Care Homes UK Ltd

Victoria House

Inspection report

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Tel: 01226727179

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection of Victoria House took place on 13 March 2018 and was unannounced. The home had been rated overall good at the previous inspection in February 2016 but were rated as requires improvement for the safe key question because there was a breach of safe care and treatment due to concerns with medication. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question, safe, to at least good. During this inspection we checked to see if improvements had been made.

Victoria House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Victoria House accommodates 30 people in one adapted building. On the day we inspected 24 people were living at Victoria House.

There was a registered manager in post and they were available during the 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.

People told us they felt safe and we saw staff were pro-active in their interventions, such as preventing a person from falling off their chair by encouraging them to move backwards into the seat. Staff knew how to report any safeguarding concerns and any incidents which occurred within the home such as falls or pressure damage, were considered to see how practice could be improved.

Risks were managed well, with regular checks of equipment and the premises. However, some records needed further detail to provide specific guidance for staff in relation to equipment and methodology used.

Staffing levels were appropriate and meant people had their needs met promptly. Medication administration practice was safe and checks were in place to ensure procedures and knowledge were correct.

The registered manager understood what constitutes good practice and led by example. However, they were not always aware of the latest guidance to follow. They reassured us they were in the process of reviving many of the policies and procedures which were out of date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; however, the policies and systems in the service did not support this practice.

Staff received an induction, supervision and training, however, not all new staff completed the Care Certificate which is accepted best practice for people new to care.

We observed people actively supported with nutrition and hydration needs were met regularly. People and relatives we spoke with confirmed how much emphasis was placed on ensuring sufficient fluid intake. People also accessed external health and social care support as required.

Staff displayed kindness, compassion and interest in the people they were caring for. It was evident they knew people and their relatives very well, sharing high levels of conversation and enabling people to engage with as much as possible around them. Privacy and dignity was respected at all times.

Care records were comprehensive and regularly evaluated. People enjoyed a range of activities at both individual and group level.

The service had not received any complaints but had received many compliments.

The home had a positive, welcoming atmosphere where everyone was acknowledged and felt included. This vision was shared with all staff and led by the registered manager who had strong values. This culture was embedded in practice and culture.

There was a robust quality assurance system in place with evidence of actions being taken promptly where issues were noted. People who lived in their home and their relatives' views were sought in shaping the home and the delivery of care.

We found one breach of regulations in relation to the need for consent and made a recommendation in relation to ensuring completion of the care certificate. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and relatives felt they were safe and staff were attentive to their needs.

Risks were pro-actively managed and staffing levels meant people's needs were met promptly.

Medication and infection control practice was safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received supervision and training, and were knowledgeable about care practice. However, records kept of people's capacity did not comply with the legal requirements.

We saw staff worked well as a team and supported people well with nutrition and hydration.

People accessed extra health and social care support as needed.

Is the service caring?

Good

The service was caring.

People spoke highly of the care staff and looked well cared for.

Relatives told us how much they were included in everyday decisions.

Privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People enjoyed numerous activities and were supported to engage or not, if they so chose.

Care records were comprehensive and reflected people's needs, and were regularly reviewed.

The service had not received any complaints but had a procedure in place, and had received many compliments.

Is the service well-led?

Requires Improvement

The service was not always well led.

The home was lively and friendly, with engaging staff.

High quality care delivery was evident with dedicated staff and a registered manager, which was monitored through a sound quality assurance process.

The lack of decision-specific mental capacity assessments and a breach of regulation meant this domain cannot be rated good.

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 took place on 13 March 2018 and was unannounced. The inspection team consisted of three adults social care inspectors, an expert by experience and an inspection manager. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we requested a Provider Information Return (PIR) which was returned to us. 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 checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with six people using the service and eight of their relatives. In addition, we spoke with seven staff including two care workers, one nurse, the cook, the activity co-ordinator, a member of the domestic team and the registered manager. We also spoke with three visiting health professionals including a GP.

We looked at four care records including risk assessments, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us, "I'm glad I chose here, I feel nice and secure. I've had no falls. I go steady, I sometimes need help. They will help me if I need it." Another person said, "I feel right safe here." A further person said, "Best place in the world. I feel safe and sound."

