Delta Care Ltd

Victoria House

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out a comprehensive inspection of Victoria House on 5, 7 and 8 November 2018. The first day was unannounced.

Victoria House is registered to provide accommodation and personal care for up to 15 older people. Accommodation is provided over two floors, with two lounges and a separate dining room . At the time of our inspection there were 10 people living at the home. However, only eight people were available to speak with us, as two people were in hospital.

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection.

At the time of the inspection, there was a registered manager in place who was responsible for the day to day running of the home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how to service is run.

At the last inspection on 19 and 20 September 2017, we found one breach of the regulations. This related to a failure to ensure that the needs of people living with dementia or a sensory impairment were being met. Following our inspection, the provider sent us an action plan and told us that all actions had been completed.

At this inspection we found that the necessary improvements had been made and the provider was meeting all regulations reviewed. We have made a recommendation about the need for the provider to ensure that staff have the knowledge and skills necessary to meet people's needs and provide them with safe, effective care.

People living at the home and their relatives were happy with staffing levels and told us people never waited long when they needed support.

We observed people receiving their medicines safely and found that there were appropriate medicines policies and practices in place.

We found evidence that staff had been recruited safely and the staff we spoke with understood how to protect people from abuse or the risk of abuse.

People told us they were happy with the activities and entertainment provided at the home. We found that the activities and stimulation available for people living with dementia or a sensory impairment had

improved since the last inspection.

Staff received an effective induction and appropriate training. Most people who lived at the service and their relatives felt that staff had the knowledge and skills to meet people's needs. However, one person told us that not all staff knew how to support her to manage her health condition. We discussed this with the registered manager who addressed the issue with staff.

People told us the staff who supported them were caring and respected their right to privacy and dignity. We observed staff encouraging people to be independent when it was safe to do so.

People received appropriate support with their nutrition, hydration and healthcare needs. Referrals were made to community healthcare professionals to ensure that people received appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their needs and preferences and we saw evidence of this. Staff told us they knew people well and gave examples of people's routines and how they liked to be supported.

Staff communicated effectively with people. People's communication needs were identified and appropriate support was provided. Staff supported people sensitively and did not rush them when providing care.

The registered manager regularly sought feedback from people living at the home and their relatives about the support they received. We saw evidence that she used the feedback received to develop the service.

People living at the service and relatives were happy with how the service was being managed. They found the registered manager and staff approachable and helpful.

Staff felt the registered manager and provider were approachable. However, not all staff felt that the registered manager was supportive and listened to them. We saw evidence that this issue was being addressed and improvements were planned.

A variety of audits and checks were completed regularly by the registered manager and the provider. We found that the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People living at the service and their relatives felt there were enough staff available to meet people's needs.

There were appropriate policies and practices in place for the safe administration of medicines and we observed people's medicines being administered safely.

People's risks were managed appropriately and their care documentation was updated when their needs or risks changed.

The registered manager followed safe recruitment practices when employing new staff, to ensure they were suitable to support people who lived at the home.

Is the service effective?

Good

The service was effective.

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005. Applications had been submitted to the local authority when people needed to be deprived of their liberty to keep them safe.

Staff received an appropriate induction and relevant training that was updated regularly. Most people felt that staff had the knowledge and skills to meet their needs.

Not all staff had received supervision in line with the provider's supervision policy. The registered manager addressed this shortly after our inspection.

People were supported appropriately with their nutrition, hydration and healthcare needs. They were referred to community healthcare professionals when appropriate.

Is the service caring?

Good

The service was caring.

Most people liked the staff who supported them. They told us staff were caring and kind. We observed staff treating people with respect and kindness.

People living at the home and their relatives told us staff respected their right to privacy and dignity. We saw staff involving people in everyday decisions about their care.

People told us they were encouraged to be independent. Staff told us they encouraged people to do what they could for themselves when it was safe to do so.

Is the service responsive?

Good

The service was responsive.

People told us they were happy with the activities available at the home.

We found that improvements had been made to how the provider met the needs of people living with dementia or a sensory impairment.

People received individualised care that reflected their needs and preferences. Staff knew the people they supported well.

