Heritage Care Homes Limited

Victoriana Care 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection on 22 January 2016.

The service provides care and support for up to 33 people, some of whom may be living with dementia, mental health conditions and chronic health conditions. On the day of our inspection, 23 people were being supported by the service.

There was a registered manager in post. 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.

The provider had effective systems in place to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. Although people's medicines had been managed safely and administered by staff who had been trained, these were not always given to people in a way that promoted effective treatment. This could have resulted in adverse effects to people's health and wellbeing.

The provider had effective recruitment processes in place and there was enough staff to support people safely. The manager and staff understood their roles and responsibilities in ensuring that people consented to their care. Where required, they ensured that the care of people who lacked mental capacity to make informed decisions about their care was in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff had received effective training and support, but staff supervision had not always been provided in a timely manner.

People's needs had been assessed and they had person-centred care plans in place. They were supported to have sufficient food and drinks, but people were not complimentary about the quality of the food and choices provided to them. People had been supported to access other health and social care services when required in order to maintain their health and wellbeing. The provider had failed to follow current guidance on creating a dementia friendly environment.

Staff were kind and caring towards people they supported. They treated people with respect and dignity. As much as possible, they supported people to maintain their independence. There were not enough activities provided to keep people stimulated throughout the day.

The provider had a formal process for handling complaints and concerns. People had been given opportunities to provide feedback about the quality of the service provided.

The provider had effective systems in place to assess and monitor the quality of the service provided. Regular audits had been carried out and actions taken to make the required improvements.

The provider was not meeting the requirements to provide safe and person-centred care because people's medicines had not always been given in a way that promoted effective treatment. Additionally, people had not been adequately supported to pursue their hobbies and interests.
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?

Requires Improvement

The service was not always safe.

People felt safe and there were effective systems in place to safeguard them.

People's medicines were managed safely and administered by staff who had been trained. However, they had not always been given their medicines in a way that promoted effective outcomes from their treatment.

There was enough skilled and experienced staff to support people safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had failed to make adaptations to the environment necessary to make the environment safe and effective for people living with dementia.

Staff received adequate training and support in order to develop and maintain their skills and knowledge. However, they did not always receive supervision in a timely manner.

People had enough food and drink to maintain their health and wellbeing. However, they did not have positive comments about the quality of the food.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a way that protected their privacy and dignity. Where possible, they were also supported in a way that maintained their independence.

People's choices had been taken into account when planning their care and they had been given information about the

service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans took into account their individual needs, preferences and choices. However, people had not been provided with adequate opportunities to pursue their hobbies and interests. This meant that they were often bored.

The provider had an effective complaints system and people felt able to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager provided stable leadership and effective support to staff. However, they had not taken prompt action to ensure that people's medicines were being managed safely.

People had been given opportunities to provide feedback about the quality of the service provided. Although people were complimentary about how staff supported them, they were not so positive about whether they lived full and happy lives at the home.

Quality audits had been completed regular and actions taken to make the required improvements. However, evidence showed that this had not yet resulted in sustained improvements.

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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.

The inspection took place on 22 January 2016 and it was unannounced. It was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including notifications they had sent to us. A notification is information about important events which the provider is required to send to us. We looked at the report of our previous inspection and we also saw reports of reviews carried out by the local authority in March and July 2015.

During the inspection, we spoke with eight people who used the service, one visiting relative, the registered manager, the deputy manager, three staff and one of the provider's activities coordinators.

We reviewed the care records for five people who used the service. We looked at five staff files to review the provider's staff recruitment and supervision processes, and we saw the training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was monitored and managed and we observed care in communal areas of the home.

Requires Improvement

Is the service safe?

Our findings

There were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. Medicines had also been stored appropriately in locked trollies which were stored in the office. We saw that medicines were being administered by staff who had been trained to do so safely and their competence was occasionally checked. We observed that staff administering medicines had dedicated time to do this so that they were not disturbed. This reduced the risk of them making errors. We looked at medicine administration records (MAR) and we found the majority of them had been completed appropriately with no unexplained gaps. However, we observed missed signatures on 14, 21 and 22 January 2016 on MAR for three people. The manager took immediate action to check if people had been given their medicines and stock levels suggested that these had been given. The manager also said that they will send a memo to staff to remind them to ensure they always sign for all the medicines they administer. We saw that a medicines risk assessment had been updated on 21 January 2016, and that there was a policy in place and guidance for staff on how to manage the medicines of the three people who were being given them covertly.

