Inniscastle Care Limited

Victoria House Residential Home

Inspection report

Low Grange Cresent
Belle Isle
Leeds
West Yorkshire
LS10 3EB
Tel: 01132708529

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Ratings

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

Overall summary

This was an unannounced inspection carried out on 25 November 2014. We last inspected the service in June 2013 and found they were meeting the Regulations we looked at.

Victoria House Residential Home is a care home in Leeds. The care provider Inniscastle Care Limited is registered to provide accommodation for up to 41 persons who require personal care, and those people who may have a dementia related condition. On the day of this inspection there were 36 people living in the home.

There is a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living in Victoria House. There were procedures to follow if staff had any concerns about the safety of people they supported. The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves.

There were sufficient staff with skills and competencies to meet the assessed needs of people living in the home. Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

People were able to develop friendships and join in activities. People were enthusiastic in describing a variety of activities that they could join in with. One person said, "We do all sorts – bingo, dominoes, we bake once a week. Some singers come in regularly, they're good. We've been on trips. We do this music for health, although I'm not so keen on that."

People told us that there was a friendly atmosphere and they regularly chatted with other people living at the home; One person told us that they had formed a friendship with another person living in the home. They said "We get on well. We like to sit together and we chat."

People who lived at the home and visitors told us that they were not aware of any restrictions on times of visits or barriers to taking people out if they wished.

We looked at how the provider was improving the environment for people living with dementia. The home lacked signage so people with dementia would not easily find their way around the home. Contrasting colours and design of furnishings and carpets required improvements

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they could access procedures to enable them to make complaints. One person told us that their bedroom was often cold during the night and had asked for a portable heater. This had been provided but had been taken away during the summer when it was warmer and had not been returned. The manager told us they would look into this concern.

People were encouraged to give their views about the quality of the care provided to help drive up standards. Quality monitoring systems were in place and the registered manager had overall responsibility to ensure lessons were learned and action was taken to continuously improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Is the service effective?

Requires Improvement

The service was effective.

We found that people were given choices about their lifestyle and how they wanted to spend their time We saw that all needs were thoroughly assessed prior to people moving into the service.

We looked around the home and spoke with the registered manager about dementia care and the environment where people living with dementia spent most of their time. **We recommend that** the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'

Staff development and training ensured staff were qualified to meet the needs of the people they supported. However yearly appraisals had not been undertaken but the registered manager had started to address this.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We saw staff had a very warm rapport with the people they cared for. Relatives spoke in glowing terms about the care staff at all levels and were happy with the care.

We saw evidence that people had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

The religious and spiritual needs of people were met through visiting clergy.

Summary of findings

Is the service responsive?

Good

The service was responsive

Peoples' needs were assessed prior to them moving in to this service. Visitors told us they had been consulted about the care of their relative before and during their admission to Victoria House.

Communication with relatives was very good and visitors we spoke with told us that staff always notified them about any changes to their relatives care.

Relatives told us staff were welcoming and always available to answer any questions.

People were encouraged to retain as much of their independence as possible. People told us they were able ??to retain their independence as much as possible.

The service had a complaints procedure that was accessible to people who used the service and their relatives. Where complaints had been raised they were dealt with quickly and effectively.

Is the service well-led?

Good

The service was well led.

The home had a registered manager who provided effective leadership and was committed to the continuous improvement of the service.

There were systems to assess and monitor the quality of the service and to continually review safeguarding concerns, accidents and incidents and learn from them.

The management team asked people to give feedback about their care and support to see if there were any improvements they needed to make.

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 checked 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 25 November 2014 and was unannounced.

The inspection team consisted of a lead inspector, a second inspector with specialist experience in dementia and an expert by experience with expertise in care of older people in particular dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received a provider information return (PIR) from the provider which helped us which helped us to prepare for the inspection.. 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 spoke with the registered manager, deputy manager and six care staff. We also interviewed key staff for example the cook and activity co-ordinator to help us understand how people were involved in decisions about the choice of meals and activities. We also spoke with eleven people who used the service and three visitors who came into the home during our inspection.

