

Inniscastle Care Limited

# Victoria House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Inadequate** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 15 and 20 February 2017. Our last inspection took place on 25 November 2014 when the service was overall rated as 'Good'. No breaches of the regulations were found.

Victoria House Residential Home is a care home without nursing. The care provider, Inniscastle Care Limited, is registered to provide accommodation for up to 41 persons who require personal care.

At the time of our inspection 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.

The registered provider did not use a tool to assess people's dependency. We saw night staffing levels were not sufficient to meet people's needs and the layout of the home meant staff were not always deployed in a way which met people's needs.

Medicines were not safely managed as we saw a medication error had occurred in January 2017 when a member of staff not authorised to administer medicines was responsible for this. We saw gaps in the recording of medicine administration and found cream charts did not show people were receiving creams and lotions as prescribed. Staff medication competency checks had not been completed in the 12 months prior to our inspection for three staff members.

Risks were not appropriately managed as two upstairs windows in communal areas were found to be unrestricted. The registered provider took action to resolve this following our inspection. Weekly fire tests were last recorded as being carried out in December 2016. One person at risk of choking did not have a risk assessment for this and other risks to people had not always been identified.

Mealtimes were too close together which meant people did not have time to build an appetite for their next meal. Breakfast took place at 9:30 which was too late for some people who wanted this earlier. Biscuits were served before breakfast which meant there was no option before 9:30 for people who needed a soft diet. Food and drink was given to people without them being asked about their preferences at that time.

Care plans were not always fully completed and did not match other sections of people's records as they had not been updated. Information which did not relate to people's current needs was still in care plans. Monthly reviews were not always completed. Relatives had been invited to an annual review. Mental capacity was assessed as part of a pre-assessment. We saw documentation relating to consent was not always signed by the appropriate individual. Deprivation of Liberty Safeguards (DoLS) were not appropriately managed.

A programme of activities was in place, although this did not happen when the activities coordinator was absent as staff did not have time. A range of external entertainers visited the home to provide stimulation and regular trips out took place.

Confidential and sensitive information was not always securely stored as care plans were accessible to people and visitors.

Staff told us the registered manager was not approachable. The registered manager was based in a separate part of the building and managed the service remotely. Staff supervisions were not up-to-date and supervisions were based around competency questions. Training sessions were in place to address some gaps, although training in some areas which would be relevant to people's needs was not provided.

People's equality, diversity and human rights were not respected. Staff were in the process of arranging a religious service with a funeral provider. However, further checks during our inspection showed this person did not hold such religious beliefs.

The registered manager and deputy manager needed clearer insight into what is notifiable to the CQC. Quality management was not effective as the audits in place had not identified the concerns we found during our inspection. Notifications were not submitted to the CQC as required under the terms of the registered provider's registration. We dealt with this outside the inspection process.

Staff meetings and 'resident' and relative meetings had taken place. Initial returns from a recent satisfaction survey showed people and relatives were happy with the service they received. People and relatives felt the service was well run. Complaints were appropriately managed and relatives felt this was a strength of the registered manager.

People were supported to access a range of healthcare services. Visiting healthcare professionals were complimentary about this service. Advocacy services were involved in people's care.

People felt safe living in the home. Recruitment was managed appropriately as relevant background checks had been carried out to ensure staff were suitable to work with vulnerable people. A robust schedule of maintenance was carried out and the home was found to be clean and odour free.

People were happy with the support they received from the staff team. We saw people's privacy and dignity was respected.

The registered provider had not ensured their rating from our last inspection was on display on their website. We dealt with this outside the inspection process.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

The overall rating for this service is 'Inadequate' and the service is now in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Medicines were not safely managed. An annual assessment of staff competency in administering medicines had not been completed for three staff members. There was evidence of gaps in the recording of medicine administration.

Staffing levels did not appropriately meet people's needs as the registered provider had no formal tool to assess levels of dependency.

Risk was not well managed as some windows openings were unrestricted, weekly fire tests had not been recorded since December 2016 and some individual risk assessments were not in place.

### Is the service effective?

**Inadequate** ●

The service was not effective.

People's choices were not respected as they received food and drink without being asked about their preferences. Mealtimes were too close together.

Staff supervisions were not effective. Staff did not receive training in all areas relevant to people's needs.

Consent was not always recorded appropriately. Deprivation of liberty safeguards (DoLS) were not appropriately managed.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People's equality, diversity and human rights were not always respected.