Relatives were equally positive. One relative told us, "I can leave [name] at night knowing she's safe. I feel like I've won the lottery." Another said, "I can't fault it here. I know she's very safe." A further relative said, "My [name] is very safe. They make sure she's not left to walk on her own."

Staff were knowledgeable about possible signs of abuse. They understood the importance of raising concerns and said they felt that any such situation would be taken seriously. They knew about the whistleblowing policy and described how their responsibilities were to ensure people living in the home were safe. The registered manager explained how learning from any concerns was shared with staff, such as ensuring the best possible pressure care to avoid skin damage.

One person told us how supported they were. They said, "I couldn't manage at home, I fell but not in here. They got me a walking stick so I'm safe. There is always plenty of staff about." Another person told us their frustrations as staff were so keen to prevent falls, "I get cross sometimes because they won't let me walk on my own. They say I would fall." This shows staff were pro-active in managing risks to people but maybe needed to explain their reasons more clearly as the person was not being encouraged to make their own choices.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the fire procedures. Each person had a current personal emergency evacuation plan (PEEP) which showed their specific needs in the event of a fire.

We looked at staff recruitment records and found appropriate checks had taken place. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Staff we spoke with told us there were always staff available to assist people and we observed this. One said, "I never feel rushed" which helped to promote a calm atmosphere. One person told us, "If we need help to go to the toilet we just ask and they take us. They are very quick. We ring the buzzer if we are in our room and they come." Staffing levels were adjusted according to people's dependency needs and the registered manager advised the team was a stable one as many had worked at the home for a long time.

One relative explained how they said they managed risk to their relative who was nursed in bed, "She's in bed and they have bed rails and padding round her, so she won't get hurt." Risk assessments were personalised and if people's needs changed, risks were re-evaluated. We saw a recent moving and handling assessment had taken place which identified the need for specialist equipment which had duly been provided.

We observed one person moving towards the edge of their chair but a care worker was quick to intervene, gently persuading the person to move back into their seat so as to avoid a fall. This person's relative also told us how the person had had no falls since admission to the home as staff were so attentive. We also observed safe moving and handling practice using equipment where staff explained clearly what the person needed to do all the while reassuring them. However, some risk assessments needed further clarity about the specific equipment and methodology to be used when supporting people to transfer as the information just outlined the basic equipment required such as hoist and sling. The registered manager agreed to action this.

The administration of medicines was safe. Medicines were stored securely and the room was securely locked. The temperature of the medicines room was checked daily to ensure medicines were stored safely. The designated staff member was able to demonstrate the systems for ordering and returning medication and all medicines were clearly labelled, with creams and drops having date of opening recorded to ensure none were used past their expiry date.

The medication administration record (MARs) were legible and regular checks ensured they were completed correctly. We found no unexplained gaps or omissions and our stock checks revealed records matched stock levels. We observed medicines being administered in a caring and professional manner, following the MAR. Any 'as required' (PRN) medication had appropriate guidance for staff to follow.

Regular medication audits were carried out by the registered manager including random spot checks. The service did not have any controlled drugs at the time of inspection but was aware of the storage and recording requirements of such drugs. The registered manager observed staff's competency with medication every two months assessing both their manner and knowledge.

We found the home was clean and tidy. Chemicals were appropriately stored in locked cupboards. Staff had access to personal protective equipment (PPE) such as gloves and aprons and we saw there were plentiful supplies. A recent local authority infection control audit had rated the home as 94%.

The premises and equipment were kept in good order. We saw that the electrical and gas installation and lifting equipment had been serviced as required. Regular premises checks were in place with evidence of action taken if needed. There were a range of audits completed for equipment including the mattress audit, for example, carried out by an independent assessor, which had scored 100%. The assessor had noted that this was the first time in 15 years they had awarded this score.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

One care worker told us about the principles of the MCA. They described how best interest meetings would be carried out and even if people were deemed to lack capacity, it was important to remember they should be encouraged to be as independent as possible, within their own limitations. The registered manager was able to explain the processes required and six people had a DoLS in place.