We conducted a Short Observational Framework for Inspection (SOFI) during the lunch in the blue dining area. SOFI is a specific way of observing care to help us understand the experiences of people who could not easily communicate with us during our visit. It also helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked around the home and spoke with the registered manager about dementia care and the environment where people living with dementia spent most of their time.

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including their plans of their care. As part of the inspection process we also contacted two health care professionals and a commissioner of the service to gain their views about the quality of the service provided.

Good

Is the service safe?

Our findings

We asked people whether they felt safe in the home. Everyone we spoke with were clear that they did feel safe. People used comments like, "I am well looked after" and "I've no worries here" to describe their experience.

People we spoke with also wanted to share their experiences relating to people who were described by them as being confused. One person said, "There is someone that gets fascinated with my walker and goes for it whenever they see it. I let them, as they don't know what they are doing really. I know the staff will distract them and get it back – they do very well."

People told us that they would tell the staff if they were worried about anything. One person said "I would speak to my relative and ask them to tell the staff." Relatives we spoke with were also confident that the registered manager would act swiftly to protect people from abuse. One relative said, "I have confidence in the home to deal with things appropriately."

We spoke with six staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the deputy manager or the registered manager.

Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. The registered manager told us eight staff were registered to undertake a workbook type training over 12 weeks. This looked at safeguarding and protecting vulnerable adults in more depth.

A safeguarding vulnerable adults policy was available and staff were required to read it as part of their induction. We looked at information we hold on the provider and found several safeguarding referrals had been made. Most had been closed with no further action. Three allegations remain under investigation led by the local council and we will continue to monitor their progress.

We looked at how the service managed risk in relation to people's care. People's choices and decisions were recorded in their care plans and reviews. People who used the service and the staff told us people were supported to take risks so they could be independent. The records we looked at had an assessment of each person's care and support needs and risk assessments specific to their needs. There were care plans for each risk that had been identified. For example there were assessments to manage falls, pressure care and weight loss.

We found that people did not have a personal evacuation plan in place which would be used in case of emergencies. We recommended that the registered manager ensures these are developed as soon as practicable. The registered manager showed us an up to date fire evacuation plan which showed actions staff would be expected to take in case of an emergency.

People who used the service and visitors told us that they had no concerns about the numbers of staff on duty in the home. One visitor said, "I came at night once because my relative wasn't very well. There were three people on duty, when I visit during the day there always seems to be staff available to talk to me." One person said, "There are always plenty of carers about, I don't have to wait for attention. I call staff and they help me straight away."

We found that the recruitment of staff was robust and thorough. We looked at five staff files and found they contained all of the required information which included application forms detailing their previous employment, two references and evidence that formal interviews had taken place.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This ensured only suitable people were employed by this service. We confirmed this when we looked in the staff records. All new staff completed a full induction programme that when completed, was signed off by their line manager. The deputy manager confirmed that new staff also shadowed more experienced staff for up to three weeks before being deemed competent.

Training records and staff rotas confirmed there were sufficient skilled and competent staff working at the home. One person we spoke with said, "Staff know exactly how to move me to keep me safe." We observed staff moving people safely and in a dignified way.

Good

Is the service safe?

The home was clean and free from any odours. People we spoke with told us this was always the case. One person said, “They keep it lovely and clean.” A visitor also told us that this was a normal condition for the home to be in. They said “I have never once smelled or seen anything here. It’s always spotless.”

Medication procedures were well managed. One person told us, “They bring them to me at the same times every day. I know what I need to take and I get painkillers at the same time.” Another person said, “I’m sure I would get painkillers if I had a headache or something, they (staff) ask me if I have any pain, which only occasionally.”

We observed that the administration of all medication was given safely and effectively.

Where people refused to take their medication or where people were unwell and unable to take their medication, the appropriate actions were taken. For example staff recorded the reasons for the refusal on the medication record and the drugs were disposed of appropriately.