People and relatives were complimentary about the staff team. Privacy and dignity was maintained.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care plans were not always fully completed and did not match other sections as they had not been updated. Information which did not relate to people's current needs was still in care plans.

A programme of activities was in place, although this did not happen when the activity coordinator was absent. Entertainers regularly visited and day trips took place.

Complaints were appropriately managed.

**Is the service well-led?**

The service was not well-led.

The registered manager did not have a visible presence in the home and managed the service remotely. Staff were unable to speak with the registered manager directly.

The registered provider had not submitted notifications to the Care Quality Commission as required under the terms of their registration.

Quality management systems were not effective. Confidentiality was not maintained as care plans were not securely stored.

**Inadequate** 

# Victoria House Residential Home

## **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 15 and 20 February 2017 and was unannounced. On the first day the inspection team consisted of two adult social care inspectors, one inspection manager and an expert-by-experience with a background in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried out by two adult social care inspectors.

At the time of our inspection there were 37 people living in the home. During our visit we spoke with the registered manager, deputy manager and a further 10 members of staff. We also spoke with nine people who used the service, five visitors and two health professionals. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at six people's care records

Before our inspections we usually ask the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR prior to this inspection.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

We looked at the management of medicines and found this was not safe.

We saw medication administration records (MARs) contained a picture for identification purposes and information about each person, including any known allergies and any conditions. We looked at a random selection of MARs and found medicines were not always signed for and refusals or errors were not always documented. For example, one person's MAR had not been signed on 11 February 2017 in the morning to say they had received Lactulose. A staff member told us some medicines had been signed as administered but not given. For example the same person had not received a prescribed antibiotic on the evening of 13 February 2017. They also told us another person had not received their prescribed antibiotic on 20 January 2017 as they had discovered there were too many tablets left at the end of the cycle. This meant we could not be sure people had received their medicines as prescribed.

Some people were prescribed medicines to be taken only 'when required' (PRN), for example, for pain relief. We saw one person was prescribed codeine phosphate, 'one or two to be taken four times a day when required'. We found there was no guidance to help staff understand in what circumstances PRN medicines should be given. This meant staff may not have known when it was appropriate to offer these medicines and at what dosage.

We looked at how staff administered prescribed creams. We found there was clear information recorded to guide staff as to where to apply creams. However, we saw the MAR was not completed for creams applied and a 'cream application chart' was completed by staff instead. We found staff were not always completing this chart, therefore, it was not clear if the cream had been applied or not. We saw one person's care plan for pressure care dated 9 February 2017 stated '[name of person] had dry skin apply diprobase twice daily'. We looked at the cream application chart which showed on 9, 10 and 11 February 2017 the cream was only applied once and on 13 and 14 February 2017 was not applied at all. We looked at the cream application chart for Conatrane, which showed on 1, 2, 3, 5, 6 February 2017 the cream was only applied once and on 4, 7, 8, 9 February 2017 was not applied at all. We noted written on the cream application chart it stated, 'healed 10/02/2017'. We asked a member of staff if this cream was still being applied and they said it was. When we looked in the person's bedroom (with their permission) the pot of cream was sat on the bathroom sink. The deputy manager said, "Creams were not locked up in people's room, but they should be."

The medication audit dated November 2016 asked 'all staff who administer medication have undergone a documented competence check every year. This was confirmed as 'Yes'. We found staff who were responsible for administering medicines had not had their competency checked in the 12 months prior to our inspection.

We concluded there was a breach of Regulation 12 (2) (c) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a medication round and saw the staff member responsible asked people if they felt well. They



explained to people what their medication was for and did not rush them while they took their medicine. They also maintained confidentiality by covering the medication administration record (MAR) when this was not in use.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. We looked at the controlled drugs (CDs) kept in the home and the CD register. The CDs were kept in a locked cupboard in a locked room. Checks of the stock levels found these were correct and matched the records kept.

We looked at staffing levels and found these were not always sufficient to meet people's needs. Staff provided inconsistent responses when asked how many people required assistance of two staff members for personal care. We spoke with the registered manager who was also unable to identify this number. The registered provider did not use a dependency tool to determine staffing levels in the home. This meant staffing levels had not been calculated based on people's care needs.

