

Victoria House Care Home Limited

Victoria House

Inspection report

2 Victoria Road
Poulton
Lancashire
FY6 7JA

Tel: 01253892400

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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

This inspection was carried out on the 5 May 2016 and was unannounced. We last inspected Victoria House in August 2015 and identified no breaches in the regulations we looked at.

Victoria House provides accommodation and personal care for up to 12 older people. The home is situated in a residential area of Poulton-le-Fylde and is close to shops and local amenities.

Victoria House is well served by public transport, being on a bus route and close to the railway station. There are two lounges and a dining area situated on the ground floor, with individual bedrooms on the ground and first floors. A stair lift is in place for ease of access to the upper floor.

The home has a manager who is registered with the Care Quality Commission. 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. At the time of the inspection there were 12 people living at the home.

People told us they were happy living at Victoria House and the care met their individual needs. We were told, "If you are ill you're really looked after." And, "They go the extra mile and more." People described staff as, "caring." And, "kind and helpful." People who lived at the home told us they were involved in their care planning.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found individual risk assessments were carried out and care plans were developed to document the measures required to reduce risk. Staff were knowledgeable of the measures and we observed these were followed these to ensure people's safety was maintained.

We found medicines were managed safely. We saw people were supported to take their medicines in a dignified manner. We found medicines were stored securely.

We found appropriate recruitment checks were carried out. This helped ensure suitable people were employed to work at the home. We found there were sufficient staff to meet people's needs. People were supported in a prompt manner and people told us they had no concerns with the availability of staff.

Staff received regular support from the management team to ensure training needs were identified. There was a forward training plan in place and staff told us they could access training as required.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns to the registered manager.

We found people were offered a variety of foods and people told us they liked the meals at Victoria House.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate. People told us they were supported to access other health professionals as required.

Our observations during the inspection showed staff treated people with respect and kindness. People told us they considered staff were caring and we saw a positive rapport between staff and people who lived at the home.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes. People told us staff knew them well and were gentle and thoughtful if they needed help.

There was a complaints policy which was understood by staff. Information on the complaints procedure was available in people's private rooms for people to access as they wished.

We found systems were in place to identify if improvements were required. Quality assurance checks were carried out to monitor the service provided.

People who lived at the home were offered the opportunity to complete surveys and meetings were available for people to participate in. People and relatives also told us they found the registered manager and registered provider approachable if they wished to discuss any matters with them.

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 could be assured they would receive their medicines safely.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Training was arranged to ensure people were supported by sufficiently skilled staff.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

People were able to participate in activities which were meaningful to them.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures in place.

Is the service well-led?

Good ●

The service was well-led.

Staff told us they were supported by the management team.

People were enabled to give feedback on their experiences of living at Victoria House.

Quality assurance checks were carried out to identify if improvements were required.

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 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 was carried out on the 7 May 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of the inspection there were 12 people living at Victoria House.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the commissioning bodies at the local authority to ascertain their views on the service the home provided. This information helped us plan the inspection effectively.

During the inspection we spoke with four people who lived at Victoria House and three relatives. We spoke with the registered manager and the registered provider of Victoria House. We also spoke with the two care staff.

We looked at all areas of the home, for example we viewed the lounges and dining areas, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff.

We looked at a range of documentation which included three care records and a sample of medication and administration records. We also looked at records relating to the management of the home. These included health and safety certification, recruitment and training records, minutes of meetings and quality assurance surveys. We also viewed one personnel file.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. We were told, "I do feel safe living here because I'm well looked after." And, "Nobody has ever said or done anything that would make me feel unsafe." Also, "The staff here are fantastic. They make sure I get all the help I need and that keeps me safe". A relative we spoke with commented, "My [family member] is safe here. It's a good home."

We viewed three care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. We found care documentation contained instruction for staff to ensure risks were minimised. For example we noted one person required specific equipment to maintain their safety. Care documentation contained information to guide staff on the how the person's safety should be maintained. We noted the equipment was in use during the inspection and staff followed risk assessments in place. This helped ensure the safety of the person was maintained.

We asked the registered provider how they monitored accidents and incidents within the home. We were told all incidents and accidents were reported using the registered providers reporting system. This information was then reviewed by the registered provider and the registered manager to identify if trends were occurring. We viewed the documentation provided and saw evidence incidents and accidents were recorded. The registered provider and registered manager were able to explain measures taken to reduce the risk of reoccurrence.