We noted that records used for the administration of pain relief did not always have the detail of why the medication was given. The registered manager told us they would review the services policy on administering medicines such as panadol and paracetamols.

Medication was only handled by staff who had received training in relation to medication. This included checking stock, signing for the receipt of medication, overseeing the disposal of any un-needed medication and administering medication to people.

We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy.

Requires Improvement

Is the service effective?

Our findings

Throughout this inspection we observed staff offering choices and respecting people's wishes. People we spoke with told us they liked to sit in a particular lounge because, "That's where they met their friends." We looked at how consent to care and treatment was gained. We found evidence throughout the care plans we looked at. However three care plans did not have a consent form which asked the person if they agreed to photographs being taken for care planning and medication records purposes. The registered manager told us they would look into this.

Records in relation to 'Do not attempt cardio-pulmonary resuscitation' DNACPR were seen however, four records required the GP to review the information to ensure the decision was still appropriate. This was shared with the registered manager.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the MCA to ensure where someone may be deprived of their liberty, the least restrictive option is taken. Decisions about depriving people of their liberty should only be made so that people get the care and treatment they needed where there was no less restrictive way of achieving this. The registered manager was aware of the latest guidance and had applied for three standard authorisations. The registered manager told us he was continuing to review people who used the service to ensure the guidance was being followed.

Care plans identified the areas people needed help with and the things they could manage to do for themselves, independently. These included how people wanted their care to be delivered. People told us they were encouraged to do as much for themselves so as to retain their independence. One person told us, "I like to stay in my room and that's my choice. I know staff will come and offer me assistance with things like getting back into bed."

Healthcare needs were met by regular visits from their GP. Advice and help was also accessed from dieticians, speech and language therapists, physiotherapists and mental health professionals. People we spoke with confirmed they were able to request a GP and staff would facilitate this.

We spoke to a visiting relative about accessing health professionals. The visitor told us she had recognised symptoms of a urine infection in her relative and was concerned that the staff had not noticed. The relative said, "I was a bit worried and over-reacted, I assumed they (staff) would not have done anything about it, that they wouldn't recognise the signs that my relative exhibits like I do. In fact my relative had been on antibiotics for a day already. They had spotted it, which gave me a lot of reassurance."

Care plans we looked at contained a nutritional assessment and a weekly or monthly check on peoples' weight was recorded. We noted that people who were in danger of losing weight and becoming malnourished were given meals with a higher calorific value and fortified drinks.

We talked with people about the meals that they were offered and observed the lunch service in the three dining areas. People were positive about the food and told us about choices which they were given each day. People described the food using phrases such as "very nice," "quite good" and "lovely." The lunch service was not rushed, with people chatting as they waited. They were seated at tables set with clean tablecloths, cutlery and place mats. However, there were no condiments on the tables, meaning that people would be unable to season food independently to their taste. People were asked for their choice of meal whilst seated at the table. It was brought to them already plated, meaning that they had no choice over which or how many vegetables they had. There was a menu on a chalkboard displayed on the wall in the lounge; this was updated during the morning however it could be improved by adding pictures of meals and making the display more prominent in each of the dining areas.

We completed a Short Observational Framework for Inspection (SOFI) during the lunch time period in the blue dining area. SOFI is a specific way of observing care to help

Requires Improvement

Is the service effective?

us understand the experiences of people who could not easily communicate with us during our visit. It also helped us evaluate the quality of interactions that took place between people who lived at the home and the staff who supported them. We found people were appropriately supported with their meal and staff offered choices of drinks and the main meal. We did however note that there were no coloured crockery, which could be used to give contrast against white linen or food which is white in colour. For example potatoes, fish or cauliflower. This is recommended for people living with dementia. The Kings Fund guidance around dementia friendly homes 2014 provides an environmental assessment tool which could be used at Victoria House.

We looked at how the provider was improving the environment for people living with dementia. The home lacked signage so people with dementia would not easily find their way around the home. Interesting art work will encourage mobility as well as helping people to find their way around. We recommended that the manager considered the design on carpets furnishings and décor when undertaking any refurbishment. In particular in the blue lounge where people living with dementia spent most of their time. Prominent door signs and the use of the same door colours to denote toilets would help people find them more easily.