We received mixed feedback from people, relatives and staff regarding staffing levels. People and their relatives told us there were enough staff, but felt having more would mean staff could spend time with people. Comments included, "Yes, I think there's enough, but there could always be more to make life easier", "They always come back when they say if they can't see to you straight away, you don't have to wait long" and "Yes, I think there's enough staff. It seems so when I visit."

We asked one staff member whether there were enough staff. They told us, "I wouldn't say so." Other staff comments included; "It's quite stressful when they all get up", "Not enough staff, there is only normally two staff in blue. It is time allocated and task related. Some people are up at 4am", "Most of the time there is not enough staff. You are not sure on a morning which lounge you are going to be in. On Monday this week there were two staff between the red and green lounges, there should have been four staff, this happens quite often. It is normal for lots of people to be up. It states on handover that certain people must be got up by night staff. One person needs hoisting and this makes it easier on day staff" and "There is not always enough staff. Staff were told off for not answering the phone a couple of weeks ago when they were providing personal care."

One staff member we spoke with told us people were not allowed up before 5am, although one person was an exception. Another staff member said they reminded people of the time if they were using their buzzer to ask for help to get up during the night. They told us people would have to call four times before they would get them up. One staff member told us, "If people buzz four or five times we will get them up, but not if they only buzz once. We need more staff simple, it is very stressful." This meant people's choices and routines were not respected. Other staff comments included; "There is not enough staff on nights" and "People are well looked after, but I don't have enough time to spend with them."

We saw the home had three main lounges and two of those had separate dining rooms. This meant it was not always possible to have staff presence in all of these areas, particularly during busy periods. Staff resources were not always allocated appropriately to areas of the home where people had more complex needs.

We arrived at 6:30am on the second day of our inspection to look at the morning routine and speak with staff. We found three night staff were on shift. On arrival there were 11 people in the lounge areas. Staff were busy supporting people with their morning routines. We saw the first drinks round started at 7:30am. One person told us, "I have been up an hour, but not had a cup of tea. I don't like getting up early and I like breakfast around 9am."

On the morning of the second day of our inspection, we observed a period of 15 minutes in one lounge area where five people were asleep. During this period, a member of staff walked past the lounge twice. On the second occasion they took time to glance into the lounge to check people. This meant if a person needed urgent assistance, for example, if they had fallen, it may have taken several minutes before staff became aware of this.

There were insufficient checks to ensure there were sufficient numbers of staff effectively deployed in the service on all shifts.

We concluded this was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they allocated two senior care workers and six care assistants on day shifts. Through the night they had one senior care worker and two care assistants. We looked at rotas over a four week period and saw staffing levels were as described by the registered manager and there were a number of occasions when they had an extra member of staff. They told us they planned to increase staff numbers by one staff member on each shift before the end of February 2017. The registered manager told us they had two staff vacancies. On day one of our inspection the registered manager was carrying out interviews to fill these roles. The registered manager said on average there were two to four shifts a week covered by agency staff.

We inspected the living environment and found two upstairs windows in communal areas where window openings were not restricted. Window should be appropriately restricted to reduce the risk of people falling from height. The health and safety executive states that 'where assessment identifies that people using care services are at risk from falling from windows or balconies at a height likely to cause harm (e.g. above ground floor level), suitable precautions must be taken. Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. The opening should be restricted to 100 mm or less'. On the first day of our inspection the registered manager arranged for an audit of all window restrictors. Following our inspection we received confirmation these works had been carried out.

We looked at documentation in relation to risk and found this needed to be more robust. For example, one person had a medical condition which meant they were at risk of choking. We looked at their care plan and found they did not have a risk assessment or management plan to cover this. We saw other risk assessments which were dated in 2010 with no evidence to show these had been updated. Risk assessments did not always fully consider risks to people. For example, the risk assessment for one person to cross a nearby main road did not consider specific risks related to this person's changing understanding of road safety awareness.

The last recorded weekly fire safety checks took place on 12 December 2016. We spoke with the registered manager who assured us these checks had been carried out and said these were done at the same time as door guards were checked to ensure they were in working order.

We concluded there was a breach of regulation 12 (2) (a) (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the fire procedure was on display and also found examples of fire drills as recent as November 2016, a fire alarm service in November 2016 and a fire risk assessment completed in February 2016. We saw the registered provider had ensured regular maintenance was carried out in the home. These checks included, for example; PAT testing, water temperatures, lifts and hoists, sprinkler system, emergency lighting, gas

safety and electrical wiring.