People's needs and risks were reviewed regularly and care records were updated to reflect any changes. This meant that staff had up to date information to enable them to meet people's needs effectively.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. People who lived at the home and their relatives felt the home was managed well.

Staff felt the registered manager and the provider were approachable. Some staff felt the registered manager was supportive. However, others felt that the registered manager did not always take their concerns seriously. We saw evidence that this issue was being addressed and improvements were planned, to ensure that staff felt listened to.

The registered manager and service provider regularly audited and reviewed many aspects of the service. We found that the

audits completed were effective in ensuring that appropriate levels of care and safety were being maintained at the home.

Victoria House

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 checked whether the provider was 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 was a comprehensive inspection.

The inspection took place on 5, 7 and 8 November 2018 and the first day was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including previous inspection reports, safeguarding concerns and notifications we had received from the service. A notification is information about important events which the provider is required to send us by law. We contacted six community healthcare professionals who were involved with the service for their comments. We also contacted Lancashire County Council quality and contracting team and Healthwatch Lancashire for feedback about the service. Healthwatch Lancashire is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

As part of the inspection, we spoke with five people who lived at the service and four relatives. We also spoke with five care staff, the registered manager, the service provider and a visiting social care professional. We looked in detail at the care records of two people who lived at the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Good

Is the service safe?

Our findings

People we spoke with told us they received safe care and they felt safe at the home. One person commented, "Yes, of course I feel safe. I do like it here, I'm used to it". Relatives also felt that people received safe care. One relative told us, "Yes, [relative] is safe. When I visit he's always comfortable".

Most people living at the home and their relatives felt there were enough staff on duty to meet people's needs. One person commented, "Yes, I think there are enough staff. If I go to the toilet someone walks me there". One relative told us, "Since [relative] has been here there has been enough staff". People told us staff came when they needed them and they did not experience long delays in receiving support. Comments included, "The only time I need them is when I'm in bed. I have a buzzer and they come. They're quick to respond" and "Yes, they come when I need them. Sometimes you have to wait if they're very busy. They come as soon as they can".

We reviewed the staffing rotas for three weeks, including the week of our inspection, and found that the staffing levels set by the service had been met on all occasions. The staff we spoke with felt that the staffing levels set by the home were appropriate to meet people's needs and told us that when they were fully staffed, people did not wait long for support. One staff member commented, "Sometimes staff ring in sick at short notice and it can be difficult to get cover. It's better now though because we have some bank staff who can cover those shifts". Another staff member told us that evenings and nights were difficult to cover but advised us that the provider was recruiting for staff to work during those times.

We found that risk assessments were in place, including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly. Any changes in people's risks or needs were documented and communicated between staff during shift changes. This meant that staff were able to support people effectively.

Records had been kept in relation to accidents and incidents that had taken place at the service, including falls. We found that appropriate action had been taken to manage people's risks, including referrals to their GP and the local falls clinic. Sensor mats were in place to alert staff if people who were at a high risk of falls tried to move independently. Falls records were reviewed by the registered manager every three months, to identify any patterns or trends and to ensure that appropriate action had been taken. This helped to ensure that people's risk of falling was managed appropriately.

We looked at how people's medicines were being managed at the home. A medicines policy was available which included information about administration, storage, disposal, refusals and errors. We found that temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised. All staff who administered medicines had completed training in medicines management and their competence to administer medicines safely had been assessed.

We observed a member of staff administering people's medicines on the second day of our inspection and

found that this was done in a safe and sensitive way. We reviewed people's Medication Administration Records (MARs) and found that staff had signed to demonstrate when people had received their medicines or had documented why medicines had not been administered. Records showed that medicines documentation was audited monthly and compliance levels were high. We saw evidence that action had been taken where improvements were needed, for example where staff had not documented the amount of medication given for variable dose medicines, they had been reminded of the importance of doing this. Staff told us there was not always a medicines trained member of staff on duty at night. We discussed this with the registered manager, who told us that no-one required night time medicines at the moment. However, she acknowledged that this would be an issue if someone needed PRN [as needed] medicines, for example for pain relief. She assured us that if this situation arose, staff would contact whoever was on call. She told she would address this issue and ensure that there was always a medicines trained member of staff on duty at night.

