the Mental Capacity Act (2005) may not be protected as the principles of the Act had not always been adhered to as required. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.During this inspection we found that improvements had been made in this area but also identified that some further work was required to ensure that people's rights were fully protected.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

We found that on the whole people's rights under the MCA were protected. People's support plans contained clear information about whether people had the capacity to make their own decisions. Detailed assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

We found two instances where the principles of the MCA had not been correctly applied. Records showed that two people who used the service were at high risk of falls and for both people there were limited control measures in place. We spoke with the nominated individual about this who told us that the management team were mindful to balance the person's safety with their right to privacy and did not want to infringe upon each person's rights by implementing intrusive measures such as assistive technology. Given the impact of both people's advancing dementia it was highly unlikely either person had capacity to consent to this decision, both people's care plans documented that they lacked the capacity to make decisions of a similar nature. Despite this there was no documentation in place to demonstrate that the care provided had been considered as part of a best interests decision making process. This did not respect people's rights under the MCA.

Following our inspection visit we wrote to the provider and asked them to ensure that action was taken in relation to ensure people's rights under the MCA were protected. We received an action plan which assured us that mental capacity assessments had been undertaken for each person.

A number of people had 'do not attempt resuscitation' orders in place. The majority of these had been completed appropriately by an external health professional and where possible, had been discussed with the person and their family. We found one occasion where there was no evidence that the person had been involved in the decision and there was no mental capacity assessment in place in relation to this.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications for DoLS where appropriate and these had been granted. There were no conditions specified on the DoLS authorisations that we reviewed.

Staff had received training in relation to the MCA and DoLS and they had a good understanding of how this applied to people who used the service. One member of staff told us, "If we have a new resident we assume they have capacity until proven different." Staff were aware of who had a DoLS authorisation in place and understood the impact of this on their care.

People were supported to make decisions on a day to day basis. We observed staff enabling people to make informed choices and gaining their consent. We asked a person who used the service if staff asked for their permission before providing care and they responded, "Yes, the staff are very good here." People's care plans clearly detailed how to support people to make decisions to maximise their choice and control and we observed that staff had a good understanding of this. A member of staff we spoke with explained how they supported a person who was unable to communicate verbally to make decisions using their body language.

During our January 2017 inspection we found that people did not always receive effective support in relation to their nutrition and there was a risk that unplanned weight loss may not be identified. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made in this area and some further improvements were required to record keeping.

Recording in relation to nutritional and hydration intake was not always completed accurately or effectively so as to reduce the risk of dehydration or weight loss. Although fluid charts were kept for people who had been identified as being at risk of dehydration these were not always used effectively to identify if people had consumed enough fluid. In addition to this food records did not contain sufficient detail to enable accurate conclusions to be drawn about whether or not the person had enough to eat. For example we viewed one record which recorded that the person had eaten 'all' of their dinner, but it did not provide any indication of the portion size served to the person. Although we did not see any evidence that this had an impact on people there was a risk that without effective monitoring staff may fail to identify the need for further intervention. We discussed this with the registered manager and the nominated individual who told us that action would be taken to address this.

People who used the service and their relatives were positive about the food served at the home. One person explained that if they did not like the food that was served they could request something different. Records of a recent meeting of people who lived at service showed that meals were discussed, one person had commented, "We all love the food and there is always plenty of everything." The relative of another person told us, "The food quality is good, [relation] always gets to choose." During our inspection visit we observed a meal time and saw that people appeared to enjoy their food and when required, were offered assistance at their own pace. People were offered drinks and snacks throughout the day. When people required specialist diets these were provided and care plans contained clear information about people's dietary needs.

Where people had risks associated with eating and drinking there was clear guidance in their care plans and staff had a good knowledge of how to support people safely. One person was at risk of choking, there was information in their care plan about how to minimise this risk and we observed that staff followed this

guidance during our inspection visit. Care plans contained information about the support people required with nutrition and people's weight and BMI (body mass index) were assessed regularly. We saw that where changes or concerns were identified action was taken. For example one person's appetite had decreased resulting in weight loss. This had been identified by the staff team and they were monitoring the person's weight and had contacted external health professionals for specialist support.

People were supported by staff who had supervision and support. Staff we spoke with told us that they felt supported and they had regular supervision meetings. One member of staff told us about their supervision meetings and said, "[Registered manager] tells me what I have improved in and what I need to improve on." The registered manager told us and records showed that supervisions took place regularly for each member of staff. The nominated individual explained that they had recently introduced themed supervision meetings to enable staff to improve their knowledge in specific areas such as the MCA.