People told us they felt safe receiving this service. Comments included; "There's always someone here especially at night-time. They keep popping in to check on you, say are you alright? They don't wake you up, though I expect they still look in when I'm asleep", "I absolutely feel safe here", "I feel very safe here. Prior to coming here, I had lots of falls" and "It's like a safety net living here."

We saw the registered provider had a whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Staff were able to describe different types of abuse and knew to report this. The deputy manager told us, "I think staff understand what to report."

We looked at three staff files and found the recruitment process was safe. Appropriate background checks had been carried out as the registered provider ensured they received references and applied to the Disclosure and Barring Service (DBS) to check candidates were not barred from working with vulnerable people. These checks took place before candidates' commenced work. As several staff had been employed for a number of years, we asked the registered manager if they carried out ongoing checks with the DBS and were told this did not happen. On day two of our inspection the registered manager told us they would introduce checks for existing staff with the DBS every five years.

# Is the service effective?

## Our findings

Staff we spoke with told us meal times took place at 9:30am, 12:30pm, between 4:00pm to 4:30pm and 6:30pm to 7:00pm. On the second day of our inspection we arrived at 6:30am and found 13 people were awake. One person told us, "It's a long time to breakfast, I'm hungry, but I don't get anything until breakfast at 9.30am, it's just the way they do it." Another person said, "Food is okay, but the thing I find here is they are trying to cram all dinners and everything into one, like in seven hours. I think it should be spread out. Lots of old people have no time to get hungry again before the next meal. Then you have to go from 4.30pm to 9.30am in the morning. I'm on a diet and it's too long in-between" Staff comments included; "Meals times are ridiculous", "They're very close together" and "I think they're too close together." The registered manager told us, "The 9:30am was my doing."

The deputy manager said, "Breakfast is at 9.30am, lunch at 12.30pm, tea at 4.00pm and supper between 7.00pm and 7.30pm. Tea and biscuits go round before breakfast but an option for people who are on a soft diet is not sent round." One staff member said, "People only have biscuits before breakfast, they never have toast, only if they are going to hospital." This meant people who had been assessed as needing a soft diet had no food option before 9:30am when breakfast was served.

One person told us they used to have bacon sandwiches for breakfast which they enjoyed, but these had been stopped. One staff member told us, "We took off the bacon sandwiches because people were not eating dinner." Another staff member commented, "No-one wanted to eat dinner, so they cut the bacon and sausage sandwiches out." The registered manager told us they had made this decision. We asked whether they had discussed this with people and were told this had not happened.

At lunchtime we saw a menu on a chalkboard in one dining area which was unreadable. People commented they were unable to read this. The experience of meal times was not well organised as food had to be carried through the lounge to the dining area and staff had to shout across the room to communicate what people wanted.

On the first day of our inspection we saw soft diets were not well managed as the lunch time meal was mince and mash or sausage and mash and cauliflower. One staff member told us the soft diet was the sausage and mash as the sausage had been cooked in the oven. The deputy manager confirmed this. We saw the soft diet for tea was mince and mash. The other tea option was sandwiches and pork pie. This meant people who needed a soft diet had inappropriate meals served with limited choice. On the second day of our inspection we saw this was better managed as meals had been pureed and the soft diet was suitable.

We concluded this was a breach of regulation 14 (1) (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the meals were nice. One relative said, "It's simple food like she was used to at home, not nouveau cuisine, but fresh food which is nice."

We looked at the registered provider's supervision policy and saw this stated staff should receive four supervisions per year. The registered manager told us they were not fully up to date with staff supervisions. They said, "Like anything in life, things get missed." The supervision records we looked at showed on average, staff had received three supervisions in the last 12 months. However, some staff had received one supervision during this period. The deputy manager told us, "I do both supervisions and appraisals but this is also [name of floor manager's] responsibility as well." The registered manager told us staff appraisals were not carried out.

Staff were unsure how often they could expect to receive supervision. One staff member told us, "Probably every six months, I think." Another staff member said, "I have supervision once every six months. I cannot remember when the appraisal was." Another staff member said, "I can't remember the last time I had one. I have not had an appraisal in two years."

