HC-One Limited

Victoria Manor

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 1 September 2015. It was an unannounced inspection.

Victoria Manor provides accommodation with personal care for up to 30 people. There were 22 people living in the home at the time of our inspection. The majority of people living at Victoria Manor were living with dementia.

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 Victoria Manor. The registered manager and staff understood their responsibilities to keep people safe**.** There were systems and processes to protect people from the risk of harm. These included a procedure to manage identified risks to people's care and an effective procedure for managing

Summary of findings

people's medicines. There were enough suitably trained and experienced staff to meet people's personal care needs. Care staff were much busier in the late afternoon and were unable to meet people's social needs at that time.

Staff received training in areas considered essential to meet people's needs safely and consistently. New staff received an induction to the home that helped them to understand the individual needs of the people living there.

Staff understood about consent and where people had capacity to make decisions, staff respected decisions people had made. Where restrictions on people's liberty had been identified, the registered manager had made the appropriate Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

Staff were caring, courteous and respectful when engaging with people. People were given choices about how they wanted to spend their day so they were able to retain some independence in their everyday life.

Food looked hot, nutritious and well-presented. People confirmed they enjoyed their meals and were given a variety of snacks and drinks through the day. People were supported to attend regular health checks to maintain their physical and mental health.

There was a variety of activities available to meet people's social needs, but there was little to stimulate people who chose not to join in. The registered manager had plans in place to improve the environment within the home to provide further stimulation and engagement for the people living there.

Staff said the home was well managed and the registered manager was very supportive and encouraging. There were processes to capture the views of staff about the service and staff told us they felt listened to. People living in the home had some involvement in making decisions about staff recruitment.

There were systems in place to assess and monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff meetings and a programme of checks and audits.

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?
The service was safe.

Staff understood how to keep people safe and there were systems to identify and minimise risks related to the care people received. There were enough suitably experienced staff to meet people's care needs. A safe procedure for managing people's medicines ensured people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff received regular training to support people effectively. New staff received an induction into the home that gave them the skills and knowledge they needed to meet the needs of people living there. Staff understood about consent and respected decisions people made about their daily lives. People were provided with enough to eat and drink during the day and had their healthcare needs met with the support of healthcare professionals.

Good

Is the service caring?
The service was caring.

Staff demonstrated kindness when providing people with care and support. Staff were courteous and respectful when speaking with people. People were supported to make every day choices and those choices were respected.

Good

Is the service responsive?
The service was mostly responsive.

There were a variety of activities to promote people's social wellbeing. Staff did not always have time to respond to people's social needs on a one to one basis. Care plans provided staff with information about how people preferred to be supported whilst retaining their independence.

Requires improvement

Is the service well-led?
The home was well-led.

People and their relatives told us the home was well run and staff told us the registered manager was supportive and a good leader. The registered manager and the staff understood their roles and responsibilities and what was expected of them. The quality of service people received was regularly monitored through a series of audits and checks. People were encouraged to be involved in making decisions about staff recruitment.

Good

Victoria Manor

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 1 September 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at information received from agencies involved in people's care. We analysed information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. These can include safeguarding referrals, notifications of deaths, accidents and serious injuries. We considered this information when planning our inspection of the home.

We reviewed the information in the provider's information return (The PIR). This is a form we asked the provider to send to us before we visited. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at five care plans and viewed other care documentation such as people's weight charts, food and fluid charts and medication records. We looked at the complaints file, records of incidents and accidents in the home and quality assurance checks carried out by the provider. We observed people's experiences of living at the home.

We spoke with eight people who used the service and five visitors to the home, the registered manager and five members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe living at Victoria Manor. When we asked one person how safe they felt at the home, they replied, "Now let me think about that, yes, yes it is safe, I am safe here." Another person replied, "I do feel safe, I can do a lot for myself." When we asked a relative about their family member's safety, they told us, "Yes I think [relative] is very safe here."