We looked at the arrangements in place for protecting people from the risks associated with poor infection prevention and control. A member of domestic staff was on duty on both days of our inspection and we observed cleaning being carried out. Daily cleaning schedules were in place. The home had two infection control leads, who were responsible for monitoring infection control standards at the home and attended regular infection control meetings with the registered manager. We noticed an odour in two people's bedrooms. We discussed this with the registered manager, who arranged for the carpets to be professionally cleaned the same day. She provided evidence that the provider was arranging for the flooring in these rooms to be replaced in the near future.

People living at the home and relatives told us it was clean. One relative commented, "Yes, the bedding's changed and [relative] has clean clothes. [Relative] has been in two or three different homes and this is a lot better than the others". We noted that the service had been given a Food Hygiene Rating Score of 5 (Very good) in December 2017. We received mixed feedback from people about whether staff wore appropriate protective equipment, such as gloves and aprons, when providing support. We discussed this with the registered manager who addressed this issue with staff shortly after the inspection. She told us that spot checks of staff practice would be introduced to ensure they complied with the home's infection control policy and procedures. People told us staff supported them regularly with their personal hygiene needs.

A safeguarding policy was available and records showed that staff had completed safeguarding training. The staff we spoke with understood how to safeguard adults at risk and how to report any concerns. One safeguarding concern had been raised about the service in the previous 12 months. Following investigation by the local safeguarding authority, it had been unsubstantiated. The registered manager told us that if any safeguarding concerns were substantiated, the outcome and any recommendations would be shared with staff to ensure that lessons were learned.

The service had a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

We found that records were managed appropriately at the home. People's care records were stored in a locked cupboard and were only accessible to authorised staff. Staff members' personal information was stored securely in a locked cabinet in the registered manager's office.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with

children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained. These checks helped to ensure that the staff employed were suitable to provide care and support to people living at the home.

Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use, including portable appliances, hoists, bath chairs and the stair lift. Checks on the safety of the home environment had been completed, including gas and electrical safety checks. Legionella checks had also been completed. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. This helped to ensure that people were living in a safe environment. We noted that a fire risk assessment had been carried out in January 2018 but not all necessary actions had been completed. We discussed this with the provider who arranged for all remaining actions to be completed shortly after our visits.

Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency. This included the number of staff they would need support from, any equipment required and the evacuation procedure. There was a business continuity management plan in place, which provided guidance for staff in the event that the service experienced a fire, flooding or a loss of amenities such as gas or electricity. This helped to ensure that people continued to receive support if the service experienced difficulties.

Good

Is the service effective?

Our findings

Most people living at the home and their relatives were happy with the care they received and felt staff had the knowledge and skills to meet their needs. One person commented, "Yes, I think they have the skills needed. They care for us as much as they can". Relatives commented, "There's no big turnover of staff. They're good at what they do" and "Yes, I think staff are competent. When we've been here, staff always seem to be helping somebody". However, one person told us that not all staff knew how to support her with managing her health condition. We discussed this with the registered manager. She told us that the person had a care plan in place relating to the health condition and she would ask all staff to confirm that they had re-read it and the home's policy on managing such health conditions. Records showed that four staff had completed training on how to manage this health condition and, following the inspection, the registered manager arranged for the training to be completed by all staff.

Records showed that a detailed assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs before they came to live at the home.

During our inspection staff raised concerns about being able to meet the needs of people living at the home who experienced mental ill health. Some recent incidents had taken place at the home and staff told us they were concerned about their safety and the safety of other people living at the home. They told us they had not received training in how to support people with mental health needs and did not feel confident about doing this. We discussed this with the provider, who told us that some people's needs had changed since they had come to live at the home and assured us that people would be reassessed to ensure that the service could continue to meet their needs.

We recommend that the provider ensures the service can meet the needs of people living at Victoria House and that staff have the knowledge and skills necessary to provide people with safe, effective care.