However, although we found mental capacity assessments in people's files, they were not decision-specific as required under the MCA. There was not always evidence of best interest decision making with relevant people taking place, such as when supporting a person with medication, although staff actively sought consent while supporting people during the day. In one file a capacity assessment dated 2014 indicated the person was unable to make any decisions and yet in 2015 had given their consent for care. This was incompatible and we spoke with the registered manager about reassessing people's mental capacity and reflecting this in documentation. This was a breach of regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively of the meals on offer at Victoria House. One person told us, "I like my food; I had porridge this morning. The food is always nice. I could have had bacon and eggs but felt like a change." Another person said, "Great food here, plenty of choice. I had a nice bacon sandwich this morning. Nothing's too much trouble for them. We get what we want; it's home from home here. We get lovely homemade buns at tea time." A further person told us they had had two breakfasts that morning.

We observed lunchtime and saw the meals looked appetising. People were supported to eat in the dining room if this was their choice where tables were nicely presented with cloths and condiments. Where people needed additional support to eat, this was provided discreetly and in a timely manner. The chef was aware of people's dietary requirements such as whether people had pureed or blended food. Nutritional risk assessments identified people at risk of choking and people's weight was monitored monthly. People were given choices at mealtimes and if someone disliked their choice, they would be offered alternatives. We observed one person received a sandwich as they were not particularly hungry but staff gently encouraged them to eat.

One relative we spoke with told us how their relation was 'thriving' since being in the home. They told us, "Staff are so pro-active with hydration, nutrition and interaction. My [name] is much improved." Records we saw also reflected people's individual fluid targets and how staff kept close scrutiny over this due to the heightened risk of falls and infection as a result of too low an intake. Another relative told us how their relation was now independent with eating as they had been supported by staff to do this.

People spoke positively of their environment. One person told us, "My room is nice; proper little home I've got." Another person did say their room "gets very hot in here. I could do with a fan." Two people advised us the home never had an odour. However, one person referred to the smell of smoke permeating the building from staff outside. We saw people's rooms were personalised and saw they were fresh, warm, and clean with fresh water and tissues available for people.

Staff advised training was provided in workbooks which staff read and then completed a questionnaire. This was then assessed with topics including safeguarding, equality and diversity, infection control and end of life care. Moving and handling training was provided in house as one of the team leaders was a qualified trainer. If staff felt they needed additional training this was also provided. New care staff did not complete the Care Certificate which provides a minimum set of standards for care staff to work towards. We recommend the provider considers the implementation of this to ensure all staff have access to key guidance.

Staff told us supervision was provided every six weeks and mentoring was available by more experienced colleagues. A new staff member was never left without a more senior colleague to provide support and guidance they told us.

Shifts began and ended with a handover to the next staff team ensuring any key information about people and significant events were relayed appropriately. One new staff member told us they had been made very welcome. They said that everyone had been very helpful, their training was ongoing and they were looking forward to being a fully trained staff member in order to assist more effectively. Both staff spoken with said that everyone worked as a team and any issues were dealt with promptly.

People told us and we saw they had access to external health and social care services as required. One person told us, "I had a bad chest and they fetched the doctor straight away." We also spoke with two visiting health professionals who spoke highly of the home. One nurse told us, "There are always staff available and they are very knowledgeable. They always follow advice we give them which is in the best interests of the patient. Any information we request, such as current weight, is always to hand and I have no concerns. Referrals to our service are always appropriate. I can't say enough how lovely the home is."

The local GP was also visiting and they told us, "This home is personalised, friendly, supportive, and if anything, over-caring. Nothing gets neglected. They manage people's needs well. I would recommend this home." We noted if people had pressure area wounds obtained outside of the home, such as in hospital, these responded well to treatment and in most cases had reduced significantly showing care delivery was effective.

Good

Is the service caring?

Our findings

People spoke positively of the staff. One person told us, "It's staffed by angels" and another said, "They are great, caring staff, fabulous." A further person said, "We can trust staff, there is no need to lock my door." People also said the staff team was stable. One person said, "I know all the staff; they have been here a long time" and another told us, "Most of the staff have been here since it opened so I know them very well, kind lasses."