Staff we spoke with had a good understanding of how to safeguard people from harm or abuse and had received training about this. Staff told us they were confident the registered manager would follow up any concerns they raised. We gave staff some safeguarding scenarios and asked what action they would take. One staff member responded, "I would report it to the manager and if the manager wasn't taking it seriously, I would report it to their manager." Another staff member told us, "I would contact the family and inform the manager. I would expect the manager to suspend the member of staff and contact the CQC and safeguarding." They explained the phone number for the local authority safeguarding team was displayed in the office and if the manager did not report the concern, they would not hesitate to do so themselves.

The registered manager had a clear understanding of their responsibilities to report any safeguarding concerns to us and to the local authority. They demonstrated a robust attitude to any concerns that might impact on people's wellbeing or safety. For example, one person had raised a concern which the registered manager had identified as potential abuse. This had been referred under safeguarding procedures to ensure the person was protected.

During our visit we observed several occasions when people felt safe to express their opinions. For example, we asked one person if they would mind if we talked to them in their room. They felt confident to say they did not want us to visit their room, but told us, "The staff are very good and I am happy here." A member of staff confirmed, "Definitely, people here are safe."

People told us there were enough staff to meet their needs, but that staff were very busy. One person pointed to the staff and told us, "These here are pushed, they always work hard." Staff confirmed the staffing levels enabled them to meet people's care needs and we saw staff worked flexibly to support each other across both floors in the home.

During the morning we observed there were sufficient staff to provide personal care to people and to engage with people socially. This was because there was a range of ancillary staff in the home to support the care staff including an activities co-ordinator, laundry, domestic and kitchen staff. In the afternoon, there were less staff available and whilst people received support for their personal care needs, there was limited social engagement with people. When we asked one person if staff spent any time with them having a chat or cup of tea, they responded, "Cup of tea, chat no, they haven't got time for that."

Prior to staff starting work at the home, the provider checked their suitability to work with people who lived there. Staff confirmed that all the background checks were completed before they were able to start work. This included references from their previous employers and the Disclosure and Barring Service (DBS). The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with vulnerable people.

Assessments of risks associated with people's care and support had been undertaken. These were for areas such as nutrition, mobility and skin care. Where risks had been identified, plans were in place to manage those risks. During our visit we saw staff following risk management plans to keep people safe. For example, one person was at risk of skin breakdown and their care plan said they should sit on a pressure relieving cushion. Staff ensured the person was always sitting on their pressure cushion as they moved around different areas of the home. Another person had been assessed as not having capacity to use their call bell when they were in their bedroom. This person was at risk of falls if they got out of bed and walked without support. An alert mat (a mat which sounds an alarm when stood on) had been placed by their bed so staff could ensure their safety if they got out of bed unassisted during the night. Staff were updated on any potential changes to people's risks at the beginning of their shift through a staff handover meeting.

The equipment and premises were in good working order. The corridors on both floors were well lit and wide enough for walking aids and wheelchairs. The dining areas were spacious which allowed easy access for people in wheelchairs to sit at the tables. There were systems for staff to report maintenance issues and to ensure they were dealt with promptly.

Good

Is the service safe?

Accidents and incidents in the home were recorded in detail. The records were checked by the registered manager and the provider to identify any trends or patterns. These were then discussed at monthly health and safety meetings, including any action that was required to reduce the risk of re-occurrence. The registered manager also carried out audits of falls within the home which were subsequently discussed at a 'falls team' meeting. Records demonstrated that the last 'falls team' meeting had identified that some people required more supportive slippers to reduce the risk of a fall. Letters had been sent to all family members and where family had not responded, the registered manager was going to purchase suitable footwear on behalf of people.

The provider also had a system of sharing safety alerts with the registered manager. These included safety alerts from external sources regarding equipment or medication and learning from incidents which had occurred in other homes within the provider group. The registered manager reported whether alerts were relevant to the home to confirm they had received and actioned them.