Each person's care file contained information about their medical history and any allergies. People had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians, podiatrists and speech and language therapists. We saw evidence that staff sought medical attention when it was needed. One relative commented, "The other week [relative] was not so good. They rang the GP straight away".

We noted that the service used a hospital transfer form when people were admitted to hospital. The form included information about people's needs, risks and their medicines. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

None of the community healthcare professionals we contacted expressed any concerns about the standard of care provided at the home. One commented, "I can report that every time I do visit the home, I am

welcomed by the kind and friendly staff who are always willing to help me. I find that the home has a warm and "homely feel" and always a good smell from the kitchen". Another told us, "We have no particular concerns. The staff are generally friendly, helpful and caring. We haven't had to raise any safeguarding concerns and any treatment plans we leave in place appear to be followed."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found that where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications for authorisation had been submitted to the local authority. Records showed that most staff had completed MCA training and the staff we spoke with understood the importance of gaining people's consent and providing additional information when necessary to help people make decisions.

We observed staff asking for people's consent before providing care, for example when supporting people with their meal or administering their medicines. Where they were able to, people had signed to document their consent to staff providing them with support, for example in relation to managing their medicines. Where people were unable to consent to their care, we saw evidence that their relatives had been consulted. We observed an incident where a staff member was encouraging a person to eat their meal and offering to assist them. We noted that the staff member did not accept the person's decision, when they said they had had enough to eat and saw that this had made the person uncomfortable. We discussed this with the registered manager and the importance of respecting people's decisions. The registered manager addressed this with the staff member, who acknowledged our concern, apologised for their approach and explained they had been concerned about the person's weight. The staff member told us that in future, they would ensure there was a balance between encouraging people and accepting their decisions.

Records showed that staff received a thorough induction when they joined the service and completed mandatory training which was updated regularly. This included fire safety, moving and handling, first aid, food hygiene, safeguarding, MCA and infection control. This helped to ensure that people were supported by staff who had the knowledge and skills to meet their needs safely. In addition, some staff had completed training in dementia care, end of life care, palliative care and equality and diversity. We noted that one staff member had not completed moving and handling training since they had started working at the home. The registered manager explained that the staff member had completed moving and handling training at her previous employment and assured us that she had observed the staff member supporting people to move safely. The registered manager completed a formal moving and handling practical supervision during the inspection and arranged for the necessary training to be completed shortly after our inspection.

We found that some staff received regular supervision and yearly appraisals, while others had not received either for some time. We discussed this with the registered manager, who explained that she tended to carry out regular supervision with staff who she did work with regularly, as she did not have a regular opportunity

to observe the care and support they provided. She acknowledged that this was not in line with the provider's supervision policy, which advised that staff should receive two supervisions and an appraisal each year. The registered manager arranged supervision sessions shortly after out inspection, for staff who had not received it in line with the policy.

We reviewed some supervision records and noted that issues addressed included roles and responsibilities, polices and procedures, training and any concerns. The staff we spoke with told us they received supervision. However, one staff member told us they would like this to take place more frequently. Staff told us they could raise any concerns during their supervision sessions, though one staff member felt that the registered manager did not always take action when concerns were raised.

The staff we spoke with were clear about their roles and responsibilities, which were addressed during their induction, supervision, staff meetings and regular training updates. One staff member commented, "Yes, I know what I'm supposed to do from my training, common sense and reading people's care plans".

We looked at how people were supported with eating and drinking. Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, increased monitoring was in place and appropriate referrals had been made to community healthcare professionals. The staff we spoke with were aware of people's dietary requirements. One staff member told us, "[Person living at the home] has just been referred to the dietitian due to weight loss. We're really encouraging them to eat and drink".

Most people told us they were happy with the meals available at the home. One person commented, "I like them [meals], no problem with them. If it's something I don't like, I tell them. They ask if you want something else".

We saw people having lunch on the both days of the inspection. The food looked appetising and portions were adequate. Tables were set with table cloths, condiments and serviettes. People were provided with a cover to protect their clothes if they wanted one. We found that the atmosphere was relaxed and people were offered choices. People were given the time they needed to have their meal and where people needed support, this was provided sensitively by staff. We saw that people could have their meals in their room if they wished to.