Staff told us they had received training to deal with safeguarding matters. Staff told us they would immediately report any concerns they had to the registered manager. Staff also explained they would report concerns to the local safeguarding authorities if this was required. One staff member commented, "The [registered provider and registered manager] would investigate anything I said straight away." A further member of staff said, "We've had training to make sure we report properly."

We asked the owner how they ensured sufficient numbers of staff were available to meet people's needs. They told us they reviewed the needs of people who lived at the home and if extra staff were required, these were provided. All the staff we spoke with confirmed additional staff were made available if the need arose. One staff member commented, "If we need any extra help we just ask and [the registered manager and registered provider] arrange it. It's never been an issue."

People who lived at the home also told us they were happy with the staffing provision. Comments we received included, "Staff fly to me if I ring my bell. Ding dong and they're here." And, "There's always someone around and about if I need help." Also, "They're never too busy to have a chat." Relatives we spoke with told us they had no concerns with the staffing provision at the home. We were told, "Staff always have time to talk to me about [family member] and they never seem rushed." And, "I've never had to go and hunt for staff, they're always with residents and never so busy they can't stop and talk."

We reviewed documentation which showed safe recruitment checks were carried out before a prospective staff member person started work at the home. We saw a Disclosure and Barring Check (DBS) was carried

out before a prospective staff started work at the home. This is a check that helped ensure suitable people were employed. We reviewed the files of one staff member who had recently been employed. We found the required checks were completed and appropriate references were obtained. This demonstrated safe recruitment checks were carried out.

During this inspection we checked to see if medicines were managed safely. We observed the registered manager administered medicines to people individually. We noted they were diligent in their duties and were not disturbed by other staff when medicines were being administered. This minimised the risk of incorrect medicines being given. We looked at a sample of medicine and administration records and found these were completed correctly. We checked the stock of nine medicines and noted the records and the amount of medicines matched. This indicated medicines were being administered correctly. We discussed the arrangements for ordering and disposal of medicines with the registered manager who was responsible for this. They were able to explain the procedures in place and we saw medicines were disposed of appropriately by returning them to the pharmacist who supplied them. We found there was appropriate storage to ensure medicines were stored safely.

We found checks were carried out to ensure the environment was maintained to a safe standard. We reviewed documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also found the temperature of the water was monitored to ensure the risk of scalds had been minimised. At the time of the inspection the owner told us they were seeking an appropriately qualified person to complete a legionella risk assessment.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. Staff told us they had received training in this area and were confident they could respond appropriately if the need arose.

Is the service effective?

Our findings

People who lived at Victoria House spoke positively of the care they received. People told us staff were knowledgeable of their needs and supported them in the way they had agreed. Comments we received included, "It's not about fancy carpets and shiny ornaments, it's about the care. The care makes a home and this home is good at care." Relatives we spoke with were also complementary of the care their family members received. We were told, "The care is fantastic." And, "I'd recommend this home tomorrow. The care is excellent."

Care files evidenced that people's nutritional needs were monitored. We saw people were weighed regularly to ensure they ate sufficient to meet their needs. Care documentation described people's food and fluid preferences. For people at risk of malnutrition or other associated nutritional needs, we saw a formal nutritional assessment was in place. The owner told us they also sought support from other health professionals if this was required.

We viewed menus which evidenced a wide choice of different foods were available. We found the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. People who lived at the home told us the menu was flexible and they liked the food provided. Comments we received included, "Everything here is home cooked, it's very good. Occasionally I might ask for a teacake or something else. They always accommodate me." And, "I've never had anything I didn't like." Also, "They asked me what I liked and didn't like when I moved in here and I've never been disappointed in the food."

We observed the lunchtime meal being served. We saw people were asked if they wanted to sit at the dining table. People who chose to eat in their private rooms were provided with their meal on a tray. This demonstrated people were given choice of where they wished to eat. We observed staff provided the meals promptly and people were asked if they were happy with their choice. During the meal we observed hot and cold drinks were available and were provided for people. These were replenished throughout the meal and people were offered second portions of food.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered provider to assess their understanding of their responsibilities regarding making appropriate applications. We were told there were no DoLS applications in place at the time of our inspection. The registered manager told us they were aware of the processes to follow and were currently

completing an application for a person who lived at the home.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices which may be considered restrictive and said any concerns would be reported to the registered manager. Staff told us they were currently receiving training in this area and would seek further guidance from the registered manager or registered provider if they had any concerns. We saw no restrictive practices during the inspection.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and food hygiene. In addition we viewed documentation which showed staff received training in these areas. Staff told us they were able to attend regular refresher training. We saw a forward plan of training which confirmed this.