The provider had plans in place for staff to follow in the event of an emergency. Each person had an emergency evacuation plan so staff and the emergency services would know what support they needed to evacuate the home. There was a contingency plan should an emergency occur that meant people could not return to the building. This ensured people would continue to receive appropriate and safe care to maintain their health and wellbeing.

We checked to see whether medicines were managed safely in the home. We found medicines were stored safely and securely and kept in accordance with manufacturer's recommendations to ensure they remained effective. The storage, administration and recording of medicines that required extra checks met safety requirements.

Arrangements were in place to obtain, administer and record people's medicines. We looked at two people's medicine administration records (MARS). We saw the balances were correct for the medicines, but twice the staff member had not signed the record when medicines had been given to people that morning. The staff member told us they sometimes got disturbed when giving medicines. We suggested they wore a tabard explaining they should not be disturbed.

Detailed supporting information on how people preferred to be given their medicines was available with their medicine administration record charts. However, there was limited information about why medicines had been prescribed and potential side effects staff should be aware of. Where people were prescribed medicines "when required", there were protocols to ensure staff gave them safely and consistently.

Care staff told us only trained staff administered medicines and their competency was regularly checked to ensure they continued to give medicines safely and in accordance with good practice.

We observed a member of staff give medicines to someone who could be easily distracted when taking them. The staff member took their time and ensured the person had swallowed them safely.

Good

Is the service effective?

Our findings

Staff interactions reflected that they knew how to approach people so they could communicate with them effectively. A visiting healthcare professional told us, "All the residents seem happy and the staff are always very helpful."

New staff completed an induction when they started working at the home. One new member of staff was very positive about their induction training. They told us the registered manager had spent a lot of time with them clarifying their role and responsibilities and going over the needs of each person who lived in the home. They told us the induction process gave them the skills they needed to effectively meet people's needs. A key part of the induction for new staff was completion of the Care Certificate which was introduced in April 2015. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff felt they received sufficient training to do their jobs effectively and to meet the health and social care needs of people. They told us most of the training was on the computer, apart from practical training such as how to move people safely. One member of staff told us that they could not move people until they had completed their practical training. They told us, "You can't lift until you've had the training. You've got people's lives in your hands at the end of the day." Staff received specific training in caring for people who lived with dementia. This training consisted of various levels culminating in a day of learning in a classroom setting. The registered manager told us that although staff had completed basic level training, they were keen for them to carry on to the higher levels so they had a deeper understanding of how to respond effectively to those living with dementia.

The provider's policy was that staff received formal supervision twice a year. Supervision meetings provide staff with an opportunity to discuss their personal development and any training requirements. The registered manager told us they planned to hold supervisions more than twice a year and explained, "Although staff get daily feedback from me, I think it is important for the carer to be more guided and signposted. I like to talk things through to reinforce what they have learned." Staff spoke positively about the support they received and confirmed they were encouraged in their professional development. One staff member told us they had recently achieved a nationally recognised diploma in health and social care and with the support of the registered manager, had gained funding to start working towards a higher qualification.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA ensures the rights of those people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required. This is to make sure people get the care and treatment they need when there is no less restrictive way of achieving this.

Staff told us they had received training in the MCA. Staff explained that people had choices and said they encouraged people to be as independent as possible. Staff also understood the reasons for gaining people's consent. We saw staff asked for people's consent before they assisted them to do things, for example, supporting people to move around or with personal care. We were told there were several people in the home who lacked capacity to make certain decisions following an assessment. For example, capacity assessments had been completed and best interest meetings had been held in respect of giving people their medicines. However, one person had made decisions about their personal care which could potentially affect their wellbeing. An assessment had not been completed to establish whether they had the capacity to understand the consequences of refusing this support. The registered manager said this would be requested.

Where restrictions on people's liberty to leave the home had been identified, capacity assessments had been completed and the manger had submitted DoLS applications to the local authority as required.

