

# Saheena Saeed & Inayet Mohmed Patel

## Victoria Hall

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Victoria Hall is registered to provide accommodation for persons who require personal care for up to 37 people. There were 30 people living in the home when we visited.

At our last comprehensive inspection on 28 January and 5 February 2015 we found four breaches of the regulations. These concerned staff recruitment, recording in care records, issues regarding the deprivation of people's liberty and assessment of their mental capacity. The provider wrote and told us what they would do to meet the legal requirements in relation to the breaches.

We undertook this unannounced comprehensive inspection on 9 August 2016 and found the provider had followed their plan and had made the necessary improvements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff were knowledgeable about the procedures to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any concerns. Prescribed medicines were safely administered to people.

There were sufficient numbers of staff employed at the home. However, it was noted that staff had little time to socialise and provide activities for people. The provider's recruitment process ensured that only staff that had been deemed suitable to work with people at the home were employed after all pre-employment checks had been satisfactorily completed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and all staff were knowledgeable about when a request for a DoLS would be required. The registered manager told us that applications had been submitted to the relevant local authority's and were awaiting the outcome of these. The registered manager was aware of who to contact should they need to submit an application.

Staff respected and maintained people's privacy at all times. People were provided with care and support as required and people did not have to wait for long periods of time before having their care needs met. People's dignity was respected.

People's assessed care and support needs were planned and met by staff who had a good understanding of how and when to provide people's care whilst respecting their independence. Care records were up to date and provided staff with current guidelines on how to meet people's needs. Risk assessments were in place to ensure that people were supported with potential care and health risks.

People were supported to access a range of health care professionals. People were consistently supported with their health care needs in a timely manner.

People were provided with a varied menu and had a range of healthy options at meal times. There was a sufficient quantity of food and drinks available at all times.

People's care was provided by staff in a kind, caring and compassionate way. There were few opportunities for social engagement or for people to develop and engage in hobbies and interests.

The home had a complaints procedure which all staff were aware of. People had access to information on how to make a complaint and were confident their concerns would be acted on. Action was taken to address people's concerns and prevent any potential for recurrence.

People were provided with ways that they could comment on the quality of their care. This included regular contact with the provider, registered manager, completing annual quality assurance surveys and attending meetings.

We found one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were not always safely supported with taking their prescribed medicines.

People were not always supported by sufficient numbers of staff

Recruitment checks were in place and staff were knowledgeable about safeguarding procedures.

### Is the service effective?

**Good** ●

The service was effective.

People made choices as to their preferences and were supported with these. Staff were skilled in meeting people's assessed needs.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People had access to a regular supply of sufficient quantities of food and drink.

### Is the service caring?

**Good** ●

The service was caring.

People received care and support that met their individual needs.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People, including their relatives, had been involved in their care assessments and reviews of their care.

There was a lack of meaningful activities for people to prevent their social isolation.

Reviews of people's care were completed to ensure that people's individuality was put first. Action was taken in response to people's suggestions and concerns before they became a complaint.

**Is the service well-led?**

The service was not always well-led.

The rating from the previous inspection was not displayed for people and visitors to see.

The provider and registered manager monitored the service and were aware of the day to day needs and culture in the home.

Staff were supported and were aware of their responsibilities and the standards expected of them when providing care and support to people living at the home.

**Requires Improvement** 

# Victoria Hall

## **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 unannounced inspection took place on 9 August 2016 and was carried out by two inspectors.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also spoke with one health care professional and we received information from a local GP and a quality assurance manager from the local authority.

During the inspection we spoke with eight people living in the home, five relatives, the registered manager and five care staff. We also observed people's care to assist us in understanding the quality of care that people received.

We looked at three people's care records, quality assurance surveys, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as quality assurance audits, policies and staff records.

