

# Abbeyfield Society (The) Victoria House

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Victoria House Residential Home is a residential care home providing personal care up for up to 30 older people some of whom may have dementia. There were 23 people living at the service at the time of the inspection.

### People's experience of using this service and what we found

People and their relatives told us they felt safe with the care provided. However, our observations and evidence collected showed that people did not always receive safe care and treatment.

People were exposed to risk of the spread of infections because infection prevention and control systems were not robust. People received care from an insufficient number of suitably qualified staff to reduce risks of harm.

People received care in premises that were not maintained appropriately. Safeguarding concerns had not always been shared with relevant authorities or the Care Quality Commission (CQC).

People's care delivery was undertaken by staff who were not always supported in their roles. The majority of people's care records we saw reflected their needs and the support they received. Records keeping of two people we viewed did not accurately reflect the care provided to them. People's privacy and dignity were not always respected.

The provider had not established robust oversight to support staff, monitor people's experiences and monitor compliance with regulations. The governance systems were not effectively implemented to protect people from risk of avoidable harm and to promote an inclusive, person-centred approach and the provision of safe and high-quality care. Records about the service and care delivery were not always updated.

Audits identified some of the issues we found during this inspection, but these were not always addressed and/ or followed up in a timely manner. There was a lack of robust management oversight to ensure the risks we identified were continually monitored to prevent deterioration.

We did not observe any staff interacting with people who chose to stay in their rooms or who were receiving support at the end of their lives. This may have subjected people to poor experiences due to insufficient monitoring of their care and support.

Staff's feedback was negative in relation to the culture and leadership style in the home. There was lack of cohesion in the team. There had been a high turnover of care staff and managers which had led to low staff morale and shortages.

People were supported with their nutrition and hydration needs. People had access to the health and social care services they required.

People and relatives told us staff were kind and caring. We observed staff interactions with people and found them to be warm, respectful and kind.

Risks associated to staffing levels, record keeping, governance, notifications, premises and infection prevention and control needed to be improved.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 16 March 2019). The service has deteriorated to inadequate.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the registered provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this report. The registered provider took immediate action to address some of the concerns we identified to improve people's experiences.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold register providers to account where it is necessary for us to do so.

We have identified breaches in relation to keeping people safe from preventable harm, premises that were not maintained and weak infection prevention and control practices. We also found concerns in relation to privacy and dignity, deploying of sufficient suitably qualified staff, failure to report incidents and poor governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This

means we will keep the service under review and, if we do not propose to cancel the registered provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the registered provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the registered provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Victoria House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Victoria House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Victoria House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. An interim manager had been appointed who had applied to register. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home about their experiences of the care provided. We spoke with 10 members of staff including the manager, business manager, head of care, activity coordinator, a volunteer, maintenance person and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of other documents in relation to the management of the service, including quality assurance documents.

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.

After the inspection

We spoke on the telephone with four relatives of people using the service. We spoke with and continued to seek clarification from the manager, business manager and the nominated individual to validate evidence found.

We looked at fire records and quality assurance records. We made referrals to the local fire authority and the local authorities' safeguarding and public health departments.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Preventing and controlling infection

- People were not protected against the risk of infections. The provider failed to ensure the environment was sufficiently clean and well maintained.
- The provider had systems to protect people, staff and visitors against the risk of infection. However, the infection prevention and control processes were not robustly implemented. During the inspection we observed parts of the service premises were dirty and some toilets had not been flushed after use, with taps left running.
- Staff and managers told us there were no staff assigned to clean the premises on Saturdays and Sundays. Minimal cleaning tasks were left to the care staff which took them away from their caring roles. However, when the service was short staffed, staff did not have time to undertake any cleaning as required.
- We were also concerned by the lack of designated domestic staff over the weekends and during the COVID-19 pandemic when extra measures were required for regular and frequent cleaning to minimise the risk of infection. The manager told us they were having difficulties in recruiting a weekend domestic staff.
- After our inspection feedback with the nominated individual, they informed us they were taking steps to rectify this.

