Victoria Care Home (Burnley) Limited

The Victoria 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?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of The Victoria Residential Home on 14 and 15 July 2015. The Victoria Residential Home is registered to provide accommodation and personal care for up to 45 older people and people living with dementia.. The service does not provide nursing care. At the time of the inspection there were 24 people accommodated in the home.

The home is a large Victorian style property set in its own grounds and is within close distance to Burnley Town Centre. Accommodation is provided in single occupancy rooms. The upper floors can be accessed via a passenger lift. The home is spacious with adapted facilities throughout to support people maintain their independence. There is parking at the front of the building for visitors.

Summary of findings

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the previous inspection on 24 and 27 February 2015 we found the service was not meeting all the regulations and there were significant deficiencies in the delivery of the service We asked the registered provider to take action to make improvements in respect of person centred care, dignity and respect, need for consent, safe care and treatment, premises and equipment, good governance and staffing.

During this inspection visit we found there had been significant improvements. However we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the training and development of staff and person centred care. You can see what action we told the registered provider to take at the back of the full version of the report.

We found there had been some improvement in the training of staff. However not all staff had received essential training and formal supervision to give them skills and knowledge and support them care for people in a safe and effective way. We have made a recommendation regarding this.

People we spoke with told us they had their medicine when they needed it. We found medicines were generally managed well and appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. However we found topical medicines were not being recorded as being applied and we made a recommendation about this.

At the last inspection we found wheelchairs belonging to people were being used for others. We found people requiring wheelchairs had been issued with their own and these were clearly labelled with their names on. However despite this we noticed one person's wheelchair was used for another person. We have made a recommendation regarding this.

We found identified risk was generally managed well. However we noted guidance on the management of behaviour that challenged others was not recorded adequately to ensure a consistent approach was taken by staff. We have made a recommendation about this.

We looked at issues relating to the management of person centred care in relation to continence management, personal hygiene needs and skin integrity. You can see what action we have asked the provider to take at the back of this report.

People we spoke with told us they felt safe at the home. They commented, "I like the staff. There's not one that I don't like. They feed me well and look after me. I'm looked after very well." "I am treated very nicely. The staff are lovely people, I feel safe living here." Some people could not express their views and family members spoke on their behalf. On relative told us, "I feel confident that Mum is well looked after, the staff are all great. They're all very approachable."

Staff had an understanding of abuse and most staff had received training on safeguarding people. The registered manager had made appropriate safeguard referrals regarding this. However over half the staff employed had not received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. This meant staff may not recognise when people were being deprived of their liberty and ensure best interest decisions were being made.

Staff were made aware of people's dietary preferences and of any risks associated with their nutritional needs. We saw appropriate professional advice and support had been sought when needed and people's weight was generally checked at regular intervals. We saw people being sensitively supported and encouraged to eat their meals. Meals served were nutritionally balanced and portions served were generous.

People's healthcare needs were managed well and routine healthcare screening planned for. People told us staff made arrangements for their GP to visit if they were unwell. The service had developed good working relationship with health care professionals.

We saw people were treated with dignity and respect. Staff were considerate and treated people with kindness

Summary of findings

in their day to day care. These values were written into care plans and people using the service had been involved in making decisions about their care. Dignity issues such as gender of carer was acknowledged and respected. We were told the information in people's care records was being improved to be more person centred and to reflect more of people's preferences and routines.

People had an opportunity to discuss their end of life wishes. This gave people the opportunity to have peace of mind knowing their wishes were made known to everyone and to make sure they have dignity, comfort and respect during this stage of their life.

We observed good relationships between people living in the home and staff. Throughout the day we heard friendly chatter between staff and people using the service. We noted staff spending time to sit and chat with people in a friendly, relaxed and natural way. People recalled their activities such as trips out and everyone we spoke with expressed delight in the cinema.

The complaints procedure was displayed in the home and we found processes were in place to record, investigate and respond to complaints. This supported people to have confidence their concerns would be taken seriously. People could access advocacy services if they wanted support and advice from someone other than staff.

People using the service did not express any concerns about the management and leadership arrangements. The registered manager operated an 'open door policy', which meant arrangements were in place to promote on-going communication, discussion and openness. The registered manager expressed commitment to the on-going improvement of the service. We saw improvements were on-going and an action plan was in place to address any shortfalls in service delivery .

There were systems and processes in place to consult with people who used the service, other stakeholders and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People told us they were happy with the staff team and there were sufficient numbers of staff to look after them properly.

Arrangements were in place for the safe administration of medicines, although better care was needed to ensure topical medicines were administered according to the directions from the prescribing GP.

Risk assessments were completed to keep people safe, however managing behaviour that challenged others needed to be documented better.