The deputy manager said, "I cannot remember the last time I did an appraisal, but the supervisions are really comprehensive." We looked at supervision records and saw these were focused on competency based questions, whereas the supervision policy stated, 'Victoria House is committed to providing its care staff with formal supervision at least four times a year. Agenda covers all aspects of practice, philosophy of care on the service and career development needs'. One staff member said, "I had supervision yesterday with the floor manager, but this did not include anything about my development." Another staff member commented, "We're not given a copy."

Staff received training in Dementia care, equality and diversity, first aid, infection control, moving and handling and person-centred care. Staff had not received up-to-date training in relevant areas including diabetes and dysphagia which relates to swallowing difficulties which were both relevant to people's care needs. We saw upcoming training scheduled included challenging behaviour which was set to take place in March 2017 and moving and handling training in May 2017.

We concluded there was a breach of regulation 18 (2) (a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received an appropriate induction which included watching instructional DVDs followed by a knowledge test. One staff member said, "You watch a DVD and then answer questions. With moving and handling there is also a demonstration." The registered manager told us they checked staff answers and followed up with the staff member if needed. The registered manager told us new staff shadowed experienced members of the team for a period of two weeks.

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). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

Staff we spoke with were unclear about which people did not have capacity and we saw capacity was not appropriately assessed by the registered provider.

We asked one staff member who in the home had been assessed as not having capacity. They told us, "A

couple of people, but I cannot think of the top of my head." Another staff member said, "Most people should have a mental capacity assessment. Only two people are able to make 100% decisions." Mental capacity was assessed as part of people's pre-admission into the home, but was not included as part of the person's full assessment when they moved in. One staff member told us, "People would have a mental capacity assessment before coming to the home." The MCA documentation was not decision specific which meant assumptions may have been made about people's decision making capabilities and their rights not respected.

The deputy manager told us one person had a DoLS authorisation in place. The pre-assessment for this person dated 18 January 2016 stated they had capacity to consent to admission to Victoria House. The pre-assessment also stated they were not subject to DoLS or best interest decision. The 'tool to assess whether on individual lacks mental capacity' dated 27 January 2016 stated 'lacks capacity to consent to been behind closed key coded doors' This had been signed by the deputy manager. The DoLS application was dated 27 January 2016 and was completed by the deputy manager who stated '[Name of person] is continuously asking to go home and becomes anxious and shouts. When the deputy manager checked this during our inspection, they found an assessment was carried out on 3 June 2016, but a DoLS was never granted by the local authority.

We saw people had their liberty restricted as there were keypads in place to prevent them from leaving their home. The registered provider had not considered the impact of restricting people's movement and whether a DoLS application was appropriate.

Staff did not have a clear understanding of who was affected by DoLS. One staff member said, "I am not right sure of how many people have DoLS, I have only been here 18 months", Another staff member said there were a few people with DoLS, but was not sure if they were granted. They said some of those people may have passed away. A third staff member said "[Name of person] has a DoLS but not sure about the others." A fourth staff member told us they did not understand about DoLS, but did say some people had to be escorted to the shops.

We concluded this was a breach of regulation 11 (1) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at people's access to healthcare and found this was appropriately managed. One person told us, "They ask if I'm okay and if they are worried about anything they always get someone else to check." One relative told us staff always notified them if there were any concerns regarding their family member's health. One visiting health professional told us, "I have no issues with referrals. They are always done timely. I have a good relationship with the staff and patients and they can ring if they need me." One staff member said, "The district nurses are in every day and the optician was here the other day." Care plans we looked at contained evidence of a range of healthcare professionals involved in people's care.

## Is the service caring?

### Our findings

We found staff were not always familiar with people's health, wellbeing and care needs. One staff member said, "There are a couple of people that are diabetic", although the staff member was unable to identify these people. It was unclear how many people had Diabetes. When we spoke to the deputy manager they said, "[Name of person] has diabetes which is insulin controlled." However, this was not the correct person as records we looked at showed this was another person.

There was confusion regarding one person who was admitted from another care home who was thought to have religious beliefs. When we first asked the deputy manager how they supported this person's cultural and dietary requirements, they said "I have been in touch with someone that would arrange a [name of religion] funeral." They said the person's diet was the same as everyone else's and was not sure about their religious needs. They told us there was no advocate or family involved and the person was unable to express their religious beliefs and how they wished these to be observed. Following our discussion, the deputy manager said they had spoken with a family member who confirmed the person did not hold any religious beliefs. The registered manager had not completed a pre-assessment prior to the person moving into the home and had relied on information from the previous home. No contact had been made with relatives following the person's admission until this was prompted during the inspection.