People we spoke with had no concerns about how their medicines were being managed and given to them. However, we were concerned that appropriate action had not been taken to ensure that people had effective outcomes from their medicine treatment. We noted that for three people, medicines had been occasionally omitted because they did not always get up early enough to take it. This included an omission for 3 days in a row from 14 January 2016 to 16 January 2016 of Sodium Valproate, a medicine primarily used to treat epilepsy, bipolar disorders or to prevent migraine headaches. On 27 January 2016, the manager sent us information showing that they had contacted people's GPs for advice on how to better manage this in the future. However, we found the failure to take earlier action could have resulted in detrimental effects to people's health and wellbeing.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People told us that they were safe living at the home and that they were supported well by staff. One person said, "Well, I'm safe enough that someone would come if I fell." Another person said, "They do checks at night to make sure we are ok." A relative of another person told us, "I suppose she's safe physically."

The provider had processes in place to safeguard people, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace. Information about how to safeguard people had been displayed around the home to give guidance to people who used the service, staff and visitors on what to do if they had concerns about a person's safety. This also contained relevant contact details of organisations where concerns could be reported to. We noted that staff had been trained on how to safeguard people and they had good understanding of how to keep people safe. Staff we spoke with said that people were safe and they were also able to describe the procedures they would follow if they suspected that people were at risk of harm. A member of staff said, "People are safe. It is a friendly home and we do our best to look after people well."

The care records we looked at showed that assessments of potential risks to people's health and wellbeing had been completed and detailed risk assessments were in place to mitigate the identified risks. Each person's risk assessments identified risks relevant to them and they included those associated with people being supported to move, pressure area damage to the skin, falling, not eating or drinking enough and medicines. We saw that the risk assessments had been reviewed regularly or when people's needs had changed. We observed good techniques when staff used equipment to support people to move.

We looked at the recruitment records for five staff and we noted that the provider had robust recruitment processes in place. This enabled them to complete thorough pre-employment checks for all staff, including requesting appropriate references for each new employee and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

People said that there was always enough staff to support them safely. The service had a total of 27 staff who worked on various shifts. On the day of the inspection, we noted that people were being supported by four staff, the deputy manager and the manager. We also saw that three staff supported people at night. There was evidence that from time to time, agency staff had been required to cover leave and staff sickness. A member of staff told us that they had sufficient staff to appropriately meet people's individual needs. They also said, "We always help each other to make sure that everyone gets the care they need. We also help agency staff to understand people's needs."

The provider had taken appropriate steps to ensure that the environment where people lived was safe. The maintenance records showed that issues within the home were normally resolved promptly. Fire safety checks had been undertaken regularly, including the testing of the fire equipment. Fire safety information was displayed in prominent areas so that staff had the information they required to support people safely and quickly in an emergency. The manager kept a record of all incidents and accidents that had occurred at the home so that they analysed these and identified ways of reducing the likelihood of them happening again. Also, all the equipment used within the home including hoists was regularly inspected to ensure that it remained safe for use by people.

Requires Improvement

Is the service effective?

Our findings

We found the environment was dull and did not provide interesting or stimulating features for people to look at, particularly for those living with dementia. We noted that 22 of the 23 people were living with dementia and there was no evidence that the provider had followed current guidance on creating dementia friendly environments in their adaptations and décor of the home. In some areas of the home, there was a heavily patterned carpet that might not be suitable for people living with dementia. Current evidence suggests that heavy patterns increased the risk of people falling as cognitive and sensory impairments associated with these conditions could harm their perception of depth. Also, we found the floor to be uneven in some areas on the third floor.

People told us that staff supported them in a way that met their individual needs. One person said, "They are good at what they do. I have no reason to complain." Another person, "I always get the support I need."

We saw evidence that some of the people who used the service were able to give consent to their care and support. However, the majority of people's complex needs meant that their capacity to make decisions about their care and to give informed consent was variable. We saw that for people who did not always have capacity to consent to their care, this had been provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA). The 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 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 saw that where it was necessary to safeguard people, the manager had taken appropriate steps to send referrals to relevant local authorities. Some authorisations had been received and the manager had notified us as required. Staff were aware of their roles and responsibilities to support people in accordance with the conditions set by the issuing authority.

Staff told us about the training they had received and they said that this had been effective in ensuring that they had the right skills and knowledge to support people appropriately. We saw that the provider's compulsory training programme included an induction for all new staff and training in a variety of relevant subjects for all staff. A member of staff said, "I found the training useful when I started working at the service. I learnt a lot too from shadowing other staff for three days." Some of the staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas.

We noted that some staff did not have regular supervision in 2015. The manager showed us evidence that most members of staff had a supervision meeting between 7 November 2015 and 21 January 2016. The record also showed the date of the next meeting and the manager said that they will continue to improve on

how this is managed in the future. There was evidence that where required, staff had annual appraisals in 2015. A member of staff said, "The support from the manager is really good. I've had supervision, but I can't remember the date."