Safeguarding procedures were in in place and staff had an understanding what abuse was and of reporting any concerns they had.

Personal mobility aids for individuals had been provided however more care was needed to make sure they were not used for other people.

Is the service effective?

Requires improvement

The service was not consistently effective.

The registered manager acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. Staff were not fully conversant with DoLS, although they showed an awareness of when decisions were made in people's best interest.

Whilst significant improvements had been made with staff training, there were gaps in essential training provided to support staff. Supervision although planned for, had not effectively commenced.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring and always respected their privacy and dignity.

People had been involved in the care planning process, which meant they had the opportunity to express their views about the care provided.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People had opportunities to participate in good meaningful leisure and recreational activities that reflected their social interests. Visiting arrangements were good.

Summary of findings

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way and people felt they were listened to.

Alternative solutions were not always explored to support people overcome difficulties they had with receiving personal care from staff.

Is the service well-led?

Good

The service was well led.

There were systems in place to seek people's views and opinions about the running of the home and to assess and monitor the quality of the service.

The home had a registered manager who provided leadership and was committed to leading the way in the organisational drive for improvement. Positive action was taken to address the many issues raised at the previous inspection.

The Victoria 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 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 14 and 15 July 2015 and the first day was unannounced.

The inspection was carried out by two adult social care inspectors 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 the information we held about the service such as notifications, complaints and safeguarding information. We also reviewed the information from the Local Authority quality improvement planning meeting (QUIP) we had attended. This included current updates on an action plan we had received from the service to address areas of concern.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people using the service, four visitors, the registered manager and deputy manager, a senior representative of the company, seven members of staff and a visiting health professional.

We observed care and support being delivered by staff. 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. We looked at a sample of records including six people's care plans and other associated documentation, five staff recruitment records, training records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe and were comfortable with the regular staff. Some people said that they did not feel so comfortable when there were bank staff working. They explained this was because they did not know them. One person said “Sometimes they use bank staff. Especially at night and they're not as good as the regulars. For a start, they don't know you. Some of them can get a bit impatient, but I do feel perfectly safe here. I don't feel like anyone will do anything bad to me.” Another person said “I like the staff. There's not one that I don't like. They feed me well and look after me. I'm looked after very well.” And another person told us “I am treated very nicely. The staff are lovely people, I feel safe living here.”

During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and people living with dementia seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was kind and patient.

At the last inspection of 24 and 27 February 2015, we found there was not enough staff to make sure people received safe and effective care. We asked the provider to make improvements in relation to this. We received an action plan that informed us seven new staff had been recruited and the numbers of staff employed was appropriate for the current numbers of people accommodated in the home. During this inspection visit we checked whether action had been taken. We found there had been improvements.

We asked people using the service of their opinion regarding staffing levels. One person told us “There is enough staff at the moment, because there aren't many of us here, but there wouldn't be enough if any more people move in.” Another person said “There's not really enough staff, because I need two people to help me go to the loo. I sometimes have to wait because they have to deal with other people and it takes a while for two people to be able to help me.” And another person said “I do have to use my bell at night as I often need help. They usually come straight away if they're not too busy, but if they're busy they do come and let me know how long they'll be. They pop their heads around the door and let me know.”

We looked at the staff rota for the week. This showed staff were effectively deployed on both floors. We saw the service used agency staff on a few occasions, mainly for night duty. The registered manager told us that until new staff recruitment checks had been completed, they had continued to use agency staff. These were regular agency staff who were familiar with people’s needs and they had a good understanding of the requirements of the service. We spoke with an agency staff on duty. They told us they regularly worked at the service and staff at the home were very good in supporting them and updating them on any changes that had occurred during their absence.

We discussed staffing arrangements with the registered manager. He told us he kept staffing numbers to an acceptable level. The manager was using a dependency tool to help determine whether staffing levels were appropriate to meet people’s changing needs. More staff had been recruited to meet the demands of possible new admissions to the service and their recruitment process was near completion. We spoke with staff on duty. They told us that at the moment staffing levels were alright. They could care for people as they needed and wanted, providing no more people were admitted. Weekends were more difficult with only one senior care assistant to cover both floors.

We looked at records of five staff employed at the service to check safe recruitment procedures had been followed. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, a signed physical and mental health declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we noticed one reference was accepted from a colleague of an applicant and information disclosed had not been clarified with the employee. We discussed this with the registered manager who had not appointed the person, and gave an assurance all new applicants would be required to list their past employer as a referee.