Relatives felt staff knew people well. One relative told us, "Brilliant staff here. They all know [name]. My [relative] loves the staff." Without exception relatives told us how much they were supported and looked after by staff as much as the people living in the home. Comments included, "They didn't just look after my relative, they looked after us all," and "They treat me great too. I come every day for the company as well. Staff here are fantastic. They always welcome me and they treat us both like family." A further relative said, "I get lonely sometimes at home and they tell me to come up and have a natter; they are so kind. I get lunch with my wife."

We observed some very positive interactions with people. One person was asked if they were ready for a coffee. When they duly replied, "Oh yes. I'll have coffee with milk please" the care worker responded jokingly with "I didn't say I was making one!" to which the person laughed. The person was subsequently brought their drink. People were always addressed by their name and offered choices of food, drink or activity.

People also felt support was offered only when needed which helped promote their independence. One person told us, "Staff only help me if I need it. I'm a very private person." One person chose to remain in their room and staff were aware to always knock before entering their room and speak quietly. We noted the person enjoyed listening to their radio and staff regularly asked if they were happy with what they were listening to and offered to alter the volume or the station if preferred. One relative shared, "If [name] wants something they only have to ask."

When walking round the home we saw one person had gone to the bathroom but had left the door open. A staff member quickly saw this and gently and unobtrusively shut the door, so maintaining their privacy.

People looked well groomed and relatives spoke how well people were looked after. One person told us, "They keep us clean and tidy. The ladies always look spotless and smell nice." Another person said, "They make sure I look nice."

People with limited family contact had access to regular visits from advocates to ensure their needs were being met in the least restrictive manner and how they preferred.

Good

Is the service responsive?

Our findings

People enjoyed quality conversations with each other and staff who were attentive and aware of people's needs. People told us how their needs were met. One person told us, "It's fine. I'm well satisfied. I like liquorice allsorts and they fetch me some from the shop. I love my room; they've put lots of my own things in there, that's great." Another person said, "Oh yes, we get plenty of time to chat with them and each other. They sit us fellows together so we can talk about old times." A further person told us of their fondness for the chats they took part in.

Other people spoke of the range of activities on offer. One person told us, "The activities co-ordinator brings us books and papers that we read. They get light papers because I can't hold the heavy ones." People told us they had regular singers, coffee mornings which we saw in progress and was open to anyone in the local amenity, quizzes on Fridays. People were also supported to go outside whenever the weather allowed for a walk around. Events were advertised on a newsletter displayed prominently on the noticeboard where relatives were encouraged to participate as well. One person also told us, "Local children come in sometimes, that's lovely." One person said they would like to have some cards as they had not played for a while and also would like to do some baking.

Relatives also spoke of the positive atmosphere and engagement of people. One relative told us, "I can visit anytime." Another relative said, "Staff are very good at persuading my [name] to join in. They use an appropriate amount of persuasion but equally respect their wishes when they do not want to join in." They also stressed how good communication with the family was as they did not live locally but were made aware promptly of any significant changes to their relative's condition.

Care records contained pre-admission assessments which included the person's own view where possible. This included a detailed life history which enabled staff to build relationships with people.
They also had key information about a person's routines and preferences. 'This is me' documentation helped inform staff how people preferred to spend their day. People's behaviours and moods were also reflected where verbal communication was limited, and helped staff understood how a person was feeling. People's specific needs were outlined, how these needs were to be met so that an agreed outcome was evident. Records were regularly evaluated and amended to reflect current need. Daily notes showed what staff had supported people with throughout the day and night, and reflected people's emotional wellbeing as well.

We saw end of life choices were recorded and the registered manager was passionate about supporting people's wishes as far as realistically possible.

We asked people if they knew how to complain. One person said, "I'd tell my relatives if I wasn't happy" and another told us, "If I had any problems, I would tell my [name of family member]." Another person said, "I can ask to speak to the doctor if I want." We saw different complaints policies in the home and the registered manager advised they were in the process of sorting these out. They told us no complaints had been received and records confirmed this. People and relatives had access to a complaints' booklet in the

reception area of the home.

The home had received many compliments and some of these were displayed. Comments included, "As soon as we walked in, we all felt very welcome. [Name] was calm, comfortable and pain free in their final days which is just what we wanted for them," "Thank you for all your care and love. Thank you for your sense of humour and the smiles you put on their face," and "The staff are so genuine with their care and support that I know I made the right choice for [name]. I also know [name] is very happy, comfortable and is always made to feel special."