People were supported by staff who had the skills, knowledge and training to provide safe and effective care and support and this was reflected in comments from the relatives of people who used the service. The relative of one person told us, "The training has improved over the past six months, the improvements have been overwhelming." Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. We saw records which showed that staff had up to date training in a number of areas including safeguarding, the MCA, and health and safety. Some staff had training relating to the specific needs of people using the service such as nutrition and diabetes care. In addition to this staff were provided with opportunities to further develop their skill and knowledge by undertaking vocational training and some staff had recently been allocated additional responsibilities based upon their skills and interests, such as activities and medicines management.

Staff were provided with an effective induction period when starting work at Victoria Cottage Residential Home. Staff induction included training, shadowing experienced staff members and reading care plans to learn about the needs of people using the service. Staff we spoke with told us that they felt competent to support people following their induction. One recently recruited member of staff told us that they were "really impressed" with the induction and thought it was "amazing". The registered manager told us that new staff would be completing the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

People were supported to attend appointments and access healthcare. The relatives of people living at Victoria Cottage Residential Home told us that staff would notice if they were unwell and would call the doctor if needed. The relative of one person told us, "They (staff) are always really quick to react here." Another person's relative told us, "They (staff) have got to know [relation] and they recognise the signs, call the GP and they get the treatment they need." The outcomes of appointments with professionals including GP's, nurses were and other specialist health professionals were recorded in people's care plans. The local care homes nursing team visited Victoria Cottage Residential Home weekly to enable people to access the services of the nursing team and to provide access to other specialist health services.

Staff made contact with relevant healthcare professionals when people's needs changed. For example, staff had recently identified that one person was showing signs that they may have an infection and had contacted the person's GP for advice. Where people had specific health conditions care plans included personalised information about this and guidance for staff on how to recognise that a person's health condition may be worsening.

We received positive feedback from a healthcare professional who visited the service regularly. They told us

that staff were always well prepared for their visits and were proactive in identifying changes in people's health needs and communicating this to the relevant external professionals.

Good

Is the service caring?

Our findings

The atmosphere at Victoria Cottage Residential Home was calm, relaxed and homely and people were supported by staff who were kind and caring. During our visit we saw examples of positive interactions between staff and people who used the service. Staff were kind and patient and spent time chatting with people throughout the day. Without exception people and their relatives gave positive feedback about the care provided. The relatives of people living at Victoria Cottage Residential Home used words such as "homely", "welcoming" and "intimate" to describe the atmosphere at the home. The relative of one person told us, "They (staff) genuinely care, they actually care about them as a person."

Staff we spoke with all said they enjoyed working at the home and felt they provided a caring service. One member of staff told us, "We are there for anything they need, we always listen to them." Another member of staff described the service as "very homely" and "family orientated". The relative of a person living at the home commented, "[Relation] is part of the family, they know [relation] well." We saw staff encouraging and supporting people, taking their time and working at people's own pace. We observed a person being supported to move using a hoist, the staff members were gentle and reassuring and the person appeared calm and relaxed throughout.

Staff knew people well and it was clear that they had a good knowledge of people's individual support needs and their likes and dislikes. A member of staff told us, "We treat everyone as an individual." People's care plans contained detailed information about the person's history, important relationships and their individual preferences. These plans had been developed with the person and their relatives where possible. We spoke with the relative of one person who told us, "They asked me what [relation] used to do." Another relative told us, "They (staff) are very caring. They remember [relation]'s life history." The registered manager told us how this information was used to inform people's support. For example, one person who used the service had previously worked in the textiles industry was supported to reminisce by enjoying the sensory experience of handling different fabrics and textiles.

The staff team had been proactive in exploring ways to reduce people's distress and anxiety. Care plans contained details of the support people required to ensure their emotional wellbeing and we saw that this had a positive impact on people living at the home. One person who used the service had been supported to use a therapy doll. An approach used to reduce anxiety and distress in people who have dementia related conditions. The registered manager explained how they had worked with the staff team to build their acceptance of doll therapy, some saw it as demeaning at first but when they realised the impact it had on the person they became more engaged with it. During our inspection we observed staff using the doll to initiate conversations with the person. Not only had this approach visibly reduced the person's distress and anxiety it had also improved their communication and engagement with staff.

People's care plans contained detailed information about their communication needs. Staff had a good understanding of each person's individual needs and tailored their communication accordingly. For example one person's care plan directed staff to use slow paced speech, give the person time to process information and to use physical contact to support communication. We observed that staff followed this

guidance throughout our inspection visit and although the person was not able to communicate verbally they appeared to be engaged with staff.

People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us that one person who used the service was being supported by an advocate at the time of our inspection. We also observed that there was information about advocacy displayed in communal areas of the service and the service had planned for a representative of the local advocacy service to visit to share information with people who used the service.