# Is the service safe?

## Our findings

At our last inspection on 28 January and 5 February 2015 we found inadequate or incomplete recruitment checks of new staff members. During this inspection undertaken on 9 August 2016, we saw that there had been improvements made to the recruitment process.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at four recruitment records and we saw that appropriate checks had been carried out prior to the person starting work in the home. This included the provider receiving a satisfactory application form, criminal records checks via the Disclosure and Barring Service, references and a proof of identity. This showed that the provider followed their recruitment procedure and had only employed staff who were suitable to work with people living at the home.

We saw that there were sufficient numbers of staff available to provide people with their personal care needs. One person said, "The staff always help me with what I need and never hurry me." We saw that staff responded to call-bells in each room and people told us that staff responded when they used their call-bell. However, staff we spoke with and care professionals we spoke with said that there did not seem to always be sufficient staff numbers during the day. They told us this impacted upon staff's ability to provide social time with people and to offer quality time and engage in activities. Furthermore care staff were also involved in some domestic tasks such as dealing with laundry which could take them off 'the floor' at times. We raised these issues with the registered manager who told us staffing levels were monitored on an ongoing basis and that additional staff would be rostered when required.

Some staff felt that there was not always sufficient staffing which meant that it was sometimes very busy and difficult to provide care and support as quickly as they would like. The registered manager told us that if staff rang in sick or were absent then it was possible to arrange cover with the use of members of the home's management and care staff. A quality assurance manager from the local authority told us that staffing had been a concern and that some relatives had given them feedback about this area.

We observed that people were attended to by staff as quickly as they could. Relatives we spoke with said that they saw staff around the home but that they were always very busy assisting people.

We asked people if they felt safe living at Victoria Hall. None of the people we spoke with had any concerns about their personal safety. One person said, "I feel looked after here and feel safe with the staff." A relative we spoke with told us, "This is a very caring and good home and I know that [family member] is always in safe hands." A relative told us, "I do not worry and the staff are really very helpful and kind and I feel my [family member] is safe from any harm."

Staff we spoke with showed an understanding about safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. One staff member said, "I have received training in safeguarding and I would report any concerns to my manager." Another member of staff told us that they were aware of how to raise a safeguarding concern and knew that

the safeguarding procedures and information file were kept in the staff room.

We saw that people's individual risk assessments had been completed and updated. These risk assessments included falls, moving and handling and nutrition. During our inspection we observed staff using mobility equipment to support people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring. However, we saw that some risk assessments were not cross referenced to care plans. For example where a person who sometimes exhibited challenging behaviours, risk assessments did not explain thoroughly what actions staff should take when this occurred. We raised this with the registered manager who stated that the risk assessment process would be reviewed to ensure they complemented relevant care planning documentation.

We observed senior care staff safely administer people's medication. We found that care staff had been trained so that they could safely administer and manage people's prescribed medications. The temperatures in the medicines room and refrigerator, used for the storage of medication, were recorded to ensure medicines were kept at the correct temperature. Medicine administration records showed that medicines had been administered as prescribed. However, we saw that protocols for some PRN medicines had not been updated. Some medicines with specific administration guidelines, for example, Alendronic Acid, needed to be updated with clearer instructions for staff.

We found that regular and up-to-date checks had been completed regarding equipment such as the home's water supply and fire safety systems. This helped ensure that the home was a safe place to live, visit and work in.

# Is the service effective?

## Our findings

At our last inspection on 28 January and 5 February 2015 we found that people were not protected against the risks associated with mental capacity and the risks associated with restrictions on their liberty.

During this inspection we saw that there had been improvements made in this area. Staff had received and were completing Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated an understanding and were able to explain how the requirements worked in practice.

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. The registered manager had submitted applications for a DoLS to the supervisory body (local authority) and they were awaiting the outcome. We saw evidence of a DoLS assessment for one person and the documentation was within the required date.

‘We observed staff checked and asked people for their consent before they provided any kind of personal care or assistance. One person told us, "The staff look after us really well here," and another person said, "I feel happy here and comfortable for me and they [care staff] have all been lovely to me." Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. One relative told us that they were fully involved in discussions and decisions about her family member's care. Another relative told us that, "The staff are very good in letting me know how things are and they are always good at answering questions."