We asked about one person who was partially sighted and found there were no adaptations to support this person in the home.

People and relatives said people were well cared for. We observed staff helping and supporting people in a kind and compassionate manner, taking time to listen and talk to them. Comments from people included; "They look after me okay", "They are smashing people. I can have a bath if I want. The food is lovely. I get everything I want, they can't do more than that" and "The staff here are very kind and look after you well. It's like home."

Relatives told us; "We are so happy with the place. They are lovely with her and look after her. They know her and listen to her stories", "They look after him well and if I have any queries they take it on board and see to it", "They have been so caring. I listen when I visit and I hear how they talk to the other residents they care for and are respectful. When I need a place for myself I want to come here" and "The quality of care here is excellent. They respond quickly and sort things out quickly and efficiently."

We saw a compliment on display which stated 'I would just like to say a heartfelt thanks for the way my mum was treated in your care'. We saw one person who responded to the February 2017 satisfaction survey had commented 'I would just like to say the staff have always treated me with respect and are very friendly'. Another comment read 'I find your home a lovely place and have looked after my mother very well. Victoria House is exceptionally good. Thank you for looking after my mother so well'.

Throughout our inspection we saw people's privacy and dignity was respected. We saw staff knocking on people's doors before entering their room. One relative said, "People here are talked to like adults. Staff are

respectful. People are asked not told. Nothing is too much trouble; they are good, kind and like friends to us."

We observed one staff member whose first language was not English, was kind, efficient and took time to ensure the person they were talking with had understood them. A person who was new to the home arrived and the same staff member spoke kindly to them to welcome them to the home and checked to make sure they could understand the staff member's accent as the person was particularly hard of hearing.

We asked staff how they maintained people's privacy and dignity whilst they provided personal care. One staff member said, "I explain what I'm doing first. I make sure the doors closed and no one's disturbing us." We saw people were dressed appropriately and wore suitable footwear.

At the time of our inspection two people were accessing advocacy services and information on this support was on display in the home.



## Is the service responsive?

### Our findings

We looked at six people's care records and found documentation was not consistently filled in, did not always cross reference with other sections and information on file did not relate to people's up-to-date care needs.

The pre-assessment for one person stated 'blind' and 'poor hearing'. Their care plan for 'hearing/sight' dated 15 July 2016 stated '[Name of person] has poor hearing'. The care plan for 'physical health' dated 9 December 2016 stated '[name of person] is registered partially sighted does not wear glasses, his hearing is very good'. The same person's care plan for mobility dated 15 July 2016 stated 'telecare bed sensor in situ'. Their care plan for 'physical health' dated 11 August 2016 stated 'risk of falls' but this was not restated on the form dated 9 December 2016. The 'mobility' care plan dated 25 October 2016 did not refer to risk of falls or bed sensor in place.

One care plan we looked at did not contain any information for staff to know about the person's likes, dislikes and interests. There was a 'My life story book' in the care plan, but this contained minimal information. The pre-admission sheet dated 8 April 2016 stated this person had capacity, although they had not signed any of their care plans and there was no evidence to show they had taken part in any reviews. We saw a letter dated January 2017 from a health service which stated 'foot needs redressing every 2-3 days'. This information had not been transferred to the 'Pressure Care', care plan. We saw no information regarding this person's cultural needs.

The registered manager told us people had an annual review of their needs and they had written to people in December 2016 to invite them to attend an annual review. We saw evidence of this in the records we looked at. However, we saw some care plans where monthly reviews had not recently taken place. For example, the most recent review of one person's 'dressing/undressing' care plan which was supposed to be updated monthly had taken place in July 2012. We spoke with a staff member who said, "All should be reviewed and signed and dated even if nothing has changed." They confirmed information in this person's care plan was out of date.

The deputy manager told us, "We do not have a care plan audit, but I feedback content of the daily notes to [registered manager] and they send a letter out to staff to explain what should be done. This also gets picked up in supervision."

Staff comments regarding care plans included; "I have not had time to read the care plans. Care plans are a mess" and "We've not got chance to write in them daily". Another staff member told us they did not have time to look at care plans and find out about people's needs. We asked them how they learned about people and they told us, "It's about asking around."