At lunch time people were assisted to the dining room which was bright, colourful and inviting. Although one person was shown two plated meals and asked which they would like, most people were verbally offered a choice of food. As the majority of people had a diagnosis of dementia, being verbally told what food was on offer may not have been the most effective way to assist them in making a choice. When the food was served, it looked hot, nutritious and well presented. We were told if people

Good

Is the service effective?

preferred a sandwich at lunch time this was also provided and they could have their hot meal at night. We asked people if they enjoyed their meal and they all said it was "lovely".

Meal times were not rushed and were a relaxed experience for people. One person who was very anxious, required assistance to eat their food. A member of staff sat next to this person and offered positive reassurance, explaining what the food was and provided help at a pace that was manageable for the person. When one person finished their meal, a member of staff asked if they would like more because they had eaten everything on their plate. Another person left the table after their main meal. Staff went and checked with them whether they wanted their pudding. People were offered a choice of drinks which were constantly topped up through the meal.

Snacks and drinks were offered regularly through the day and put on small side tables so people could easily reach them. One person told us, "There is always cakes and biscuits with your cup of tea and water or juice in your room."

Everyone in the home was on a food chart to monitor their intake. We found that staff recorded how much people had eaten, but it was not clear what the full meal consisted off. Some people were on fluid charts because they were at risk of not having enough to drink. Each night the amount of fluid people had taken was totalled up to identify people who had not drunk much and were at risk of dehydration. This was then relayed to staff coming on duty so they could prompt and encourage those people to drink more.

People were supported to attend regular health checks to maintain their physical and mental health. For example, their dentist, chiropodist, optician and dietician. A weekly GP surgery meant people received consistent support for their medical needs. We spoke to a healthcare professional who attended the home during our visit. They confirmed staff followed their advice and if there were any changes in need said, "They will always contact us and ask us to do a reassessment."

Good

Is the service caring?

Our findings

All the people we spoke with were positive about the care they received from the staff at Victoria Manor and told us they could make their own decisions about what they did during the day. One person told us, "I can get up and go to bed when I like. Staff treat you as you would expect to be treated." Another person told us, "When I moved in, I was very low in mood and there was a carer who was so kind."

The registered manager told us they were committed to providing a caring environment for the people living in the home. We asked the manager how they assured themselves that their commitment was being put into practice by staff. They told us they spent time observing staff interacting with people and said, "I think it is very caring. I think that has improved since I have been here. I think the carers who are here now, we are on the same wavelength. We have got the same morals and ethics regarding care. We are here for the residents and to make it better for them and for their families as well." When asked what the service did best, one member of staff responded, "We are one big family, caring for people together and working as one." This appeared to be appreciated by people who lived in the home as we overheard one person say to another, "We are all family. We all look after each other."

During our visit we observed positive interactions between staff and the people who lived there. Staff demonstrated kindness when providing people with care and support. For example, staff did not rush people when they needed to take their time. When one person became anxious and upset, a member of staff spent time comforting and reassuring them. All the staff in the home, including non-care staff, took the opportunity to talk with people as they carried out their duties. They were relaxed, kind and courteous. One member of non-care staff noticed that a person seemed a little confused. They took time to find out what the person wanted to do and then guided them to where they wanted to go.

One person's relatives told us they had been invited to the home's summer fete before their family member moved there. They told us how welcome they were made to feel and talked about the friendliness of the staff. They went on to say, "It has exceeded all our expectations. We cannot believe the transformation in [person]. She is so settled."

Throughout the day people were able to make choices about day to day living such as what they wore, what they ate and what they wanted to do. Where people had chosen to remain in their rooms or sit in a particular area, their choice was respected. For example, one person wanted to eat in their room despite another person saying kindly that they missed seeing them in the dining room. Staff checked with the person what they wanted to do. When they person said that they still wanted to have their meal in their own room, staff respected this person's wishes.