Staff told us they received supervision and ongoing support from colleagues, senior carers and the registered manager and deputy manager. One staff member said, "We have a workbook which we have to complete for a variety of topics throughout the year." We saw training records which confirmed training that had been completed. Examples included, health and safety, dementia awareness, MCA/DoLS, medicines, moving and handling and first aid. Staff who provided care and assistance regarding people's diabetes and administration of their insulin had received training and ongoing advice from a district nurse. This was confirmed by the district nurse we spoke to during our inspection. This ensured that staff were kept up to date with any changes in current care practice. The staff we spoke with told us that they received an induction when they had commenced working in the home to ensure they were aware of their responsibilities. This showed that staff received ongoing training and supported to meeting people's needs?

People were supported to have enough to eat and drink. We saw that at lunch time there was a lot of interaction between the staff and people having their lunch in the dining room. However we did not see that a menu displayed and how people were offered choices of meals should they not wish to have the main meal choice. We saw that people were offered choices of drinks. People complimented the meals that were provided. One person said, "The food is good and I can always have something else if I want." Another

person told us that, "The food is good, the meals are nice and the food is always hot." People told us, and observations we made, confirmed to us that they received regular snacks and drinks throughout the day. We saw that people who were cared for in their bedroom were provided with drinks throughout the day. One person said, "The staff bring me tea and juice during the day and make sure I have enough to drink and eat." People we spoke with said that they had enjoyed their lunch time meal (shepherd's pie and a choice of two desserts). We saw that drinks were provided during the lunch and glasses of juice and cups of tea were offered to people during the day. One relative we spoke with said, "My [family member] is assisted with their meals and the staff help [family member] to eat well." We saw staff assisting people to eat their lunch in an attentive and unhurried manner.

We saw that the meals provided for people met their dietary needs. We saw that the cook spoke with people living in the home to gather views about the meals and to remind people about the meals being provided at the home. The cook told us that pictures of meals were being developed to aid people to make choices and we saw that some of these pictures were made available in dining areas.

A local GP and district nurse made positive comments about the way staff effectively monitored and supported people with their healthcare needs. For example with the management of people's diabetes. They told us that staff were regularly in contact with them and provided them with good quality information. Records showed staff supported people to access external health care professionals as required. These included GPs, chiropodists and district nurses. A relative told us that the staff had kept them informed of any health care issues affecting their family member. This showed us that people's health and care needs were well monitored and effectively responded to by staff at the home.

We saw that people's care and support records were reviewed and daily care records were completed to record the care and support people had received. We saw documented any significant events that had occurred during the person's day including any appointments with health care professionals.

There were records in place regarding visits and support that people received from external health care professionals. We saw that people had regular appointments with GPs, chiropodists and community nurses which demonstrated that people were supported to access a range of health care professionals as required. A relative told us that the staff had kept them informed of any health care issues affecting their family member.

# Is the service caring?

## Our findings

People told us that the home was very comfortable and that staff were very caring and sensitive in the way that care and support was provided. One person said, "The staff are very good and very kind and caring to me." We observed staff interactions with people and found they spoke to people and supported them in a kind, unhurried and dignified manner at all times.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. Staff gave people choices and listened for the responses people gave before carrying out individual requests and wishes. Staff explained the support they were going to provide before giving it and people were more relaxed through knowing what was happening.

We saw that staff knocked on people's bedroom and bathroom doors and waited for a reply before entering.

Relatives made positive comments about the care their family member received. One relative told us, "My [family member] is happy living at Victoria Hall and their health has improved since living there." Another relative told us that, "I have seen that people's birthdays are always celebrated which is really good." Another relative said they had attended events in the garden that had been organised in the home during the warmer months of the year. This showed that people and their relatives were satisfied with the caring attitude provided by the staff in the home.