We discussed safeguarding procedures with staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in following safeguarding procedures if required. Training records could not provide us with assurances that staff had received

Requires improvement

Is the service safe?

adequate training in keeping people safe from harm and abuse. There were policies and procedures in place for staff reference including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Staff told us they had training in safeguarding vulnerable adults. Where safeguarding concerns had been raised, we saw the registered manager had worked with the local authority and taken action to ensure the safety and welfare of the people involved. Training records showed over 60% of staff had been trained in safeguarding and a further ten staff identified to complete this training

During the last inspection we had identified people were placed at unnecessary risk of harm because chemicals and other substances hazardous to health (COSHH) were not always stored away safely when not in use. Unlocked and unlit store rooms were seen to be in disarray. The handy man's store room was also unlocked; this room contained tools and equipment hazardous to people using the service. There was a broken toilet and the sluice was not clean.

We looked to see how these issues had been addressed. We found a new store room had been created for the storage of chemical and other substances hazardous to health. The door was locked and the store room organised. The sluice room was very clean. We also looked at the laundry facilities. These were also clean, tidy and organised. People had their own laundry basket for transporting laundry to their room. Training records showed COSHH training for staff had been booked. In addition to this two housekeepers had been appointed to undertake domestic duties.

At the last inspection people living in the home and visitors had expressed a number of safety concerns. This was in relation to bedroom security and the use of personal wheelchairs being used for other people. We had also received further concerning information following our inspection that security to the premises was not good.

We found that a new front door lock had been fitted. There was key pad entry to the home and visitors were asked to sign in and out which would help keep people secure and safe. People could lock their bedrooms and we noticed that one person had a padlock on the outside of their door. When we asked them why, they said "I chose to have it on the door. I asked for it to be put on."

We also checked and found people had their own wheelchair. These were clearly labelled with the owners name on. The registered manager told us this was dealt with following the last inspection. However we saw a wheelchair labelled for one person being used by another.

Another issue raised at the last inspection was from relatives regarding the conduct of two people who had been admitted to the home. Following our visit both people had a reassessment of their needs and a more suitable placement had been found to ensure their needs could be met. The registered manager told us although one person had been admitted in an emergency, how assessments were carried out had improved. This reduced the likelihood of admitting people with specific needs they could not meet.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. For example we saw that Legionella testing was completed with records of water temperature monitoring, pipe temperature and shower head cleaning. Health and safety checks were completed daily, weekly, monthly and at quarterly intervals. These included window restrictors, exterior lighting, fire equipment and fire alarm testing with emergency evacuation plans in place. Each person using the service had a personal emergency evacuation plan (PEEPS). Heating, lighting and equipment had been serviced and certified as safe. Individual risks had been identified in people's care plans and kept under review. The environmental health officer had given the service a four out of five star rating for food safety and hygiene.

Risk assessments were in place in relation to pressure ulcers, behaviours, nutrition, falls and moving and handling. Where people had behaviours that challenged others, this was identified and plans were in place to deal with this. However we saw one instance where risk management needed to improve to deal with behaviour that compromised female staff. We discussed this with the registered manager who said that there were measures in place to make sure staff did not put themselves in a compromised position

At the last inspection hand transcribed medications had not been witnessed by two staff in order to reduce the chances of errors occurring. We had found some medicines had not been administered and others given but omitted as verified on the Medication Administration Records (MAR) charts.

Requires improvement

Is the service safe?

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. Medication was delivered pre packed with corresponding MAR sheets for staff to use.

We found that where new medicines were prescribed, these were promptly started and that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly. Arrangements with the supplying pharmacy to deal with these requirements were good as they had links with GP's prescribing medicines. We looked at all the MAR's and found them to be complete and up to date, although there was an occasional gap where staff had not signed. In addition to this topical medicine (creams) were not being consistently recorded as applied, although some reference was made to this in daily records maintained for people. We saw staff were provided with body map charts that indicated which part of the body creams should be applied. The registered manager told us this would be dealt with as internal audits of medication had highlighted this issue.

People told us they received their prescribed medicines on time. We saw when people required medicines before food such as early morning, this was managed well. People's medicines were held in locked cabinets and trollies stored in clinical rooms located on each floor of the home. The registered manager and senior staff told us they were the only staff authorised to handle medicines in the home and their competency to do it safely was regularly assessed. Training records showed staff responsible for medicines had been trained this year.

Care records showed people had consented to their medicines being managed by the service. Where medicines were prescribed 'when required' or medicines with a 'variable' dose, these medicines were offered consistently by staff as good practice. People could manage their own medicines following a risk assessment to ensure this could be done safely.

We found the premises to be clean and hygienic in all areas we looked at. We observed staff wore protective clothing such as gloves and aprons when carrying out their duties. Bathrooms and toilets were clean and there were infection control policies and procedures in place for staff reference. Staff training records showed infection control training was provided and planned for although staff numbers completing this training was low. The manager told us they were working through all essential training for staff. More training for infection control had been booked.