We saw people were not given choice as various options were pre-prepared and given to people without being asked about their preferences. For example, toast was already buttered and cereals and porridge were served to people without them being asked what they preferred. No choice of hot drink was offered. One

staff member said, "People are asked what they like when they first move in. It is recorded in the care plan what people's preference are." Clothes protectors were placed on the table before people were asked if they wanted one. Peoples' choices were assumed which meant they were not asked if they wanted something different.

On the second day of our inspection we saw people in one lounge were not asked what kind of drink they wanted. One staff member entered the lounge and gave everybody a drink of orange juice. The staff member told us everyone preferred orange, except one person who was asleep, adding in another lounge everyone prefers tea.

We concluded this was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us, "I believe I'm outstanding in activities." We found there were mixed responses to the level of activities offered.

On the first day of our inspection we were made aware the activities coordinator was on annual leave. We were told that whilst the activities coordinator was absent, staff were unable to provide activities. The registered manager said, "Staff are completely occupied by care." We did not see any activities taking place during the day. Most people were watching TV, snoozing or were in their room. We saw a visit from an external activities organiser had taken place the day before our inspection commenced.

On the second day of our inspection the activities board showed activities which included; morning paper, bowls and music, pampering, baking and bingo, chair exercises and one to ones. We saw activities taking place in two of the lounge areas. One staff member who commented on the third lounge said, "Activities are very rare in blue lounge. Red have more activities." However, another staff member said, "Some activity happens in each lounge every day."

The registered manager told us they arranged for two singing sessions every week and also said every Friday they had a drinks afternoon when people were offered alcohol. We saw trips had taken place to a local park, a farm, a garden centre and to Lotherton Hall. We saw entertainment had also been provided by singers, and exotic animals and donkeys had also visited the home.

We looked at how the service made people aware of the complaints procedure and how they responded to complaints. We found this was well managed. Information on the complaints procedure was on display in the home and was also included in the 'service user' guide. People told us they knew how to complain. We reviewed the complaints file and found records which showed complaints had been responded to within identified timescales. However, one complaint which contained an allegation of abuse had not been referred to the local safeguarding authority or the CQC.

People we spoke with said they would have no issues raising a complaint and would talk to staff in the office. One relative told us they had made a complaint and found it was dealt with quickly and efficiently by the registered manager. They commented, "He didn't mess about. He listened to us and did something about it. He rang us up and updated us to what he was doing about our complaint."

## Is the service well-led?

### Our findings

We found the registered manager managed the service from a part of the building where they did not come into contact with people who lived in the home. When we asked about people's care needs, we found a number of instances where we were told the registered manager had delegated responsibility to the deputy manager. For example, the registered manager was unaware how many people living in the home were subject to a DoLS and asked us to see the deputy manager. We found DoLS were not appropriately managed. The registered manager had not formally assessed the competency of the deputy manager. The deputy manager told us, "I have not had supervisions or an appraisal for about seven or eight years."

We found the registered manager and deputy manager did not have a clear understanding of incidents which were legally notifiable to the Care Quality Commission (CQC). During our inspection we saw evidence relating to three people who had been diagnosed as having pressure care issues which were notifiable to the CQC. We also saw details of an incident in September 2016 when one person fractured a bone. The complaints file showed an allegation of abuse dated October 2016 that a member of staff was rough when providing assistance and continued to be rough when getting the person undressed. We found evidence of a medicine error in January 2017 when one person had missed Warfarin as a member of staff who had not been assessed as competent to administer medicines had been given the responsibility of administering medicines on this occasion. The registered manager was not aware of this incident. The registered provider had not notified us concerning the above events as required under the conditions of their registration with the CQC.

We also found the registered provider had not displayed their current rating on their website which is a requirement. We dealt with this and the failure to inform the CQC of notifiable incidents outside the inspection process.

At the beginning of the second day of our inspection, we were told by the deputy manager that one person had an authorised DoLS in place. When this was checked by the deputy manager, they confirmed this had been misunderstood and the authorisation had not been granted. Both the registered manager and deputy manager were unaware they were required to report DoLS authorisations to the CQC.

We saw the registered manager sent written letters to staff to both thank them in response to specific incidents and to provide guidance on completing documentation correctly. Staff we spoke with told us they were unable to approach the registered manager directly and had to see the deputy manager first. One staff member said, "We're not allowed to approach him." Another staff member said, "He just doesn't like to be interrupted. He's got his job. He lives downstairs." The staff team meeting from May 2016 which referred to annual leave stated 'Do not go see [registered manager] unless you are requesting your P45 – your boss and person in charge of holidays is [deputy manager] – and yes the rules do apply to you'.