During our inspection we saw a lot of warm, positive and cheerful interactions between staff and people living at the home. We noted any requests people made for assistance were responded to by staff. For example, we saw staff gently assisting people to go for their lunch and to receive personal care. We observed that when people requested a drink, it was made for them in a timely manner. We also saw that people were taken to the bathroom as soon as they requested assistance and were not kept waiting for long periods of time. One person told us, "I have nothing to complain about and they [staff] treat me very well and make sure I have everything I need." Another person told us, "The staff speak to me very nicely and are cheerful and friendly with me."

However we did see some comments recorded in care notes that were not particularly dignified. We saw that the phrase "She played up" had been recorded in one person's daily notes when staff had been assisting someone at bedtime. We raised this with the registered manager who told us that this would be discussed at the next staff meeting to ensure that staff would be made aware of the expected way to record in care notes.

One relative told us, "This place has a happy atmosphere and the staff are kind and helpful." Another relative said, "My [family member] is very comfortable in the home and is well cared for by the carers [staff]." A third relative told us that, "The staff are always welcoming and offer us a cup of tea which is really welcoming." A further relative said, "The staff keep me aware of anything that affects or could affect my [family member]. Another relative said that, "The care is wonderful and they give my [family member] a lot of affection and make them comfortable." .

We saw that people were provided with information as to how to access independent advocacy services where necessary and appropriate. Advocates are people who are independent of the service and who support people to make and communicate their wishes

CCTV cameras were being installed in communal areas of the home (they were not yet active) and the registered manager informed us that this was to provide added security and safety for people, visitors and staff in the home. However, it was evident that people and some staff we spoke with were not clear about the use of this equipment and expressed some concerns about people's privacy. We discussed this with the registered manager who told us that they were consulting with people their relatives and staff to ensure the use of this equipment was understood and would not impinge on people's privacy. The registered manager told us that a letter was being sent to people, their relatives and staff to explain the use of CCTV equipment prior to it being used.

## Is the service responsive?

### Our findings

At our last inspection on 28 January and 5 February 2015 we found that records did not accurately detail the amount of fluids that people received during the day. During this inspection we saw that there had been improvements made in this area.

People were supported to drink sufficient fluids. We saw staff recorded, and the registered manager monitored, the amount of fluids each person at risk of dehydration consumed. Staff used the Malnutrition Universal Screening Tool (MUST) to assess the risk of malnutrition for each person. The registered manager told us that any changes or concerns regarding people's nutrition were acted upon and advice from the person's GP and/or a dietician was sought where necessary. We saw that nutritional assessments were recorded along with monthly weight records.

Care plans included information about people's preferences, including how they wanted to be addressed; the times that they wanted to get up or go to bed and what was important to them. We saw that guidelines for staff regarding people's personal care needs were in place along with details regarding people's daytime and nighttime routines. Daily records showed that people made choices about their care to ensure that their personal care needs were met. For example, where they wished to have their meals and the times they wished to get up or go to bed. We also saw individualised information in place including any allergies, personal interests and family contacts. This information helped to personalise people's plan of care and inform staff about the person.

Care plans were kept electronically and care staff updated them during the day and examples included fluid intake and meals provided. People told us, and we found from records reviewed, that an initial assessment of their care and support needs had been completed prior to them coming to live at the home. This ensured as much as possible, that each person's needs were able to be met. One person said, "I feel that they know me and the things that I like and dislike."

Staff had access to a shift handover and communication book to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

People's care plans had been reviewed regularly and changes had been made to people's care needs where this was required. This demonstrated to us that the staff monitored and understood what helped to maintain a person's health and care and support needs.

There were activities coordinators who organised some sessions during the day. We saw some people involved in completing a puzzle. We saw that a garden fete was being organised at the home and relatives we spoke with were aware of this forthcoming event. Some music entertainers visited the home during the year.

However, we saw that during our inspection there were little or no activities being provided in the home and

we saw that people were either sitting in the lounge and dining area or were asleep a lot of the time. We saw that televisions were on in communal areas but not many people were engaged in watching programmes. Music was on in communal areas but it was not clear if any people had chosen the music being played. We saw that staff tried to socialise with people when possible but as most interactions were task orientated staff had little time to provide additional meaningful activities.