We found aids and adaptations available to meet people's needs and enable them to remain as independent as possible. Bathrooms had been adapted to accommodate people who required support from staff, and hoists and a stair lift were available for people with restricted mobility. We found that furniture and furnishings were comfortable and people had personalised their rooms to reflect their tastes and make them more homely.

Good

Is the service caring?

Our findings

Most people told us they liked the staff who supported them and that staff were kind and caring. Comments included, "Yeah, they're all ok", "Yes, I like the staff. [Staff member] is funny. We have banter" and "They help me when they can, ask if you're alright and if you want anything". One person told us they had raised a concern in the past about a member of staff speaking to them inappropriately and the issue had been addressed to their satisfaction. One relative commented, "[Relative] seems to like the staff. They're all very pleasant and respectful to him".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time. Staff felt they had enough time to meet people's individual needs in a caring way.

Communication between staff and people who lived at the home was good. We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs. We saw that people were relaxed around staff and the registered manager and felt able to ask questions and request support when they needed it.

We noted that where people were able to, they had signed their care plan to demonstrate that their needs had been discussed with them. One person we spoke with confirmed that their care needs had been discussed with them. However, other people could not recall if this had happened. During our inspection we observed staff involving people in everyday decisions about their care, such as what they would like to eat or drink and where they wanted to spend their time.

We observed staff encouraging people to be as independent as possible, for example when they were moving around the home. One staff member told us, "We try to encourage people to do what they can. It's not always easy because they don't always want to". Another commented, "We encourage people to do it, if they can eat their meal themselves or if they can move around". One relative told us, "In hospital [relative] wasn't encouraged to move around. They encourage him to walk here".

People living at the home and their relatives told us staff respected their right to privacy and dignity. One relative told us, "They treat [relative] right and they shut the door [when providing personal care]. Another told us, "They [staff] are fine. They're respectful to [relative]". We observed staff respecting people's privacy and dignity by knocking on their doors, speaking to them respectfully, listening to their choices and using their preferred name. One staff member commented, "I treat people as I would like to be treated. We have banter but I'm aware of appropriate limits".

People's right to confidentiality was protected. People's private information was only accessible to authorised staff. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors. One staff member

told us, "People's care plans are locked up and we don't discuss people's information with anyone who doesn't need to know". One relative told us, "I've never heard them talk about [relative] in front of others".

The service user guide issued to people when they came to live at the home included information about the provider's aims and objectives, the types of care and support available, health and safety, meals, activities and how to make a complaint. The registered manager told us the guide could be provided in other formats, such as large print, braille or audio if necessary.

The home produced a regular newsletter, which included information about activities and events, residents' meetings, birthday celebrations, staff updates and some quizzes and puzzles. One person living at the home played a key role in the creation of the newsletters and enjoyed this very much.

We found that people's relationships were respected and people told us there were no restrictions on visiting. This was confirmed in the service user guide. A number of relatives and friends visited during our inspection and we saw that they were made welcome by staff. One relative commented, "They've welcomed [wife of person living at the home] and they show her respect. She has lunch with him".

Information about local advocacy services was included in the service user guide. People can use advocacy services when they do not have friends or relatives to support them or if they want support and advice from someone other than staff, friends or family members. No-one was being supported by an advocate at the time of our inspection.

Good

Is the service responsive?

Our findings

At our last inspection in September 2017, we found the provider had failed to ensure that the needs of people living with dementia or a sensory impairment were being met. We had observed a lack of staff interaction and a lack of appropriate stimulation and activities available for people living with dementia or a sensory impairment. At this inspection we found that improvements had been made.

We looked at the activities and stimulation provided specifically for people living with dementia or a sensory impairment. Record showed that this had improved since the last inspection. Headphones had been provided for the person with a sensory impairment, which enabled them to listen to music at the volume they needed, without disturbing other people. We noted that a person living with dementia had been supported by staff to take part in some sensory activities, such as touching and feeling objects with different textures and some jigsaw boards were also available, to provide some interest and stimulation for the person. We noted that people's participation and lack of interest in activities had been recorded, though this was not done daily. We discussed this with the registered manager, who assured us that these records would be completed daily in future. This would help the service to monitor, review and respond to people's experiences and demonstrate that appropriate activities for everyone living at the home were being offered regularly.