### Systems and processes to safeguard people from the risk of abuse

- The provider failed to follow the Local Safeguarding Authority's protocol to assess incidents for safeguarding purposes. There was an incident the service had experienced a severe staffing shortage which meant people were at risk of not receiving care when needed. The provider did not report this issue to ensure people were protected from the risk of abuse.
- Staff knew how to identify and report any concerns or abuse and were trained in safeguarding adults which enabled them to support people safely.

We found no evidence that people had been harmed. However, systems were not robust enough to ensure people were protected from the risk of abuse, Covid-19 and other infectious disease. This placed people at risk of harm.

These issues are a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were not adequately protected from risks posed by the environment and measures for monitoring the safety of premises were not effective.
- The premises were not safe. For example, some of the grab rails had splinters which are fragments of

wood that can puncture and get stuck in the skin of people who use these for support when walking. There were signs of leaks in the ceiling. A part of a ceiling in a corridor showed severe signs of dampness which had caused the plaster to soften and may crumble, fall and hurt people, staff or visitors. This created unhealthy conditions for people using the service. There was a hole in a corridor ceiling that had been partially covered with a black plastic. In a staff area, there was plaster missing from the wall. The door to the laundry was not locked during our two-day inspection when there were no staff inside which put people living with dementia at risk from ingestion of washing chemicals. One chair lift had a broken arm which staff had to lift up when passing at the top of the stairs, as it did not stay upright on its own.

We sought feedback from the nominated individual. They told us they had completed works on external roofing and leaking and there were ongoing works due to address damages caused to the ceiling. However, there was no schedule on when these issues would be resolved.

- The environment and systems in relation to fire safety were not maintained and placed people at risk. We identified fire risks and poor safety practices. For example, some external fire doors were rotten, cracked and in a state of disrepair. Repairs to some of the doors had been made, which may have compromised their resistance to stop a fire. An external kitchen door needed replacement as it had deteriorated from the elements. These issues exposed people using the service to increased risk of harm if a fire was to start, as it could spread more quickly.
- We sought feedback after our inspection from the nominated individual who told us and later provided information that showed they were aware of some of the issues we identified and the action taken before the inspection towards the maintenance of the premises and fire doors. There was evidence the deterioration of the fire doors and general state of disrepair had gone on for some time.
- Staff were not familiar with the emergency procedures for keeping people safe in the event of a fire. A fire drill had identified staff were not confident of the fire procedures, but this was not robustly followed through. We sought feedback from management about this. A manager told us staff received additional training after the fire drill. However, staff we spoke with remained unsure of how to respond in the event of a fire. In addition, there was no further drills to test staff's preparedness to respond in case of a fire after a discussion of the issues in a team meeting and additional training.
- Temporary staff were not given an overview of fire rules. We observed an agency staff member at handover leave to start providing care without a briefing of the fire protocols at the service. Due to staff working a long way apart from each other in the service, this put them and people at risk in the event of a fire.
- Checks were made to premises and fire risks, and records were not always updated to show action taken to resolve issues identified. For example, a fire panel was flagged as malfunctioning during a fire drill. There were action points from this in the fire folder. The issue had been fixed but this was not reflected in the records.
- People had Personal Emergency Evacuation Plans (PEEPS) which were kept in a folder for the fire brigade. PEEPs ensure that the means of escape and associated fire safety measures provided for all those who may be in a building are both adequate and reasonable, taking into account the circumstances of each person at the service. However, records of a drill undertaken in September 2020 showed staff did not know about the PEEPS folder. The PEEPS list was not updated every time a new resident came into the home or left. The list for the fire service was not up to date with the names of people living at the service. One person was in hospital and their name remained on the list. This left people at risk of unsafe evacuation should this be necessary in the event of an emergency.
- Due to the nature of the building, its layout comprising long corridors, narrow passages, steep staircases and some small and cramped communal toilets, we were concerned with the staff's lack of preparedness and knowledge of procedures required to ensure people's safety.