Staff told us their training needs were discussed with them at appraisals twice a year. This is meeting between a staff member and their line manager where training and staff performance is discussed. One staff member told us they had requested additional training in 'dementia awareness' and this had been arranged promptly. We viewed two appraisal records. These evidenced appraisals took place to ensure staff performance was monitored.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "Staff have a lovely attitude that you are the most important thing to them. It shines through." Also, "I think the staff are very caring." And, "They're lovely. Simply lovely." A relative we spoke with commented, "Staff are caring and kind." A further relative described staff as, "Dedicated and kind."

We saw staff were caring. We observed staff talking with people respectfully and offering reassurance. For example we noted staff took time to spend time with people who wished to remain in their rooms. We observed a staff member chatting to a person about the pictures in their room. The person was laughing as they talked with staff. In addition we saw staff offered compliments to people who lived at the home. We observed a staff member complimented a person on their choice of clothing. The person responded by smiling and said, "Oh thank you. It's nice to be told you look nice sometimes."

We noted staff observed people and offered support as required. For example we saw one person stood up from their chair. We observed the staff member approached them and asked them if they would like help. This was accepted by the person. The staff member was encouraging to the person and said, "Come on, you and me together can do anything." The person laughed in response and said, "Anything except a relay race maybe. You cheer me up no end."

Staff spoke affectionately about people who lived at the home. One staff member told us, "I like working here because it's the resident's home, we're all about them." A further staff member said, "I love the residents and being able to help them how they want to be helped."

We asked people who lived at Victoria House if they felt staff understood them and their individual needs. People told us they did. Comments we received included, "There's not one staff here who doesn't know what I need." And, "Staff know me, my family and what I want. I can't recall ever having to remind them." Relatives we spoke with also told us they felt staff knew their family members individual needs. One relative said, "They know my [family member's] routine and do the utmost to keep her happy." A further relative commented, "They know my [family member] extremely well."

We discussed the provision of advocacy services with the owner. We were informed there were no people accessing advocacy services at the time of the inspection; however this would be arranged at people's request.

During the inspection we noted staff took care to respect people's privacy and uphold their dignity. For example we observed bedroom and bathroom doors were closed when personal care was delivered. We observed staff knocking on people's doors prior to entering their rooms and staff waited for an answer before they entered. People told us staff upheld their dignity. One person described how staff had supported them with personal care. They said, "They took all the embarrassment away." A further person told us, "Every little detail is remembered. They get the room ready, my clothes ready and close the curtains. They understand and that makes a big difference."

Is the service responsive?

Our findings

People who lived at the home told us they felt care provided met their individual needs. Comments we received included, "Nothings too much trouble here, they make sure I'm happy with everything." Also, "If I need anything they sort it out for me." Relatives we spoke with also told us they were happy with the care and support provided. Comments we received included, "It's really individualised care." And, "The home have performed miracles."

Within the care documentation we viewed we found evidence people who lived at the home and those who were important to them were consulted and involved as appropriate. When possible, we saw people's social histories and hobbies and interests were documented. People told us, "They asked about me and what I wanted when I moved here." And, "[Registered manager and registered provider] talked to me about the move and what I wanted." Also, "If I want any changes I just talk to staff and they sort it out." Relatives we spoke with also told us they were involved. Comments we received included, "We've always been involved." And, "I've been involved from the start and [registered provider and registered manager] have always listened to me."

We viewed documentation which demonstrated people received timely referrals to other health professionals as required. People we spoke with also confirmed this. We were told, "I have my eyes, ears and toes done. I see the doctor and they sort all that for me." And, "When I came here I was in a bad way but now I'm a lot better. Now I can do a lot more. [Registered manager and registered provider] have made sure I get the help I need."