Staff comments regarding the management team included; "It runs better on a weekend when they are not in. [Name of registered manager] has a closed door policy", "Management do not listen to feedback and have unrealistic ideas when working on the floor" and "Non-existent communication."

Staff told us the registered manager did not have a visible presence in the home. We asked one staff member whether they ever saw the registered manager and whether they carried out any spot checks. They told us, "No." Another staff member answered, "Not really." A third staff member said, "I never see any of the managers on a night."

We looked at weight audits and saw they recorded people's name, weight and how many days since they were last weighed. This was not an effective tool as people's weight loss and gain was not recorded. The weight audit dated 6 January 2017 for one person stated they weighed 14 stone and 7lbs. We looked at the bath chart for the same person and on the same date they were recorded as 82.6 kilogrammes which is 13 stones. This meant weight was not always recorded accurately and in the same way.

The falls audit we looked at was a record of falls. The registered manager told us they would identify any trends and take appropriate action, although such themes were not formally recorded. The registered manager carried out a bath audit which showed the number of days since people were last bathed or showered. We looked at mattress audits and saw in February 2017 evidence of three mattresses having been replaced. In January 2017 we saw 'duvet covers and mattress cover ordered'. We saw an infection prevention and control audit dated December 2016 which showed 98.8% compliance. An annual infection control audit was also seen.

Medication audits had been carried out in February, July, November 2016 and January 2017. We concluded these were not effective as the concerns we found during our inspection had not been identified. For example, 31 January 2017 audit asked 'All medication is administered by a trained member of staff who has completed the home's training and been assessed as competent', this was left blank and did not identify a medication error in January 2017 when an unauthorised staff member had not given two people their tea time medicines.

We found records were not ordered in the audits files we saw and some information was disjointed. For example, the registered manager told us an updated list of staff medication competencies in the records we looked at was not the most up-to-date version. Policies did not always refer to up-to-date regulations.

Care plans which contained sensitive information concerning people's needs were not stored securely. We saw these were in cupboards which were not locked and on the second day of our inspection, care plans had been left on a trolley in a dining room. We discussed this with the registered manager who said there were lockable spaces for care plans to be stored. They told us this was, "not working."

We concluded there was a breach of regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had not ensured their rating from our last inspection was visible on their website. We dealt with this outside the inspection process.

We saw staff meetings had taken place in February, May and November 2016. Standard items included; infection control, staff annual leave, staff sickness, fire safety, security and passing on compliments. Although the notes of meetings stated that the purpose was for staff to discuss ideas and raise concerns, we did not see evidence of the 'staff voice' in these records. One staff member said, "Meetings get put on the board, but nine out of ten get cancelled. I am not asked for my views." The last resident and relative meeting took place in October 2016. The registered manager told us these meetings took place every six months.

People told us they thought the home was well run, but were unable to identify the registered manager.

Relatives also said the home was well managed and issues were dealt with efficiently. Comments included; "Well organised, well run, issues efficiently and effectively dealt with the owner has his fingers on what's happening" and "As far as I'm concerned, it's well run. He loves it here. The girls are lovely and I've no complaints."

At our last inspection we made a recommendation to the registered provider that they make adjustments to the living environment to make it more Dementia friendly. We saw some Dementia friendly signage in the home which helped people to find their way around. The registered manager told us they planned to introduce different coloured doors and handrails as well as painting a mural on the wall in one of the lounge areas.

At the time of our inspection the registered manager had sent out a satisfaction survey to people and relatives. Although the return by date had not passed, we looked at the seven responses received and saw high satisfaction levels were reported. The results of the previous satisfaction survey carried out in September 2015 showed people and relatives rated the service they received as 47% good and 39.7% very good. The registered manager told us they did not routinely carry out staff surveys.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care and treatment was not appropriate and did not meet people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Capacity and consent was not appropriately recorded
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person did not assess the risks to people receiving care and mitigate any such risks.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person did not have systems for the proper and safe management of medicines.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  People were not supported to have a balanced diet that promoted healthy eating and met their assessed needs.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not enough competent and skilled staff who were deployed in a way that ensured people's needs were met.  Staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.

### **The enforcement action we took:**

Warning notice