There were mixed views about whether there was adequate choice of food. We were told by the manager that people could have a cooked breakfast if they wanted this. However, people we spoke with told us that this was never a full cooked breakfast, but only a choice between a bacon or egg sandwich. People were not very enthusiastic about the quality of the food, with the majority of comments being, "it's ok or alright, I suppose". A person said, "We do not seem to get a choice at all when we have a roast dinner. The rice pudding is not nice and we seem to get it too often." We observed the lunchtime meal and noted that a number of people chose to have their food sitting on the armchairs they had been sitting on most of the morning. However, they were provided with small tables to put their food on. People we sat with appeared to enjoy their meal which consisted of fish, chips and peas. Drinks were provided regularly throughout our day at the home. We saw that staff supported people to eat in a respectful manner and they took time to ensure that people had eaten their food.

People had been supported to access other health and social care services, such as GPs, dentists, dietitians, opticians and chiropodists so that they received the care necessary for them to maintain their health and wellbeing. One person said, "Oh yes, they sort out those things for us here." The service did not routinely provide staff to accompany people to appointments and we saw that the manager wrote letters to people's relatives asking them to provide this support. The manager told us that staff support was provided when people's relatives were unable to do so or for those with no close family members. One person said, "They arrange an ambulance to take me to the appointment and my son meets me there." Another person told us, "They arrange it all and send a carer with me."

We recommend that the provider reviews and acts on current guidance on creating dementia friendly environments.

Good

Is the service caring?

Our findings

Everyone we spoke with told us that staff we kind and caring. One person said, "The staff here are excellent." Another person said, "The carers are nice, they do their best." A third person told us, "They do look after me." A member of staff told us that they really cared about people they supported, adding, "It's quite friendly here and all the staff are nice to people."

We observed positive and respectful interactions between staff and people who used the service. Staff were kind, caring and considerate of people's needs, gently joking and encouraging where necessary. We saw that staff spoke with people when they came into the communal areas.
We noted that people were enabled to maintain relationships with their family members and friends because they were able to visit them whenever they wanted. The manager told us that if someone was ill, their relatives were welcome to stay overnight if they wished to. There were currently a number of unoccupied bedrooms that could be used for this purpose.

People told us that staff supported them in a way that respected their privacy and dignity. We observed that staff knocked on people's bedroom doors before entering. When we were speaking with a person in their bedroom, a member of staff arrived to support them with their personal care. Before we left the room, we observed the member of staff close the curtains to ensure that no one could see in the room.

Staff understood the importance of protecting people's personal information. A member of staff told us that they knew not to discuss about people's care outside of work or with agencies not directly involved in their care. We also saw that copies of people's care records were held securely within the office.

People had been given information about the service to enable them to make informed choices and decisions about how they wanted to be supported. Records indicated that some of the people were able to understand this information. However for the majority of the people, their relatives or social workers acted as their advocates to ensure that they received the care they needed. Also if required, people could be supported to contact independent advocacy services so that they could get advice with any aspects of their care.

Requires Improvement

Is the service responsive?

Our findings

We observed that very little was provided to support people to take part in enjoyable activities or to pursue their hobbies and interests. Although the provider had a team of activity coordinators who worked between their three services, there was no evidence that people were appropriately occupied on most days. An activity coordinator arrived at the home around 11am and we observed them engaging individually with three people. The majority of people sat in the same chair all day and much of their time was spent either dozing or sleeping. There were mixed responses about when the activities coordinators were at the home and what activities were provided. The activities coordinator and the manager told us that they were there for four days a week, but staff and people's comments did not match this. A person said, "The activities people are in once or twice a week, but they don't do much." A member of staff said, "The activities are usually one to one and for only a few times a week." Another member of staff said, "I have seen some people doing art and crafts or bingo. It would be nice if they could do more." Most of the people we spoke with said that they were bored. One person said, "I've never been to a care home like this. There is nothing to do most of the time." Another person said, "It's really boring here." A third person said, "I don't do anything here. I've got no friends." A relative of another person said, "There is no stimulation at all for them." Additionally, we noted that a person who wanted to set the tables before lunch had not been encouraged to do so by a member of staff. Instead, the member of staff told the person that they were going to do so themselves. We found this was a missed opportunity to engage the person in a meaningful activity