We recommend the provider takes appropriate measures to ensure wheelchairs commissioned for one person are not used by others.

We recommend the provider makes sure that risk management of behaviours that challenge others are recorded properly to ensure staff follow the same guidance when managing risk.

We recommend that the service consider current recognised guidance on medicines management and take action to update their practice accordingly.

Requires improvement

Is the service effective?

Our findings

People we spoke with said that they felt the staff were competent and knew what they're doing. One person told us “They talk to me about my care. Most of them know what I want. They help me with personal care like having a bath. I don’t like having a male carer and I always have female carers. Sometimes at night when I need help it means I have to wait, but at least they respect my wishes. I have to say they are very good at getting my GP if I feel unwell.” Another person told us, “The staff here are very good. They work really hard and never make you feel like you are a nuisance when you need help. I wouldn’t like that. They know me and what I like.”

Relatives we spoke with told us they were satisfied with their family members care. One relative said “I feel confident that Mum is well looked after, the staff are all great. They're all very approachable.”

At our last inspection all staff had not completed the provider’s mandatory training programme and did not have regular opportunities to refresh their existing knowledge and skills. More specialists training such as dementia care was limited and full induction training was not always completed for new staff. In addition to this staff did not have effective supervision and they told us they did not feel supported by the managers. We had also received some concerning information following this inspection that the level of training was below expectations.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found training was being provided to give them skills and knowledge to help them look after people. We saw that all essential training had either been provided, booked and planned for. However the training matrix showed there were still essential training not yet provided for some staff such as fire safety, infection control, COSSH, food hygiene, dementia care, MCA and DoLS.

Staff told us training was on offer and relevant to their work. One staff member told us they couldn’t always attend training because it was too short notice to make arrangements for work/life balance. The registered manager explained that as a result of sourcing training he sometimes gets an opportunity for staff to attend training at short notice, but essential training was planned in advance. The registered manager told us training was being given priority and where it was identified staff would benefit from other training, this was sourced from college and other providers. The registered manager assured us all staff would be trained in these topics.

We saw evidence in staff files that new staff had undertaken induction training before they were allowed to work unsupervised with people using the service. The induction format was however more like an introduction to the service and was standard organisational issue. The registered manager told us in addition to this, staff were issued with care certificate workbooks and the service had links to a local college to support people for example training in literacy skills. Specialist training such as dementia care was being provided and three staff members were now identified as dementia champions. (Dementia champions are members of staff who have received additional dementia awareness training who are able to give their fellow colleagues advice and guidance on meeting the specialist needs of people living with dementia). A nurse practitioner had also planned training for staff on ‘dementia experience’. We have asked the registered manager to keep us updated on the progress made with training.

We looked at the arrangements for staff support and supervision. Staff told us they supported each other. Since the new manager had been appointed there had been improvements for the better within the service. Supervision however was not being given regularly although staff considered they were being monitored at work and that supervision had been planned for. This was explained to them at their meeting in April 2015. The registered manager told us that since taking the position as manager there was a lot of work to do following the last inspection to improve the outcomes for people using the service. We saw regular staff meetings were taking place and supervision was planned for all staff. We will be checking this on our next visit to the home.

Staff we spoke with had a good understanding of their role and of standards expected from the registered manager and registered provider. They said they had handover meetings at the beginning and end of their shift and were kept up to date about people’s changing needs and the support they needed. One staff member told us “There is a

Requires improvement

Is the service effective?

handover every morning and evening and it is effective. Staff tell you of any changes if you have been on leave." A communication book was used although one staff reported this was not always completed.

There was concern at the last inspection there was little or no awareness in respect of adaptations and signage within the environment to assist with the orientation of people with dementia. We looked around the premises and found clear signage was used to support people living with dementia. For example toilets and bathrooms were signed and people's names were on bedroom doors. In addition to this memory boxes had been provided for people and were placed outside their bedroom doors. (Memory Boxes in care homes improves orientation and encourages increased levels of communication between carers, people using the service and their families).

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. According to records seen the previous manager and staff team had received limited training in the principles associated with the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

At our last inspection we found mental capacity assessments had not been carried out in order to assess people's capacity to make decisions for themselves and their ability to consent to care and treatment. Consideration had not been given to the potential restriction of liberty posed by the locks on internal exit doors or the use of bed rails. The MCA 2005 states DoLS must be used if people need to have their liberty taken away in order to receive care that is in their best interests and protects them from harm.