The registered provider of Victoria House told us they arranged activities in response to people's wishes. For example people enjoyed the keep fit sessions so these were provided regularly. They also told us they encouraged staff to spend time with people reminiscing or supporting them with activities that interested them. Staff we spoke with confirmed this. One staff member told us, "It's not like working in a big place where you don't have time and can't spend time with residents. We can do that here."

People told us they enjoyed the activities provided. One person said, "Keep fit is a good giggle." A further person said, "The music man is a good show." During the inspection we saw people were asked if they would like to sit in the front garden as it was a sunny day. Those who wished to do so were seen to be enjoying the sunshine and were chatting to each other. Relatives also confirmed activities took place. One relative told us their family member chose to stay in their room. They told us staff spent time with them to ensure they did not become isolated. A further relative told us their family member declined to take part in any activities. They explained staff encouraged them to join in. This demonstrated people were encouraged to engage in social events to minimise the risk of social isolation.

We found there was a complaints procedure which described the response people could expect if they made a complaint. This was provided in each person's room. Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager or the owner. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We viewed the complaints log at Victoria House. At the time of the inspection no complaints had been received. The owner told us they encouraged people and relatives to raise any comments with them before they became areas of concern. They told us this helped ensure comments were addressed quickly and resolved.

People told us if they had any complaints they could complain to staff at the home. One person told us, "I've got a leaflet about complaints but I've had no need to use it." A further person commented, "I'd speak to [registered provider.] He's a good chap. I'm sure he'd look into it." Relatives told us, "No negative comments here." And, "I've never had to speak to them about anything. They're superb."

Is the service well-led?

Our findings

People told us they considered the home was well managed. One person told us, "I have great faith in [registered provider and registered manager.]" A further person commented, "Well organised." Relatives we spoke with also made positive comments regarding the management of the home. One relative told us, "It's always calm with a nice atmosphere." A further relative said, "It runs seamlessly."

The registered provider also worked at Victoria House as the deputy head of care. They told us they worked with staff and the registered manager. They explained this enabled them to engage with people and staff to support the registered manager. This was confirmed by speaking with staff.

Staff told us the registered manager and the registered provider were actively involved with the day to day running of the home and they found this supportive. Comments we received included, "The staff here are fantastic. So are [registered manager and registered provider], we all work together." And, "[Registered provider and registered manager] are very fair and very supportive."

Staff also told us staff meetings took place and they found these helpful. Staff explained these were an opportunity to seek clarity or discuss any concerns they had. We viewed documentation which evidenced this. We noted areas such as training and the needs of people who lived at the home were discussed with staff. One staff member told us, "It's a proper discussion, not the manager talking and us listening." This demonstrated meetings were arranged to enable staff to seek clarity and ensure changes were effectively communicated.

We asked the registered provider how they maintained an overview of the performance of Victoria House. We were told audits were completed to identify if improvements were required. We saw evidence of audits in medicines management. The registered manager told us they reviewed the quality of care documentation to ensure it was accurate and up to date. They told us this was not documented however staff we spoke with told us they were informed if improvements were required. This demonstrated the results of audits were used to improve the quality of the service provided.

The registered manager told us people were encouraged to feedback their views on the service provided. We viewed documentation which evidenced 'residents meetings' took place. We noted meetings sought people's feedback. For example we found people were asked if they were happy with the meal provision and care provided at the home. The feedback we viewed was positive. One person told us they liked the meetings as they were asked for suggestions of how the home could improve. This demonstrated people were consulted to identify if improvements were required.

We asked the owner if they provided surveys to people who lived at the home and their relatives. The registered manager said surveys were provided twice a year. We viewed the last survey and noted positive comments had been made. For example we saw one comment which stated, "Staff are so pleasant and caring." People also told us they were regularly asked for their opinion of Victoria House. One person told us, "They expect me to be honest and this is why this is such a lovely place. They constantly ask if I'm happy." A

further person said, "They ask for my views, I give them." This demonstrated people were enabled to give feedback on their experiences of Victoria House.

During the inspection we noted people who lived at the home knew the registered provider and the registered manager. We observed people smiling when they saw them and approaching them without hesitation. It was clear from our observations people who lived at the home knew the registered manager and registered provider. We also noted the registered manager and registered provider knew people who lived at the home. We observed them addressing people by their chosen name. This demonstrated the registered manager and owner played an active role in the running of Victoria House.