The manager told us that there was a minibus shared with the provider's other services and they occasionally used this to take people out. A member of staff told us that they had taken three people out twice in the last six months and that on one of the days, people did not enjoy it much because it rained heavily all day. A person told us, "We go out very occasionally. In the summer we had a walk to the local park and there is a small lake there." Another person said, "I've been out once with a carer to town, that made me feel alive." This person told us that they used to have an active social life before a period of ill-health, but they were disappointed that they had not resumed this now they felt better. They felt that this was not the right environment for them as they had not been able to develop friendships with the other people who used the service. They also said, "I wasn't expecting this. It is living, but not living at all. I want to be somewhere nicer and where there is more going on. I'm very independent, I love the news, but I've got no one to talk to." A member of staff said, "It will be nice if we can take people out. It seems that people are sitting around a lot." However, we saw that external performers were occasionally invited to entertain people and themed celebrations were sometimes arranged. For example, the service had held a Christmas party in December 2015.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People's needs had been assessed prior to them moving to the service and there were person-centred care plans in place so that they received the care and support they required. The care plans showed that people's preferences, wishes and choices had been taken into account and where possible, they had been involved in planning their care. However due to most people's complex needs, they had not always been able to

contribute to discussions about their care.

Most of the people we spoke with could not recall being involved in planning or reviewing their care plans. However, some people were able to tell us that they had made choices about when they went to bed or got up. Another person told us that staff had responded positively to their request to move to a downstairs bedroom so that they were able to go to the lounge without support. They said, "Now I can go as I want to and I don't have to have a carer with me anymore." A member of staff said, "We always ask people what they want." They gave us an example of how they would ask people if they preferred to have a bath or a shower.

People told us that staff normally responded quickly when they needed support. We saw that some people had call bells to summon help and that those who were unable to use them were checked regularly by staff. Most people appeared well cared for, but we observed that one person did not smell pleasant for most of the day. A member of staff told us that the person normally refused help with their personal care. After a further discussion with another member of staff, it was clear that staff faced challenges in how they could best support the person.

The provider had a complaints policy and a system to manage complaints. None of the people we spoke with had complained and they told us that they would speak with the manager about concerns they might have about the service provided. There had been two recorded complaints in the 12 months prior to the inspection and we saw that appropriate action had been taken to resolve the issues.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. Some of the people did not know the manager's name, but they said that they felt able to speak to any member of staff if they needed help. We noted that the deputy manager seemed very knowledgeable about people who lived at the home and they spoke passionately about their role as the health and safety and skin champion. Although people were complimentary about how staff supported them, they were not so positive about whether they lived full and happy lives at the home. We discussed with the manager some of the areas they needed to improve to raise people's overall satisfaction with the service. It was apparent that some of the improvements to the premises and provision of activities would require the financial support from the provider.

Staff told us that they had been appropriately supported by the manager and had the guidance they needed to provide good care to people who used the service. A member of staff said, "I feel well supported to do my job well." We saw that regular staff meetings had been held for them to discuss issues relevant to their roles. Staff said that these discussions ensured that they had up to date information to provide care in a way that appropriately met people's needs. Staff felt able to contribute towards the development of the service and a member of staff told us that they had suggested how they could improve how people were supported to pursue their hobbies and interests. They said that the manager had told them that they were trying to get someone to provide more activities.

People we spoke with could not recall if they had ever been asked to give feedback about the quality of the service provided. However, we saw that eight people and nine relatives had completed questionnaires in 2015. Although most of the comments were positive, one person said that their food was not always hot and another person wanted more activities provided. The manager told us that improvements had been made including the employment of two additional activity coordinators. However, evidence showed that this had not yet resulted in sustained improvements. There were also planned quarterly 'residents and relatives' meetings where people could provide feedback. Some people chose not to attend the meetings and on average, each of the four meetings held in 2015 had been attended by four people and about the same number of people's relatives. A standing agenda included a discussion about the menus, maintenance work, activities and upcoming events. We noted that during a meeting in September 2015, there had been a discussion about a Christmas party and a performance by a drama group.

The registered manager and the deputy manager completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records, health and safety of the environment, medicines management processes and staff records. The managers of the provider's three services met with the provider on a monthly basis to discuss issues relevant to each service. The manager said that these provided an essential opportunity to share ideas of how they could continuously improve the service. The manager completed an annual quality review and produced a report. We saw that the report they completed on 22 December 2015 assessed aspects of the service provision in line with the Care Quality Commission's key question. This enabled them to check if they were meeting the requirements of the regulations. A review of the report showed that the manager had identified some areas of

improvement, and this included improving food choices for people and ensuring that staff supervisions were up to date. Although we saw that some improvements had been made, further effort was necessary to ensure that this had been sustained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People had not been supported to take part in a variety of regular activities or to pursue their hobbies and interests.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines had not always been given to them in a way that promoted effective treatment.