We looked at people's records and found significant improvement had been made around these issues. We saw every person using the service had full mental capacity assessments completed and the registered manager had made referrals to the local safeguard team where people's assessment had indicated this was needed. Staff however, were not fully conversant with DoLS although they showed an awareness of when decisions were made in people's best interest and told us no restraints were used routinely such as bed rails.

We noted people had signed a care planning agreement and consent for care around medication administration, photographs and viewing their records. We found recorded evidence people had their care and support discussed with them. Care plans were signed, dated and reviewed. We noted procedures to get valid consent within the service were followed in practice and we saw that people who lacked capacity had their interests further protected by a named person, for example a family member.

We spoke with one visiting health professional; a nurse practitioner who was just setting up a new Clinical Commissioning Groups (CCG) based service in admissions prevention to hospital. (CCG play a major role in achieving good health outcomes for the communities they serve). She told us she visited the service twice a week. She said "I have forms for the staff to fill in to alert me if anyone is feeling poorly and I do my rounds. It's to prevent admissions to hospital. The staff are still getting used to the new systems, but they're willing to work with us, it'll get bedded in. We also get end of life plans set up and Do Not Attempt Resuscitation plus Malnutrition (MUST) and dehydration risk assessment initiatives (to monitor nutrition and hydration) is on the agenda."

The manager told us some people had 'Do Not Attempt Resuscitation' (DNAR) consent forms in place. We looked at these and we discussed the protocol that had been followed. DNAR decisions had been made by a medical professional and indicated this had been discussed with relatives. The nurse practitioner told she was involved in 'best interest' decision making processes regarding these.

People we spoke with gave mixed reviews of the food. One person said "It can be a bit hit and miss. The permanent chef is off at the moment, and in the evenings it's always a soup and sandwiches, which gets boring really, but they'll do me corned beef and chips if I ask." Another person said "The food has been a bit iffy since (chef) has been off sick. He makes beautiful soup, beautiful."

We looked at the menu displayed and we noted that choices were offered. For example we saw that dinner was fish coujons, new potatoes, chips or mash, or parsley sauce and peas, or Scouse stew with a roll and butter. Tea consisted of soup of the day and assorted sandwiches or creamed mushrooms on toast. To support people living with dementia who might not recognise words pictures of meals were displayed.

Requires improvement

Is the service effective?

We spoke with the cook who told us they were from an agency but worked at the home quite a lot. They told us special diets such as soft and diabetic diets were catered for. There was some flexibility with the menu and there was always sufficient supplies available to prepare meals and to give people what they wanted.

We noted the dining rooms looked pleasant. There were condiments on the tables, which were laid with table cloths and bouquets of fabric flowers. People were seated at their tables for between 15 and 20 minutes before food arrived. However, they were given drinks and there was friendly chat and banter between staff and residents about dancing. Food started to arrive one plate at a time. This happened reasonably quickly, so that everyone was eating their main course at the same time.

The meals looked appetising and hot and the portions were ample. The atmosphere was relaxed and staff chatted amiably to people throughout the meal. We saw people being sensitively supported and encouraged to eat their meals. Several of the people remarked that they enjoyed their food, and particularly the apple crumble was very popular. People who finished their food were offered second helpings. One person said “No thanks, I'm saving room for that apple crumble, it looks gorgeous.” One person did not like the menu and had a different meal served. Lunch was relaxed and people were enjoying chatting with each other and the staff. We saw drinks were offered regularly to people throughout the day and people were encouraged to drink.

People’s nutrition and dietary needs had been assessed and reviewed regularly. Staff told us they monitored people’s nutrition and fluid intake using food and fluid charts and weight charts where this was required. We checked charts and found they were mostly kept well and records made of peoples’ weight gain or loss.

Records we looked at showed routine health screening was planned for and records were completed following healthcare visits such as visits from the district nurse. People using the service and a visiting relative considered health care were managed well. One person said, “They are very good at contacting a GP if you are not well.” We spoke with a visiting health professional who told us, “The staff communicate well with us. They are very good and they seem to know every person and their needs, and will approach me if they are concerned over people’s health.”

We recommend that the provider ensures the plan for staff training and regular formal supervision is implemented and continues as routine practice.

Good

Is the service caring?

Our findings

From our observations over the two days we were at the home, we found staff were respectful and treated people with kindness in their day to day care. We asked people what it was like to be cared for by the staff. One person told us, "I like living here and the staff are very nice." Another person told us, "Everything is fine; I'm well cared for, all the staff are very good. Some are better than others. The regular staff know me, what I like and what I want." We received other comments from people such as "They do a good job" and "They treat us very well." People told us the staff treated them with respect. A person said "There's one new member of staff who puts cream on my bad leg. A lovely man, so kind."