We looked at the general activities and entertainment available to people at the home. Most people were happy with what was available. Comments included, "We do reading, drawing and colouring in. I'm happy. I go out with them but not that often lately, in winter" and "We sometimes have bingo and quizzes, though not a lot. I suppose I am happy with them [activities]. We went to the Blackpool Illuminations last week, we go for fish and chips and to [local mill store] before Christmas and to the Mayor's do". Relatives commented, "I do know they play games, dominoes and cards and [relative] likes the quizzes" and "There was a trip out to the Illuminations and they have a Christmas fayre. I don't know what they have on a day to day basis. They're happy to sit around and watch television. The way the lounge is, they're happy to interact". During the inspection we saw people watching television, reading, completing puzzles and observed a member of staff painting people's nails.

People told us that staff at the home knew them and they received care that reflected their individual needs and preferences. One person commented, "I think they know me quite well". One relative commented, "They seem to know [relative]. They're very professional in their approach. They seem to want to get to know [relative] well". People told us they were able to make everyday choices, such as what time they got up, when they went to bed, where they spent their time and what they had at mealtimes.

The care files we reviewed included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Care files were personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. Care documentation was reviewed regularly and updated when people's risks or needs changed.

We noted that care documentation included information about people's religion, ethnic origin and their first language. However, information about their sexual orientation or gender was not included. This meant that staff may not have an awareness of people's diversity and what was important to them. We discussed this with the registered manager who told us the home's documentation would be amended to include this information.

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found that although not all aspects of the Standard were being met, people's communication needs had been assessed and documented and people were receiving appropriate support. The registered manager told us she would implement the Standard fully following our inspection.

No-one was receiving end of life care at the time of our inspection. We noted that five staff had completed end of life care training. One staff member told us, "There's no-one here on end of life care at the moment but we've had training and we're confident about providing that type of care. We follow the advice of the GP and the district nurses and make sure we involve the family".

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Information about how to make a complaint was also available in the service user guide. Records showed that four formal complaints had been received since the last inspection. We found evidence that each complaint had been investigated appropriately and a response provided, which included an apology where improvements were needed. People told us they knew how to make a complaint and would feel able to. One person living at the home told us they had raised a concern about a staff member and they were happy with how it had been managed. We noted that the registered manager also kept a record of minor concerns, such as those relating to meals and we found evidence that these had been addressed appropriately.

Good

Is the service well-led?

Our findings

People living at the home knew the registered manager and most were happy with the way the service was being managed. They felt that the staff and the registered manager were approachable. Comments included, "She [registered manager] is alright sometimes, I can talk to her", "It's well run" and "It's well run, you won't find a lot of homes like this". Relatives were also happy with how the service was being managed. They told us, "It's run really well. Everybody's content and happy" and "It's really good. Well run and friendly".

During our inspection we found that the home was organised and had a relaxed atmosphere. The registered manager and provider were able to provide us with the information we requested quickly and easily and were familiar with the needs of people living at the home. We observed them communicating with people who lived at the home, visitors and staff in a friendly and professional manner. Relatives told us, "It's well organised and very calm" and "It's homely. That's why we liked it. Everything's dealt with in a controlled way and a capable manner".

We noted that the provider aimed for Victoria House to offer 'A warm, friendly environment for residents to live as independently as possible'. During our inspection we saw evidence that this vision was promoted by the registered manager and staff at the home. The registered manager informed us that she felt well supported by the service provider and could contact them if she had any concerns.

Staff told us the registered manager and provider were approachable. However, while some staff felt well supported by the registered manager, others felt that the registered manager did not always listen to them or take their concerns seriously. The staff we spoke with told us staff meetings took place regularly and they could raise concerns and make suggestions. However, again some staff felt that their concerns or suggestions were not always listened to. We discussed this feedback with the registered manager and the provider. Following the inspection, the registered manager provided evidence that she had spoken with staff to encourage them to raise concerns in the future and had assured them that she would take their concerns seriously.