These issues are a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- People and staff told us there were insufficient numbers of care workers deployed to provide care. Staffing rotas were prepared in advance. However, due to high staff turnover at the service, agency care workers were deployed. There was no consistency of agency staff provided which meant they did not get to know the people they supported. In addition, the manager told us the cover agency sometimes failed to turn up or arrived late putting people at risk of not receiving care when needed.
- We observed during our inspection an agency member of staff who arrived midway the handover but was soon deployed to start work without any additional induction or briefing. The manager told us they were having difficulties in retaining and recruiting care staff. The service had not been successful in the recruitment of care staff in the past twelve months.
- Rotas confirmed what people, staff and the manager told us that service did not always have adequate numbers of care staff deployed to meet people's needs.
- We were informed during the inspection feedback, the service had had a critical shortage in staffing on one recent shift with only two care staff out of a required six turning up for duty.

The above issues were a failure to ensure there were adequate numbers of suitably qualified staff. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately after our feedback with them about the inspection with an improvement plan to ensure there were putting measures in place to ensure sufficient staff deployed at the service. We will continue to review their progress.

#### Using medicines safely

- People were supported to take their medicines safely. People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. Medicine administration records (MAR) and records were completed fully with no gaps.
- Audits were carried out to ensure people received their medicines as prescribed.
- Staff were trained to manage people's medicines and had their competency assessed. However, records of staff who were assessed as competent to administer medicines was not up to date due to the staff leaving.
- The provider reviewed and updated their medicines policy and procedures when needed.

#### Visiting in Care Homes

- Arrangements were in place for testing visitors and staff and new admission into the home.

#### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People received care from staff who were not always supported to undertake their roles.
- The provider's training arrangements were not always robust. While staff had been trained in various areas that the provider deemed necessary for the role, we found staff had not always been competence checked following fire training. This meant the manager and the provider could not be assured staff had the right skills to carry out their roles effectively.
- There was a lack of regular ongoing supervision for staff members in the last three months due to ongoing staffing issues. Staff felt under pressure to deliver care and felt they were not listened to. They told us they were unable to raise issues in supervisions and thought management was also overwhelmed with work and so "did not wish to bother them". This meant a missed opportunity for management to find out the needs of the staff and what they required to do to support them to undertake their roles.
- Agency staff were not always briefed about the conditions of people using the service before they started to provide care. The manager told us they highlighted the support people required. Care records were detailed and extensive which did not allow temporary staff to get a snapshot of the needs of people they were to support.

There was a failure to ensure all staff had received appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection feedback. They confirmed more staff were being put in place and further management team deployed to the service to support the manager and staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured staff had access to current legislation, and standards in line with best practice. However, the practices at the service had not ensured staff consistently followed best practice guidance in various areas including, infection control and prevention and emergency evacuation in the event of a fire.
- People's needs were assessed, and they received appropriate care to meet their immediate needs.
- Assessments were carried out on people's needs and care plans detailed the support they required and their preferred routines. People and their relatives, where appropriate were involved in the assessments and regular reviews and updates of the support they required.

Adapting service, design, decoration to meet people's needs

- The environment was not designed to meet the needs of people who lived with dementia. The decoration was not stimulating and did not help orientate people to their environment to promote independence. The corridors and passages did not have sufficient and distinguishable signage to support the needs of people living with dementia.
- The home looked tired and neglected and needed redecoration and refurbishment. For example, there was scuffed paint down to bare wood on some door frames. The main lounge, primarily a quiet room, was rather bare of decoration. Carpets were dirty and stained and needed to be replaced.