We spoke with two visiting relatives who told us they were always kept informed about what was going on. They were involved in their relation's care plan and felt their relatives' needs were being met. Visiting arrangements were very good and they were made to feel welcome by the manager and staff whatever time they called. One visitor said "She is always happy when I visit. She has always been a happy person and I would know if things were not right. From what I've seen staff do a good job and it's not always easy for them. They are patient with everyone and are very friendly." Another relative told us, "I feel happy with how Mum's being looked after. There have definitely been improvements recently. More pictures and interesting things going on. I have got to know some of the staff. I live away so can't visit as often as I would like, but I feel I can talk to staff about things." We looked at the wood carved dignity tree where people using the service had placed their views on what dignity meant for them. Treating people with respect was a value raised.

At our last inspection we saw no evidence to demonstrate people had expressed their views and been involved in making decisions about their care. This meant staff may not have been fully aware of people's preferences.

We looked in five people's care plans and found they or their relatives had been involved in on-going communications and decisions about care and support. Some records had more information than others. The service had introduced a 'This is Me' booklet for people living with dementia. 'This is Me' booklet is a practical tool that supports people living with dementia to tell staff about their needs, preferences, likes, dislikes and interests. Its use can help staff understand people living with dementia and provide them with care tailored to their needs. It also supports effective communication and therefore reduces stress. We noticed however not all of these had been completed fully. The manager told us they were waiting for family input to complete the document. Those that had been completed properly were person centered and provided staff with a step by step approach in delivering people's care.

We asked two visiting relatives if they were involved in the care planning for their relation. One visitor said, "I am always told about any changes in her care. They ring me up as I don't live near and discuss any changes needed. I do feel involved. I can approach any of the staff and they will tell me how she has been. I know she is looked after." Another relative told us, "If I need to know anything they tell me when I go in." A person living in the home said, "I suppose I am involved in discussions about what I want and need." Another person told us, "They talk to me about my care. We've sorted out a few issues. I feel they know me and know what I want. Agency staff don't really know me because they are not the ones who see to you day in and day out. I am satisfied with how I'm cared for most of the time."

We saw that staff were instructed to treat people with respect and dignity. These values were written into care plans and we saw evidence the manager challenged staff when practices did not meet with the organisations expectations. Staff we spoke with had a good understanding of people's personal values and needs. They knew what was important to people and what they should be mindful of when providing their care and support. We observed staff knocking on people's doors before entering their rooms, and we listened to cheerful banter between staff and people using the service throughout the days of our visit. Staff responded to people in a kind and friendly manner. They took time to listen to people and calls for assistance were responded to promptly. Where people required one to one support such as with eating and personal care this was given in a dignified manner. People were not rushed and staff chatted with them and gave gentle encouragement and reminders for people who needed prompting.

People using the service told us they were no rules to follow. They told us they were able to make decisions and choices about their lives such as how they spent their day

Good

Is the service caring?

and staff were respectful of this. One person said, “I can do what I choose and when I choose. We aren’t told to go to bed or to get up, we please ourselves.” There was information about advocacy services displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

People’s care plans provided them with an opportunity to discuss their end of life wishes. This enabled people and those who matter to them contribute to their plan of care. This would support people and those who matter to them to have peace of mind knowing their wishes were made known to everyone and make sure they have dignity, comfort and respect. The visiting nurse practitioner we spoke with told us they were also involved in supporting people at this stage of their life.

Requires improvement

Is the service responsive?

Our findings

During the last inspection we found the social and recreational needs of people were not entirely satisfactory. We made a recommendation about a programme of activities and occupation to meet the social needs and wishes of older people and those living with dementia.

We spoke with people using the service about the activities made available. They were very positive about the new cinema, which the registered manager had made by reclaiming an unused room downstairs. It is laid out as a cinema, with a curtain over the screen, and "Now showing" and "Coming soon" posters were displayed outside to show what was on. The film on the day of our visit was Charlie Chan and there was a 'full house' for this. 'Coming Soon' was African Queen. The feature films were preceded by a 'short' and there are intermissions with ice cream. We noted the room could also be used for people to show their own films or booked by families for family film shows. It is also used for staff training and visiting clergy for church services.

One person told us, "(the manager) has brought in a lot of good changes. The cinema is wonderful, we love it. Sometimes we sit out in the nice weather and the activities coordinator is helping me to learn how to use my electric wheelchair. I fancy doing wheelies in the car park! He's great." Another resident, who was more mobile, said "(Staff member) the activities person, takes me out sometimes. Sometimes we go into town, and the other day I went to East Lancashire Railway."