A relative said, "We have never had the need to complain and if we have any concerns I would be confident that they would sort things out straight away for [family member]." Another relative told us that, "The staff keep in touch with us and they always deal with any concerns I may have."

We saw that the provider had an effective complaints process and managed complaints to the satisfaction of the complainant. A copy of the home's complaints policy was displayed and was available to people living at the home and their relatives. Some people and relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the staff and registered manager. However, we were told by some relatives that items of their family member's clothing had gone missing in the laundry. They had reported their concerns to staff about this and some items had been found but other items had been seemingly 'lost' in the home. Staff we spoke with told us that they tried hard to ensure that all items of clothing were properly returned to people's rooms but there had been occasions when this had not always happened. We raised this with the manager and they told us that they would put actions in place to improve this area.

## Is the service well-led?

### Our findings

On arrival at the home we saw that the rating from the previous inspection on 28 January and 5 February 2015 was not displayed for people and visitors to see as required.

This was a breach of Regulation 20A (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with told us they knew who the registered manager was and that they regularly spoke with them. One person said, "I feel I can talk to the staff and the manager any time and they respond quickly if there is anything I am not happy about." Another person said, "The [registered] manager and staff always ask me if there is anything that I need." A relative also confirmed that if they raised any issues or concerns these were always promptly dealt with by the staff and the registered manager.

We saw that there were arrangements in place to ensure that the day to day management tasks were being completed. We found the registered manager had submitted notifications to the Care Quality Commission when this had been required. The registered manager and members of staff were able to provide everything we requested in a timely manner during the inspection which showed that they were aware of their roles and responsibilities. We also saw that the provider had carried out quarterly audits of the service. Examples of the audits we saw included: monitoring of care and support, staffing, discussions with people using the service and following up on repairs and maintenance issues. Records viewed and staff we spoke with confirmed that regular checks and audits were completed in relation to medicines administration and health and safety checks including water temperatures and fire safety checks. This showed us that the registered manager and provider monitored the care and services being provided for people.

We saw that accidents and incidents were recorded and analysed regarding any trends. The registered manager told us that there were no particular trends ongoing at present.

All staff we spoke with told us that they felt very well supported by the senior staff and the management team in the home and that they were available to them for any advice or guidance.

One member of staff told us that they had been supported and mentored by a more experienced member of staff when they commenced working in the home. They said they found this to be very helpful and reassuring. Many of the staff we spoke with had worked at the home for many years. One member of staff told us, "I really like my job and working here - and everyone tries really hard and works well together as a team."

We saw that cleaning had been completed and bathrooms, bedrooms and communal areas were kept in a clean and hygienic condition and there were no unpleasant odours present. One relative said, "The home is clean and they keep my [family member] bedroom very well". However we did receive a comment from one relative who described their family member's room as not always having the floor cleaned and had seen some food spilt and not dealt with in a timely manner.

People told us that they felt confident that staff knew how to provide care in the way that they preferred. One person told us that, "I can't think of one thing that I am not happy about. I don't think I would change anything." Staff told us they enjoyed working at the home that they were supported by their colleagues.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. Relatives confirmed that they had completed surveys regarding the service. We saw a copy of the summary of surveys that had been carried out which included positive comments about the care and support provided in the home. One person told us that, "They [staff] come to check me and [ask me] if there is anything I need." A relative told us how happy they were with the care and support provided to their family member and said they, "Felt the care was very good and their [family member] was happy living at the home".

The management team and all staff told us that they were confident that if ever they identified or suspected poor care standards or harm they would have no hesitation in whistle blowing. Staff said that they felt they would be supported by the registered manager to their raise concerns. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. One staff member said, "We are a good team if there was any bad practice this would be reported to the manager and acted upon immediately."

Staff we spoke with told us that they received spot checks of their work and also received supervision and attended staff meeting. Records we saw confirmed this to be the case. This showed that there was checks in place to monitor the staff's work practice and development.

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	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The rating from the previous inspection was not displayed for people and visitors to see as required.</p>