We recommend the provider consults national best practice guidance around creating a safe and effective dementia friendly environment.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficiently and healthily. People's dietary needs were assessed.
- People's nutritional needs were documented clearly and showed their preferences for food and drink and the support they required with eating and drinking.
- We observed staff supported people to ensure they had their meals and encouraged them to eat when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care services and to maintain good health. Comments from relatives confirmed staff sought assistance for people when they were changes to their health needs and provided the care required.
- Care plans contained the guidance received from healthcare professionals which staff followed. For example, by ensuring a person had a healthy diet to manage their diabetes and another person encouraging them to walk safely by using the recommended mobility aid.
- Staff worked closely with the people and their relatives and healthcare professionals to review each person's needs. This ensured people received effective support appropriate to their care needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked for their consent before they agreed to receive care. Support plans showed people consented to receiving care as planned. Staff were aware of their responsibilities in relation to the MCA.
- Staff had attended training to ensure they understood how to provide care in a way that promoted people's rights.
- People's liberties were deprived lawfully to keep them safe. The provider sought authorisations from

relevant authorities to deprive people of their liberty where appropriate as required to keep people safe. Staff knew the conditions of people's DOLS authorisations and records showed they followed guidance as provided.

- People had mental capacity assessments when appropriate. Best interests' meetings were undertaken as required to ensure people received the support to undertake specific decisions about their care and support. Care plans contained information about the decisions with which people required support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were not always respected. We observed some people's doors were left wide open while they stayed in bed.
- People, staff, and visitors could see them when they walked past which deprived them of dignity. We asked staff why the doors were left open. They told us this enabled staff to frequently check on people who stayed in bed for periods.
- We observed some staff did not always knock before entering people's rooms.

We recommend the provider seeks expert advice and guidance on promoting people's privacy and dignity.

Ensuring people are well treated and supported; respecting equality and diversity;

- People and their relatives were happy with the caring nature of staff. Comments received included, "[Person] is content that she is well cared for. The staff are very capable and caring." and, "Staff always have a smile on their face."
- Notwithstanding the positive feedback, we were concerned that staffing shortages could impact on the care provided. Staff told us there were instances where they focussed on task- oriented care. There was a risk people's preferred routines were not followed due to staffing concerns.
- We shared the concerns above with the management at the home. They told us they were immediately reviewing staffing levels to ensure people received care when needed.
- Care records showed information about people's preferences and how they wished their care to be provided. Staff respected people's preferences for example, in the way their rooms were arranged with a person who liked the pictures propped up the floor rather than being hung on the wall. People bought their own decorative items for their rooms so many rooms were individualised.
- People were treated with respect. Care records showed staff referred to people in respectful ways. We observed staff showed patience and empathy when communicating with people and providing support.

Supporting people to express their views and be involved in making decisions about their care

- People and their family members were able to share their views about the care they received and discuss choices about their daily routines.
- Records confirmed people were involved in planning their care and developing their support plans.
- Care records confirmed staff delivered care and support to people as planned in line with their choices and any changes requested.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

### End of life care and support

- The provider had an end of life policy in place. Although no person had come to harm, we were concerned staffing shortages may result in people at the end of their life not receiving dignified care that responded to their changing needs.
- People and their relatives told us they were consulted about care and decisions for their wellbeing and support they required at the end of their lives. Staff recorded and updated people's wishes when needed.
- The manager and staff understood their responsibility to ensure people received appropriate care at the end of their lives. They worked closely with other health and social care professionals such as GPs, district nurses and the palliative care team when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were not always supported to undertake activities of their choosing to ensure their social contact and wellbeing needs were met. Staff told us there were no activities held at weekends.
- Care records contained information about people's hobbies, interests, likes and dislikes.
- An activity coordinator planned and undertook activities with people for stimulation during the week. However, this was not sufficient to provide one to one support to people who wished to stay in their rooms or who preferred not to take part in group activities.
- Staff and the activity coordinator indicated the reliance on so many agency staff meant that interactions were less meaningful when undertaking activities because they did not know the hobbies and interests of people.
- Staff told us the service was always busy, and they did not get time to support people with activities. They said the culture in the home did not encourage them to lead activities as this was deemed to be the role of the activity coordinator.
- People were supported to access the local community. Volunteers supported the home and undertook various activities with people to minimise the risk of social isolation.
- We observed a good supply of games, books and DVDs, though some of these were not easily accessible to people. For example, there was a library of DVDs on the landing on the way to the staff room but no chair lift up these stairs, which meant most people were not able to access them.
- We observed an activities session which showed people engaged and enjoying themselves.
- We spoke with management about their plan to keep people engaged and how they managed the risk of social isolation and boredom. They told us an activity coordinator and volunteers ensured people were supported to pursue their interests.
- They gave an example of a group of about eleven people had been out to visit nearby Kew Gardens.