We reviewed the notes of the two most recent staff meetings held in July and October 2018. We noted the issues discussed included updates about people's needs and risks, infection control, laundry, safeguarding, documentation, residents' meetings and activities and events.

Staff told us they were happy working at the home. Staff comments included, "Overall, it is a nice place to work and it has got better since the last inspection. Things have improved, like the paperwork". Another commented, "Things are more organised since the last inspection. We have more staff now to cover shifts and we have a few bank staff" and "I have no concerns generally. The staff are lovely here".

The provider told us that staff surveys were completed yearly to gain feedback from staff about the home and this year's questionnaires were due to be issued shortly after our inspection. Following our inspection, the registered manager sent us a summary of the feedback received, when 10 out of 14 staff had provided a

response. We noted that staff had expressed high levels of satisfaction about a number of issues, including understanding their responsibilities, the induction provided, awareness of people's needs and preferences, treating people with dignity and respect and complaints being taken seriously. Some of the lowest scoring areas related to staff receiving training in a format that suited them and how the service was being managed. The registered manager had included information about the action planned in response to the feedback received. This included ensuring that there was always a medicines trained member of staff on duty at night and providing classroom based training by an external provider. In addition, the issues relating to the management of the service would be addressed with staff during supervisions and staff meetings and the registered manager would be keeping a log of staff concerns and complaints. The conclusion of the survey summary advised that, 'A plan of action will be formulated and the outcomes monitored. Staff will be consulted about areas for improvement and will be involved in the decision making process'. This would help to ensure that staff felt valued and that their concerns were taken seriously.

We looked at how the service sought feedback from people living at the home and their relatives about the care and support provided. The registered manager told us that satisfaction questionnaires were given to people and their relatives each year, to gain their feedback about the service. We reviewed the results of the questionnaires issued in March 2018, when seven questionnaires were completed. We saw that people living at the home and their relatives had expressed a high level of satisfaction with all areas of the service and everyone had stated that they would recommend the home to others. Comments included, "All the staff are very dedicated and nothing is too much trouble", "The health and wellbeing of my [relative] has greatly improved since becoming a resident at Victoria House", "It is a small home and feels homely" and "Every member of staff is excellent".

The registered manager told us that people's feedback was also sought at regular residents' meetings, which relatives and friend were also welcome to attend. We reviewed the notes of some recent meetings and noted that the issues discussed included events and activities, newsletters, meals, the home environment and updates about staffing. We saw evidence that people were encouraged to make suggestions and raise concerns and their views were listened to, for example in relation to food and activities at the home. One person told us, "It's open and honest here. I feel I can say what I want".

We found that regular checks and audits of the service were completed by the registered manager and senior staff. These included checks relating to medicines, infection control, health and safety and care documentation. We found evidence that where shortfalls were identified, action was taken to address them. For example, it was noted that more detail was needed in people's daily notes and a note was put in the daily communication book asking staff to do this. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the service.

In addition to the audits completed by the registered manager and senior staff at the home, records showed that the provider visited the home regularly and checked many aspects of the service. These included staffing levels, accidents and falls, medicines documentation, safeguarding, infection control, hospital admissions, people's weights, equipment, complaints and maintenance. As part of the visits, the provider also spoke with some people living at the home and staff to gain their feedback about the service. We noted that where improvements were needed, action was taken. The provider also met with the registered manager regularly to discuss the service. This meant that the provider had oversight of the service and could be assured that people were receiving safe, effective care.

We saw evidence that the service worked in partnership with a variety of other agencies. These included community nurses, GPs, podiatrists, opticians, hospital staff, dietitians, speech and language therapists and social workers. This helped to ensure that people received support from appropriate services and their

needs were being met.

The registered manager told us that a number of improvements to the service were planned. These included new flooring in some people's rooms and in the dining room, the introduction of staff newsletters and more staff training by an external provider. In addition, there would be more opportunities for staff to raise any concerns, with the action taken in response to their concerns being documented.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

We noted that the provider was meeting the requirement to display their rating from the last inspection.