Staff encouraged people to maintain their independence. A relative of one person told us, "They encourage [relation] to walk." Another person's relative explained how the staff team had responded to their relation's changing needs by putting up signs around the building to aid the person's orientation and help support their independence.

People and their relatives told us that staff respected their right to privacy. The relative of one person told us, "The door is always closed then they dress [relation]." People's relatives also told us that their loved ones could choose to spend time in private should they wish to. Staff were able to describe the measures they would take to ensure people's privacy and we observed that staff treated people in a respectful manner. There were no restrictions on when people's friends and relatives could visit them.

Staff respected people's right to confidentiality. One member of staff commented, "We keep all files locked away," another member of staff told us, "We don't talk about the residents in communal areas."

Good

Is the service responsive?

Our findings

During our January 2017 inspection we found that there was a risk that people may not receive the support they required as care plans did not always contain up to date, accurate information. During this inspection we found that the required improvements had been made in this area.

People and their relatives were involved in planning their care and support and care plans were focused on people's individual needs. Each person had a person centred care plan which gave staff a clear oversight of their individual needs and preferences. Care plans contained information about the person's level of independence and details of areas where support from staff was required. Care plans also included information about how to respect people's diverse needs such as which gender of staff people preferred, staff we spoke with had a knowledge of this and told us they respected people's wishes. One member of staff told us, "[Person] doesn't like a male (to support them) so we always send a female."

Care plans were up to date and had been reviewed regularly and there was evidence that people and their families were involved in these reviews. The relative of one person told us, "I reviewed it (care plan) with [staff member]. They seem to have got into the mind of [relation] and taken their preferences into account." We found a small number of care plans which had not been dated which made it hard to assess the timeliness of reviews, we discussed this with the registered manager who assured us that this would be addressed.

People and their relatives told us that care staff understood their or their relations needs and responded in timely way. Our conversations with and observations of staff demonstrated that they had a good knowledge of people's support needs and preferences and used this to inform support.

People were provided with opportunities for social activity and work was being undertaken to further improve upon this. The registered manager told us that activities were provided by staff on an individual basis in accordance with people's preferences. They explained that many people chose not to get involved in organised group activities; however they continued to offer group activities to ensure people had a choice. People's care plans contains details of their interests and hobbies and the registered manager shared examples of how this was used to provide people with opportunities for meaningful occupation. We observed one person who loved to sing and dance being encouraged by staff to express their passion. In addition to the above throughout our inspection visit we observed staff chatting with people, playing games and undertaking activities such as jigsaws. We spoke with the relative of one person who commented that their relation used to enjoy going to a local shop but they no longer did this. We discussed this with the management team who informed us that they offered people opportunities to visit local amenities but many people declined.

We spoke with the registered manager about their approach to activities and they told us that they were encouraging staff to get people involved in daily domestic activities such as cleaning and dusting as this was more meaningful to people who used the service and gave them a valued role. They went on to tell us about one person who enjoyed contributing to the cleaning of the home, the domestic staff often gave them a

duster and they would help out. During our inspection visit we saw that this person was encouraged to help sort and fold clothes. Furthermore the staff team had started to use this as a technique to calm the person when they became anxious. We saw that this combined with other methods had lessened their anxiety and agitation and consequently reduced the need for medication.

The registered manager explained that they were working with people who used the service to build their confidence in accessing the local community. Although the majority of people chose not to leave the home, the team intended to continue to offer people opportunities and support to visit local cafes and shops.

People could be assured that concerns they raised would be listened to and acted on. People we spoke with told us they did not currently have any concerns but would feel comfortable telling the staff or registered manager if they did. The relative of one person told us, "If I had a proper complaint I'd write first and speak to staff. Staff listen and have always acted." The relative of another person told us about a concern they had previously raised with the registered manager which had been resolved quickly and effectively.

The registered manager told us there not been any formal complaints since our previous inspection. There were systems in place to ensure that complaints were responded to in a timely manner. Staff we spoke with were aware of the procedure and their role in recording any concerns received and communicating these to the registered manager. Records of meetings for people who used the service showed that people were provided with the opportunity to raise any concerns or complaints during these meetings. There was a complaints procedure in the service, we observed that this contained some out of date information. We shared this feedback with the management team who informed us that action would be taken to address this.

Requires Improvement

Is the service well-led?

Our findings

In our January 2017 inspection we found that systems in place to ensure the quality and safety of the service were not fully effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection the provider submitted an action plan stating how they planned to make improvements across the service and they provided us with weekly progress updates. At this most recent inspection completed in May 2017 we found improvements had been made and the provider was now meeting this regulation. During this inspection we found that further work was needed to ensure the effectiveness and sustainability of the new systems and processes.