However, we were not assured about the support people who preferred to stay in their rooms received.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were not always provided information and reading materials in a format that suited their communication needs in line with AIS such as large print or pictorial signs.
- We did not observe accessible notices around the premises. There was lack of signage around the home and some notices displayed around the home were in quite small print which made reading them difficult.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern if they were unhappy with any aspect of the service. Their comments included, "Issues are resolved quickly" and "I would speak to the manager if I was worried about anything."
- The provider acknowledged and addressed people's complaints in line with their policy and procedures. They maintained a record of complaints received at the service and a monitoring system to check on progress on investigations.
- We were assured the provider investigated the concerns and complaints received in a timely manner and to people's satisfaction.
- People and their relatives had access to a complaints policy and procedure to ensure they understood their rights and process to follow when raising a concern about the service.

#### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that met their immediate needs. A relative commented, "The staff are 'fabulous' in the way they meet [person's] needs and respond as her needs have changed. They keep her looking well groomed." Records showed staff provided people with the care they required.
- Care plans were detailed and contained information about people's needs, preferences and how they wished their support to be provided.
- People's needs were reviewed regularly, and their care plans updated to reflect changes in their needs and how they wanted staff to provide care to them. Staff told us this enabled them to respond appropriately to people's needs as they had up to date information about their care and preferences. However, care records were detailed and extensive which did not allow temporary staff to get a snapshot of the needs of people they were to support, which left people at risk of having their needs and preferences overlooked.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider failed to fully assess and monitor the quality and safety of the care provided and to mitigate risks relating to the health, safety and welfare of people living at the home in a timely manner as highlighted throughout this report.
- The provider failed to undertake robust quality assurance of the service. The nominated individual was not aware of the extent of some of the shortfalls found at this inspection. However, some issues were already known to them but had not been acted on in a timely manner. For example, correspondence from head office stated, "It was agreed that this property would be allocated monies for decoration and furnishing replacements within the first six months of the financial year subject to the necessary contract approvals of course" however the premises remained in dire need of refurbishment.
- We sought the nominated individual's feedback on our findings on the state of the premises and fire safety. They sent us records of a Health and Safety audit in June 2021 and a fire door safety inspection carried out in August 2021. Various aspects were not resolved at the time of our inspection with the fire door issues notably outstanding.
- There was a lack of awareness and sense of urgency to address the shortfalls of the unfit for purpose fire doors which posed a risk of significant harm to people, staff and visitors. We were not assured the action plan would resolve the issues in a timely manner as the neglect and disrepair had occurred over a significant period.
- The provider failed to ensure the service was managed well. Contemporaneous records were not always maintained to show the support people had received. For example, staff did not always record monitoring checks undertaken on people who stayed in their rooms and or those at end of their lives.
- A list of staff who were trained and competent to administer medicines did not reflect those still in post after resignations and departures. Records of various aspects of the service were not maintained and updated when required. We observed various files in offices some with information dating back years which may have required archiving, together with current records.
- The provider's audit processes were not robust to ensure such checks were completed therefore, safety issues were left unnoticed, unattended or not followed up.