Requires Improvement

Is the service well-led?

Our findings

People and their relatives spoke highly of the home. One person said, "I'm glad I chose here, it's great." Another person told us, "The staff are spot on, very helpful. It's as near as my home as it can be." Relatives comments included, "I chose here because I knew my relatives would be well looked after," "I'm also the hairdresser and can tell you they are well looked after," and "Lovely atmosphere, great caring staff. It's like one big family. Can't fault it." There were many people visiting who had had relatives in the home and one told us, "Relatives are still welcome even when their loved one has died." Another relative said, "My uncle was so impressed when his wife was here that he chose this place when he needed looking after. You can't say better than that."

We saw many displays of photographs around the home promoting an inclusive, homely and welcoming atmosphere. It was evident people were valued and respected as individuals as the displays showed people's enjoyment and engagement with activities.

People and relatives also spoke well of the registered manager. One relative said, "I can talk to staff about anything and they will listen. My relatives are so well cared for, but if I had a problem I'd go to the manager." Another relative told us, "The manager runs a tight ship, but they're always friendly and approachable." A further relative said, "If I need to ask something there is always someone I can go to." This was echoed by another relative who said, "The manager always has time for you. If there is a problem, this is sorted straightaway."

The registered manager was very visible in the service and conducted walkarounds the home at least once a day which ensured any potential risks were tackled promptly. They also explained how they discreetly observed staff interactions to ensure people were being offered choices, that equipment was used safely and correctly and people were spoken to with respect. We asked how they knew the home was delivering good care and they explained it was if people were gaining weight, were not dehydrated, had no skin damage and were well presented with everyone looking relaxed and calm.

Not everyone we spoke with had completed a survey although relatives did mention regular meetings held in the home to raise any issues. We saw evidence of these meetings where the main topics focused on how happy people were with the food and the cleanliness of the environment. Other topics included consent, lasting power of attorney and how people should complain. At the meeting in December 2017 people had the option to recreate a four week menu but no changes were made, endorsing people were happy with the service provided.

The latest annual survey had been completed in March 2017 and was due for renewal at the time of the inspection. Responses were positive for how well people felt cared for, whether they felt respected and safe, and their views on the provision of activities. One comment in the survey read, "The staff are extremely caring and very patient," and another stated, "[Name] always appears well cared for with good relationships with all staff members who treat them with love, kindness, respect and dignity."

There was evidence of a robust quality assurance process which showed regular observational and practical checks for all aspects of care delivery were undertaken, and actions were implemented as necessary. These included environmental, accidents, medication and feedback from people and relatives in the home. However, the lack of decision specific mental capacity assessments had not been picked up through the auditing processes. We noted the provider's policies and procedures were in need of updating but the registered manager assured us this was in hand. We noted the safeguarding policy did not contain details of the local authority nor reference to notifying CQC once a referral had been made.

We saw evidence of regular staff meetings, held every three months where specific topics were discussed such as infection control, policies and procedure changes, importance of completing documentation such as food and fluid information and regular skin integrity checks to limit pressure damage. Staff said they felt supported by the registered manager and would not have any difficulty in bringing a problem to their attention. They also said they felt valued and that they enjoyed working at Victoria House. One care worker told us at the end of each day, the registered manager thanked staff for their hard work, emphasising their appreciation.

We asked the registered manager what their vision for the home was and they told us, "to be better than what we are now, ensuring people are receiving high standards of care with compassion and love. We aim to be friendly and open in our approach, and to deliver the best possible practice we can." They felt supported in their role by other managers and the provider who visited at least monthly. The registered manager explained they completed weekly and monthly reports on key data to show any issues and examples of positive interventions.

They also shared their key achievements which included the high scoring audits for infection control, outstanding staff in their opinion who put their own needs behind the people living in the home and the strong family atmosphere in the home. The home had also received an accredited award for positive reviews from a website.

The ratings from the previous inspection were displayed as required under 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent People who lacked capacity did not have decision specific assessments in place which meant legal requirements were not met.