Staff had received training in equality and diversity and understood the importance of promoting people's privacy and dignity. People appeared clean and well presented. One person was very smartly dressed and took pleasure when people commented on the necklace they were wearing. Other people visited the hairdresser on the day of our visit and enjoyed receiving comments about their hair. One person was particularly pleased with how the hairdresser had styled their hair and insisted on going to the registered manager's office to show them.

Staff respected people's right to privacy and knocked on doors and waited for a response before entering people's bedrooms. This was clearly valued by people who lived in the home as on a couple of occasions our requests to spend time with them in their bedroom or in a communal area were refused. One person told us, "Staff aren't rude to you, they are respectful."

Requires improvement

Is the service responsive?

Our findings

Staff mostly understood people and were responsive to their care and support needs. However, new staff did not always know people's care needs. We saw one person received food which their care records indicated they would not want. Once staff had been alerted to this, they quickly changed the meal to ensure the person received the food they liked to eat.

There were a range of activities available to meet people's social needs. During the morning of our visit we observed a musical activity taking place in the ground floor lounge. People were given a variety of small musical instruments and played them in time with the songs. The member of staff supporting the activity focussed on everyone and those who wanted to dance were encouraged to do so. From people's responses, we saw everyone enjoyed themselves and the staff member worked hard to ensure all were involved in some way. This member of staff appeared to have a good understanding of how dementia could affect individuals because they changed their approach, tone of voice and use of words in order to gain people's understanding. However, some staff did not always demonstrate such confidence in responding to people's communication needs. In the afternoon two people on the first floor enjoyed a game of bingo and some people enjoyed a group conversation in the first floor dining room.

The home had the use of a mini-bus which was used to take people on trips. There had been a recent trip to Weston Super Mare and a trip was planned to the tower ballroom at Blackpool. Staff were able to take some people on more local trips such as shopping and out for a coffee.

During our visit there was not much stimulation for those people who chose not to join in the group activities. In the late afternoon we found staff did not consistently have time to be responsive to all of people's social or emotional needs. For example, on the ground floor two people became a little more agitated than they had been in the morning, but staff were not always available to support and reassure them. One member of staff told us, "We could do with more time to sit and talk to people." A person told us, "They chat to you when they are doing things to you (personal care). They don't have the time at other times. Perhaps, just to pop their head in the door."

Whilst there had been some adaptations in the environment to support people living with dementia, we found these were limited. Signs helped to orientate people to where they were in the home, but there was little to interest and stimulate people and engage their attention. Objects to provide tactile stimulation were not always easily accessible because chairs were placed in front of them.

Care plans were written in a person centred way which gave clear information about what the person liked and did not like, and how they preferred their support to be provided. This information helped staff support people to be as independent as they wished to be.

Should anyone wish to make a complaint, there was a copy of the provider's complaints policy and procedure in the hallway for people to read. There was also information about external organisations people could approach if they were not happy with how their complaint had been responded to. We looked at the complaints file maintained by the registered manager. There had been one complaint received in the last six months which had been responded to effectively through safeguarding and disciplinary procedures. Two concerns raised by staff had also been responded to through the complaints procedure so staff so could be assured they had been taken seriously.

People we spoke with told us they had never had cause to make a complaint. However, people we spoke with were not always clear they could talk to staff or the management team if they had any concerns. One person told us, "I would tell my daughter, if she was away, I would not speak to anyone, just keep it to myself." Another person responded, "I would wait until a particular staff member came on, I wouldn't tell anyone else." A relative told us, "I would see the head lady."

Good

Is the service well-led?

Our findings

People we spoke with thought the home was well run and offered comments such as: "From what we have seen so far we think the home is well run." "The home is absolutely fine, it is spotless, never smells and housekeeping are always on the ball."