Continuous learning and improving care

- Systems for learning from incidents and near misses had not been adequately implemented, for example fire drills. Staff demonstrated a limited understanding of how to support people in an emergency. The provider had not given staff an opportunity to demonstrate what they had learnt from the shortfalls

identified at the fire drill to reduce re-occurrences in a real-life situation.

- The provider had failed to submit a statutory notification as required after a significant event that could stop the running the service had occurred. The manager told us of an incident when the service had been severely understaffed. This meant that CQC could not undertake its regulatory function effectively. The nominated individual told us and confirmed in their correspondence they would submit a notification.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People did not always receive care in a manner consistent with promoting a positive culture that is person centred. Relatives told us, "They have put in a series of disastrous managers since [registered manager] left" and "Abbeyfield head office staff leave a lot to be desired in the way they communicate with staff, and are not as supportive of the home as would expect from a provider."
- People did not consistently receive person-centred care due to the staffing shortages and increased use of irregular care agency staff. We were concerned staff had worked with depleted teams. Staff told us they communicated with management about the impact of insufficient staffing levels on care delivery but met without any sustained efforts to resolve the issues.
- This information had not been shared with relevant agencies or the Care Quality Commission. We were concerned the provider did not act in a manner that promoted an open, inclusive and empowering culture to achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had been in post for two months at the time of our inspection and understood their responsibilities under the duty of candour. They were previously a registered manager of a service by the same provider. They were open and honest about the nature of the problems at the service.
- The manager acknowledged shortcomings in service delivery at the home and discussed the responsibilities of the provider in driving improvement. For example, they had raised some of the concerns we identified and felt more needed to be done by the provider around the premises. The provider had not always responded in a timely manner, for example the state of disrepair of the home and the severe staffing shortages.
- We observed the manager had not received sufficient and consistent support from the provider.
- Staff told us the system did not provide an environment conducive to encourage them to be open and honest when they did not provide care to the standard people and their relatives expected, for example when there were insufficient numbers of them to provide care. Staff said they feared reprisals and felt they had to work without raising any concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a culture of fear from staff who felt there would be reprisals if management identified who had contributed to the evidence found at our inspection. There were some indications some staff resisted supporting the manager. Tensions among staff and/or management at Victoria House were longstanding.
- The provider's interventions were seen by some staff as negative and demoralising. Staff did not have confidence in the management and leadership of the service. They did not feel listened to and said their views were not considered.
- Staff morale was very low and there seemed to be different cliques and groups which undermined the smooth running of the service. High turnover of managers and care staff did not inspire people, their relatives and staff in the leadership of the home. Due to the staffing shortages, the manager undertook some

caring roles leaving them without the time they needed to appropriately manage the home.

- Although a number of staff were listed as trained to administer medicine, the reliance on agency staff led to the manager taking this responsibility quite often. The manager and staff confirmed this. This hindered the manager from having enough time for leadership and management oversight of the governance issues we identified.

The above points all constitute a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately after the discussion we held after the inspection. They provided evidence of an immediate improvement plan to ensure the registered manager would be supported and additional resources deployed at the service. This included the approval of "additional resources and support for the [manager] and the home." Efforts were being ramped up with "a regional management team to support the manager" and to include "a dedicated lead to support with the recruitment of new staff."

Working in partnership with others

- The service had systems in place to ensure effective partnership working.
- The provider had links with other agencies around the local community. For example, the provider worked with GPs, physiotherapists and pharmacies which enabled people to receive services appropriate for their health needs.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to adequately assess risk and monitor safety at the service.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure the premises were adequately maintained and acceptable standards of hygiene were provided throughout the service.

### The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.  There had been a failure to assess, monitor and improve the quality, safety and welfare of service users and others who may be at risk.

### The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure staff received suitable training and support to undertake their roles and responsibilities.

### The enforcement action we took:

We issued a warning notice.