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'

All new staff were subjected to a probationary period where they were expected to complete the provider's induction training which included a mixture of internal and external training. The registered manager told us that staff would shadow experienced staff until they were competent to work unsupervised with people who used the service. We looked at the training provided to staff which confirmed most staff had attended appropriate training to ensure they had the skills and competencies to meet the needs of people who used the service. We looked at the training plan and found most staff had received training. For example food hygiene, fire, infection control first aid and health and safety.

Most of the staff who worked at the home had completed a nationally recognised qualification in care to level two. Staff also told us they could access training in specific areas for example some staff were undertaking a 12 week safeguarding course while others had completed dementia level two training.

Systems to support and develop staff were in place through monthly supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals had not been completed for all staff. This meant staff were not formally supported in relation to their roles and responsibilities which may affect the delivery of care. The registered manager told us that the appraisals had started and would continue until all staff had been reviewed.

Good

Is the service caring?

Our findings

We saw that staff knew people who used the service very well and had a warm rapport with them. There was a relaxed atmosphere throughout the building with staff having time to have a joke with the people they were caring for.

People who used the service and visitors were positive when describing interactions with the staff and we observed staff balancing the completion of paperwork with talking to people in the red lounge over the course of the morning. Staff had conversations which demonstrated knowledge and understanding of people's wider lives and life history. One person we spoke with said, "They do come and chat sometimes, but we're quite happy talking to one another. We know they are there for us if we need them."

We looked at three care and support plans in detail. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

The staff we spoke with were thoughtful about people's feelings and wellbeing and the staff we observed and spoke with knew people well, including their personal histories. They understood the way people communicated and this helped them to meet people's individual needs. For instance, we saw that all staff on duty communicated with the people who used the service effectively and used different ways of enhancing communication by touch, ensuring they were at eye level with people who were seated, and altering the tone of their voice appropriately for those who were hard of hearing.

We observed that people were treated with respect and dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy.

The SOFI observation we carried out showed us there were positive interactions between the three people we observed and the staff supporting them. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately. For example, One person said, "They are never far away when we're in the lounge. Usually there are one or two in here with us." Another person said, "I've had to use the call bell in my room a couple of times. They were there straight away, and that was at night. I don't worry when I need help."

We observed staff using mobility equipment such as a hoist in the lounge areas. The staff spoke to the person during the process and managed to assist the person in a very discrete manner, despite the dimensions and layout of the room not being naturally conducive to this. Other people carried on with what they were doing and did not appear to have their attention drawn to the process. Later the person who had been given the assistance said, "They (staff) know what they are doing, I have faith in them. They've never let me down."

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

The deputy manager told us they would assist people to visit the local churches if they wished. This ensured the spiritual and religious needs of those who considered them of importance were met on a regular basis. We were told that the local church visited periodically and those people who wished to attend were given the information of where and when the service would take place.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up.

People we spoke with told us the staff were very caring, and nothing was too much trouble.

We found that people's care and treatment was regularly reviewed to ensure the care and treatment was up to date. Relatives we spoke with told us they were able to discuss any concerns with the manager. One relative said, "My relatives care plan was just reviewed, this was because their continence needs had changed." The relative went on to say, "Staff act quickly if they (the staff) notice anything has changed. They keep me informed and I feel involved in decisions about their care."

Activities were displayed in several parts of the home. Pictures of people taking part in activities were also displayed. We spoke with people who used the service about what there was to do in the home during the day. People were enthusiastic in describing a variety of activities that they could join in with. One person told us "We do all sorts – bingo, dominoes, we bake once a week. Some singers come in regularly, they're good. We've been on trips. We do this music for health; I'm not so keen on that. There's plenty to do." Another person said, "Every morning someone reads stories out of the newspaper and gets us to talk about them."