It was a warm pleasant day when we visited and we saw people were taken outside to sit in the sun. Cool drinks and afternoon tea was served and a member of staff stayed with the group and joined in the friendly conversations. Over lunch, one member of staff was asking a person about where they had visited overseas. The person became quite animated and clearly enjoyed talking about these experiences. The member of staff gradually included other people in the conversation about places they had all visited. This was really friendly, relaxed and natural, and residents obviously enjoyed their interaction with staff.

There were many games, including table football, air hockey, board games and jigsaws, in the downstairs lounge and dining room. One person was doing a jigsaw. They told us they liked to do things on their own. They said "I can join in things if I want. Staff let me know what's going on and ask me if I want to join in. Sometimes I do. I love doing jigsaws." We discussed how this was a feature of childhood family pastimes many years ago and how closely all our lives are woven together with these experiences.

Social activities and events, such as art work, crafts and trips out from the home were provided and pictures of these were displayed on the walls as a point of interest for people passing and a reminder of life in the home. We saw memory boxes had been fitted next to people's bedrooms. These had memorabilia such as an old photograph. People with dementia can often remember the distant past more easily than recent events. We noted some people living with dementia liked to walk around and we spotted a rummage box providing an activity for the inquisitive mind.

People we spoke with told us that if they had a worry or concern, they wouldn't have a problem raising this with any of the staff. One person said "If I was worried about anything, I'd talk to any one of the staff. I've only had one meal I didn't like since I've been here (9 months)." Another person said "If I had any worries, I'd talk to (member of staff). She's very good. They're all so friendly and lovely. Another person told us, "I have raised an issue in the past; we have residents meetings sometimes where we can discuss anything we want."

We looked at six care plans and also looked at continuing assessments of other people living in the home. These placed people at the centre of their care and included basic descriptions of the support required to meet people's individual needs. They were in part specific in instruction for staff to make them personal for individuals. The manager told us they were currently reviewing care plans to make them personalised for people. We saw examples of this in some of the files we looked at.

Care plans were underpinned by risk assessments which meant care and support was tailored to meet these needs and make sure they were not overlooked. However we noted some care plans were very basic and did not always accurately reflect people's needs. For example we looked at one persons' hygiene and personal care plan. This was clear that 'staff to assist to wash and bathe following moving and handling risk assessment.' There was no personalisation of this plan. We also noted in managing

Requires improvement

Is the service responsive?

continence for one person, continence care was not identified as needing support. This was indicated as 'no problems' despite visible signs and reports being made there was a need in this area.

We also looked at records maintained of baths given to people. Where people had 'refused', we did not see any record of discussions taking place to identify what the problem was and how this could be rectified and improved.

We looked at another care plan for skin integrity. This was well written and clear in instructions what staff must do for the management of sore areas. Daily records maintained showed staff generally followed instructions but where instructions for washing, drying and applying cream was to be done three times a day in one person's record, this was only recorded once.

There was a failure to ensure that people received person centred care which was appropriate to meet their needs. This is a breach of regulation 9(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at pre admission assessments and noted before a person had moved into the home an assessment of their needs was completed. Information had been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. We discussed the benefit of recording more information given by family members during the initial assessment process. We noted the assessment covered all aspects of the person's needs, such as physical and mental health, personal care, mobility, nutrition, daily routines and communication. People's capacity to make decisions was also included. A 'This is me' supplementary profile was used which provided staff with some insight into people's needs, expectations and life experience. If the admission was planned for, people were able to visit the home and meet with staff and other people who used the service and arrange a short stay before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

The home had systems in place to ensure they could respond to people's changing needs. For example, staff told us there was a handover at the start and end of each shift. They discussed how people were and of any concerns they had. We looked at daily records staff completed and most of these gave good details of care that had been provided.

People had been registered with a local GP and routine healthcare appointments were recorded. Records showed staff supported people to attend healthcare appointments and they liaised with other health and social care professionals such as district nurse, dietician, and other health and social care professionals involved in people's care. This helped to make sure people received coordinated care based on specialist advice and that they had the support of staff to help them maintain their continuing health care. We saw that referrals had been made to the relevant health professionals for advice and support when people's needs had changed.

We spoke with a visiting nurse practitioner who was setting up the CCG in the home. They were very complementary about the conduct and willingness of staff to work with them. They told us although there were a few teething problems with setting up the systems, they had experienced a very positive attitude and willingness to work together from both the registered manager and staff at Victoria Residential Home

People we spoke with said that if they had a worry or concern, they wouldn't have a problem raising this with any of the staff. One person said "If I was worried about anything, I'd talk to any one of the staff. Another person said "If I had any worried, I'd talk to (staff member). She's very good. They're all so friendly and lovely.