There had been improvements in the systems and processes in place to monitor and improve the quality of the service and records showed that these systems were on the whole effective in identify areas for improvement and bringing about change. The registered manager conducted a range of audits across the service such as the environment, care plans, nutrition, medicines management and infection control. Where issues had been identified in the audits, actions were recorded as having been taken and this was supported by our findings. For example a recent medicines audit had identified some errors and omissions in recording. Action was recorded as having been taken to ensure staff had the required knowledge and skill and during our inspection we found that medicines records were completed accurately.

Swift action had been taken where areas for improvement had been identified. The week prior to our inspection a pharmacy audit identified a risk related to the temperature of the medicines room, the management team had taken action to purchase an air-conditioning unit. Where delays to improvement actions were identified the management team were aware of these and had been proactive in trying to resolve issues.

The provider did not have effective systems in place to observe and review day to day practice within the service and this resulted in action not being taken to identify and resolve some issues. We found variations in the quality of records of care and support, for example, repositioning charts did not always demonstrate care had been provided as required and food and fluid record were not always used effectively. These had not been identified by the management team prior to our inspection visit and consequently no action had been taken to resolve these issues. We spoke with the registered manager and the nominated individual about this who advised us that following the inspection senior staff would be asked to audit the quality of record keeping. They also advised us that staff would be given pocket note books to record support as and when it was provided to ensure nothing was missed.

During our January 2017 inspection we found that systems in place to ensure the service was clean and hygienic were not complete and were not always effective. During this inspection we found that improvements had been made in this area. Improvements had been made to the cleaning schedules and environmental audits were completed regularly. We observed that both communal areas and people's bedrooms were clean and free from clutter. New cleaning schedules had also been introduced for equipment such as hoists and slings and had been completed regularly.

Sensitive confidential information about people who used the service was not always stored securely. During our inspection visit we observed that that a large amount of personal information was being stored in a disused bedroom. Although this was in an area of the service which was unused, there was no lock on the door and this posed a risk that this information could be accessed by people who used the service or visitors. We shared this with the registered manager and nominated individual who informed us that locks had been removed from the doors in response to a fire safety issue and that the information was being kept on site in case they were needed for CQC inspections, they assured us that action would be taken to transfer the documents to secure storage.

There was a registered manager in place who was passionate about their role. People's relatives, staff and external health professionals alike spoke positively about the impact that her leadership had on the quality of the service. A relative of one person told us, "I totally trust [registered manager]. This is one of the best homes I have ever been in." We asked another person's relative if they thought the service was well managed and they told us, "Now it is, there has been a noticeable difference with [registered manager]." One member of staff told us they had seen significant improvements to the service over recent months, they told us, "Care plans are the main thing." A health professional who visited the service regularly told us they had confidence in the registered manager and said, "[Registered manager]'s heart and soul is in this place."

People who used the service and their families were supported to have a say in how the service was run. Regular residents meetings were held for people using the service. Records showed that these meetings were well attended and used to discuss things such as activities, menus and suggestions for changes and improvement. There were also regular meetings for relatives of people living at the home. The relative of one person told us, "I attended the meeting, other relatives raised things and some things are already happening (as a result of the meeting)."

The registered manager told us that they had a stable staff team in place and they were working with them to develop their understanding of their role and build on each staff member's individual strengths and interests to enable them to contribute to the running of the home. For example one member of staff had an interest in medicines and had been given responsibility for some areas of medicines management. We found that staff had a good understanding of their role and one member of staff we spoke with confirmed that this had recently improved. They told us, "We know where we are, we all have responsibilities."

The staff we spoke with told us they were happy working at Victoria Cottage Residential Home and took pride in their work. One member of staff told us they were proud of, "How far we have come. The residents and their families are happy." Staff were given an opportunity to have a say about the service in regular staff meetings. Records of these meetings showed that these were used to provide feedback to the team, to share information and to address issues within the service. Staff we spoke with told us they felt well supported and would feel comfortable in reporting any issues or concerns to the management team.

The provider had a vision for the service. The nominated individual told us that they were "Sowing the seeds for outstanding," and told us about projects planned to further improve the experience of people who used the service. This included improvements to the garden and external areas of the home, building connections with the local community and further improving systems within the service. The management team told us that the provider was committed to delivering a high quality service at Victoria Cottage Residential Home and provided resources for development of the service. Some areas of the service had been refurbished and further works were planned to improve the environment for both people living there and staff.

We checked our records which showed that the management team had notified us of events in the service. A notification is information about important events which the provider is required to send us by law.

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 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected from the risk of falls. Regulation 12 (1) (2) (a) (b)