During the morning in the red lounge the activities co-ordinator engaged with people in a number of activities, maintaining a lively atmosphere and encouraging people to join in. There was discussion around stories that she read from the newspaper, a game of bingo and a sing-along, all of which were enjoyed. People also chatted to each other alongside the activity. We spoke with people in the green lounge in the afternoon. They said the activities co-ordinator was a strong presence who undertook regular activities with them. One person said, "We chat about the news, play games. We had pictures to colour in with watercolours, I enjoyed that."

People told us they found the staff friendly and approachable, and this was evident during our SOFI observations during lunch. Interactions between people who used the service and staff were engaging and supportive. People were encouraged to sit at the dining table and staff allowed time for people to make choices.

The provider had a complaint's policy although this did not contain enough information about what people could do if they were unhappy with the provider's response. For example, the procedure did not contain the details of the local council who would investigate complaints that were not resolved by the provider.

The provider used a log book to record complaints. This meant people would not be able to raise concerns anonymously as they were recorded straight into the log book as they were raised. We noted several concerns had been logged over the last six months and the registered manager was able to describe how each was investigated. However we were not able to determine if letters were sent to the complainant to acknowledge the complaint. There was no evidence of letters to confirm the outcome of the complaint. The registered manager told us they would review the way complaints and concerns were recorded.

People we spoke with told us they were confident in being able to express what was important to them and they were all positive that they were listened to and respected. One person said, "I can talk about whatever I like, and staff act on my concerns." Another person told us they had complained about the temperature in their bedroom. We asked the registered manager to look into this issue.

The registered manager told us they promoted a culture of equality and diversity that challenged discrimination, and where people were made to feel welcome and accepted. This was embedded into recruitment, training and induction processes. Staff training included human rights, equality and diversity and person-centred care. Person-centred care is based on the goals of the individual being supported, as opposed to the goals of the system or as defined by professionals. The staff we spoke with said this training helped raise their awareness and make sure there was respect for people's diversity.

Good

Is the service well-led?

Our findings

The service was led by a registered manager who had managed the home for ten years. The deputy manager had also worked at the home for nine years; together they showed a commitment to continuously improve the service. The registered manager told us he was supported in this by the providers of the service who were family members.

In the provider information return the provider told us they were looking to implement the quality kite mark ISO9000 which is a nationally recognised quality assurance certificate in the next 12 months. This will further evidence that the home has good systems and procedures in place.

People we spoke with and their relatives told us the floor manager and deputy manager were regularly seen around the home and they regularly asked them for their views. A visitor told us "I find them very approachable and easy to talk to."

The registered manager told us that daily meetings with senior staff helped to provide good communication to all levels of staff at the home. Bulletins were also available for staff to read if they were on leave.

The registered manager carried out monthly audits including auditing care records, the care home

environment and health and safety checks. This included personal evacuation plans which would be implemented in the event of a fire. They also had a fire risk assessment which was agreed with the fire safety officer. This enabled them to monitor practice and plan on-going improvements. We saw that these audits were a standing item on the staff meeting agenda. This meant that any shortfalls identified could be discussed with staff and action plans put in place

to address any issues.

Staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for the last three months these showed staff had opportunity to raise issues and discuss any points of interest. The staff we spoke with told us they would speak to the floor manager or deputy manager first, then would go to the registered manager if their ideas or concerns were not listened to.

We saw evidence of meetings held with people who used the service and their relatives. The meetings looked at future entertainment, meals and suggestions for improvements to the service. Surveys were also used to gain the view of people and their relatives. The manager told us that improvements in the satisfaction levels showed the service was taking people's views seriously. For example name badges for staff had been introduced and the brand of tea bags had been changed as a result of the last survey.

The registered manager discussed accidents and incidents with staff and made sure they learnt from them. All accidents and incidents were investigated and any identified risk factors were noted and actions put into place. For example, where someone had three falls the falls prevention service (local healthcare professionals) were contacted, and the needs of the person were reviewed if needed. All accidents and incidents were audited and analysed every month by the registered manager. The deputy manager told us this was to look for patterns and trends with accidents to see if lessons could be learnt.