The provider had a formal procedure for receiving and handling concerns and complaints. We saw a copy of the complaints procedure was on display in the home. The procedure clearly outlined how people could make a complaint and the process for dealing with them. We saw the manager kept a record of the complaints the service had received. This included the outcome of investigations carried out into the issues raised and actions taken to resolve them.

Good

Is the service well-led?

Our findings

At the last inspection there was no registered manager in post. The manager had been formally appointed as manager at the service during our visit. We subsequently received an application from the manager to register with the Care Quality Commission (CQC) and on the 12 June 2015 he was registered.

People we spoke with and visitors spoke highly of the new registered manager and said positive things about the changes he had introduced. One relative said "I am very happy with things now; (the manager) is turning things around. We had a problem caused by things introduced by the previous manager, but I raised the issue with him and he responded quickly to sort the issue out. I feel really happy with how they've responded to my concerns."

During our last inspection we found numerous areas of concern which should have been identified and addressed through the provider's quality and risk management arrangements. These included, but were not limited to, concerns about medicines management, staffing levels, infection and hazardous substance control arrangement and a lack of people's input into care planning. A detailed action plan was in place, which addressed the issues at the Victoria, and this had been shared both with us and the commissioners for the service. In addition to this the provider voluntarily suspended admissions to the home to enable some time for the issues to be properly addressed in the service.

We looked at the issues that had been a concern during the last visit and found significant improvements had been made. For example staffing levels were based on people's dependency needs and there had been a recruitment drive to minimise the use of agency staff. We saw that additional housekeepers had been employed to maintain standards of hygiene and a deputy manager had been appointed to carry out six hours of management duties per week. This appointment should support the registered manager establish much needed systems to be able to continue to drive up standards. Changes had been made to the environment to ensure the safe storage of hazardous substances and signage to support people living with dementia was strategically placed. There had been some improvements around care planning. However on the day of our visit it was disappointing to see the provider on the premises showing concern about the cost of staffing. People using the service and staff employed considered there was just enough staff employed at the moment and the use of agency staff was not ideal.

We discussed issues we had identified during this visit that needed to improve with the registered manager. It was clear from our discussions he was leading the way in the organisational drive for improvement. Where shortfalls had been identified during our visit the registered manager had also identified some of these issues and was currently addressing them, such as staff training. We were also given an assurance all areas of noncompliance identified during our visit would be addressed immediately and he expressed a commitment to the on-going improvement of the service. We could see a systematic approach was been taken to address the issues raised at the last inspection in February 2015.

Audits were being carried out in key areas such as medication systems, care plans, activities, staff training, infection control and the environment. Guidance was also followed such as health and safety in the work place, fire regulations and control of hazardous substances. However there was still room for improvement in medicine management, staff training, care plans and associated documentation.

People were supported to express their views about the home. People told us they had opportunities to express their views at monthly residents or relatives meetings. One person told us "We have residents meetings but I don't bother much with them. If I have anything to say I say it at the time." People also told us every year they were invited to complete a satisfaction survey to feedback their views about the home. One person told us "Yes we get a survey but I give it to my daughter to reply." There had been a recent survey but responses were directed straight to head office and had not yet been analysed.

The registered manager told us they operated an 'open door policy', which meant arrangements were in place to promote ongoing communication, discussion and openness. We observed the registered manager was visible throughout the day, doing the medication round at lunchtime and chatting with people. We observed him making a point of speaking to people in their rooms if he was passing.

Good

Is the service well-led?

Staff we spoke with told us there had been improvements since the new registered manager had been in post and described him as being 'approachable'. They had meetings and were confident they could raise any issues of concern to be discussed. For example two staff told us they had raised the introduction of 'rolling shift' work as they did not like it and they were concerned it would create two teams and divide the staff. The registered manager told us this would be monitored.

Staff told us they enjoyed their work. They appeared to work together as a team and were relaxed and friendly with the people using the service. Staff were provided with job descriptions, contracts of employment and policies and procedures which would help make sure they were aware of their role and responsibilities.

We looked at the quality of staff meetings. There had been a meeting on the day before our inspection and the notes were not yet prepared. We looked at the minutes of the managers meeting held in April 2015. The agenda included outcome of the last inspection, training, recruitment and staffing, annual leave, policies, surveys and CQC key indicators. The follow on staff meeting included data protection, escorts, uniforms, CQC, training, holidays, off duty hours, rotas, and supervision planned every two months and taking breaks that ensured people using the service was not left unsupervised. It was clear from this agenda staff were being kept informed of best practice issues and of expectations of the company.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People requiring personal care linked with personal hygiene, continence management and skin integrity, this was not always managed properly. Where people's needs could not be met with bathing, alternatives were not explored so people could make informed decisions about their care and treatment. 9(1)(a)(b)(c) 9(3)(b)