There had been some recent changes to the management team at the home. The registered manager had been in post for six months. The deputy manager had been promoted from senior carer and it was the first shift in their new role on the day of our visit. The registered manager was supernumerary (not counted in the numbers working in the home) and the deputy manager had five hours a week off the care rota so they could concentrate on the managerial aspects of their role. Staff we spoke with told us the new manager was supportive and a good leader. One staff member said, "She is lovely. She is firm but you need to be."

Staff members were allocated specific responsibilities such as being responsible for infection control and safety checks. These details and responsibilities were displayed in the entrance to the home so visitors knew who to speak to if they had any queries. Staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them.

The registered manager was keen to support staff to provide good quality care individually and as part of a team. They explained, "The key to being a good manager is identifying the weaker areas and encouraging and empowering the carers not to be fazed by things." The registered manager particularly spoke about the importance of recognising good practice. They told us about an occasion when they had observed a sensitive interaction between a person and a member of staff in the home. They had fed this back to the staff member involved because, "It was absolutely lovely to see that. I think that needs to be conveyed back to the carers." Staff clearly felt supported by the registered manager's approach with one staff member saying, "I think she [registered manager] is brilliant, very approachable and she has made me feel confident in myself." This person went on to say the registered manager was "open and honest about any concerns or issues" about their work.

Staff told us they had regular staff meetings which provided them with an opportunity to raise any concerns or provide feedback or ideas about how the service could be improved. At a recent meeting staff had requested a communication book to aid better communication within the home. This had been agreed and put in place. We were told it was working well and proving successful.

Staff were also invited to complete a staff survey. We looked at the survey completed in June 2015. We saw that 20% of staff had said there were insufficient resources to offer activities for people. The registered manager had identified that improvements were required to the environment and the resources available in the home. An area had been identified in the home where a little shop, library and café area were to be created. This would provide people who were no longer well enough to go outside the home, the opportunity to go shopping for items such as greeting cards and have snacks in a different environment. The registered manager told us these improvements would support staff in responding to people with dementia care needs.

People and their relatives were encouraged to share their views of the service. Group meetings were held regularly and scheduled at different times of the day to encourage as many people to attend as possible. At one meeting people had requested more salads as a meal option. Kitchen staff were now offering more salads and at the next meeting people confirmed they were happy with the menu.

The provider had recently introduced a new engagement programme called "Have your Say." This was a new initiative encouraging people, relatives, care professionals and staff to provide feedback through a computer tablet in the entrance hall. The registered manager explained that the programme would provide people with an opportunity to provide instant feedback about the care provided.

People were involved in making decisions about staff recruitment. We spoke with a new member of staff. They told us their interview had lasted three hours during which they had met some of the people who lived in the home. These people had then been part of the recruitment decision process. They told us, "I think it's good that residents have a choice about staff."

The registered manager spoke positively about the support they received from the provider and their immediate line

Good

Is the service well-led?

manager. They told us, "[Line manager] has been great. She has been a real good support. If there are any problems I know she is at the end of a phone. I had a recent supervision with her and it went amazing."

There was a system of checks and audits on the quality of service provided. We looked at some of the recent audits. A health and safety audit in June 2015 identified there was no suitably qualified manual handling assessor in the home. A senior had subsequently been appointed and was booked to attend a three day training course. An infection control audit identified there were no wall mounted personal protection equipment dispensers by bathrooms. We saw these were now in place.

The registered manager was responsible for providing quality monitoring information about all aspects of the home to the provider. This meant the provider played an active role in quality assurance and ensured the service continuously improved. The provider made regular quality monitoring visits to the home and identified any actions that needed to be taken to maintain the quality of service provision in the home. An action that had come out of that visit was for the home to establish better links with the local community. The registered manager accepted this was still an area where further improvements needed to be made.

We asked the registered manager what they felt had been their major contribution to the home in the six months they had been there. They responded, "I feel the home and staff are in a really good place now. It is a really positive atmosphere and staff morale is really high at the moment."