Supreme Care UK Ltd

Victoria House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Victoria House Care Home provides accommodation and personal care for up to 26 older people living with a range of health care needs. Some people required support with memory loss and dementia, whilst others were reliant on care staff to assist them with their personal care and health needs.

The inspection took place on the 20 and 25 July 2017 and was unannounced. There were twenty people living at the home at the time of our inspection, including one person who was in hospital.

Victoria House Rest Home was inspected in August 2015. A number of breaches were identified and it was rated as inadequate and the CQC took enforcement action. A focussed inspection took place in October 2015 to follow up on concerns in relation to safety at the home and we found the provider had not made suitable improvement and the service continued to be rated as inadequate. CQC took further enforcement action and the service was placed into special measures. We inspected in May 2016 to see what improvements the provider had made to ensure they had met regulatory requirements. We found considerable improvements had been made and the provider was meeting all regulations. This inspection on the 20 and 25 July 2017 was to see if the improvements had been sustained. Not all improvements seen at the May 2016 inspection had been sustained We were informed the management structure had changed three times following the last inspection in 2016 and that there had been an increase in staff turnover.

There had been no registered manager in post since April 2017. 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 and associated Regulations about how the service is run. From April 2017 to July 2017 an acting manager had been in post but left the organisation a week before this inspection. At the time of the inspection there was an acting manager at Victoria House who was supported by the provider. The acting manager had been in post for a week.

Although people told us they felt safe living at the service we found the provider had not assured people's safety in areas related to the management of medicines and had not ensured people received their prescribed medicines. Some people were at risk of not receiving appropriate care and support because guidance about how people should be supported was not always in place where needed. Accidents and incidents were not all recorded appropriately and steps had not been taken by the staff to minimise the risk of similar events happening in the future. There was a lack of management overview of accidents and incidents.

Quality monitoring systems and daily documentation completed by staff needed further development to ensure best practice in all areas, for example, repositioning, fluids and nutrition.

Staff had an understanding of the Mental Capacity Act 2005 and acted in accordance with its principles whilst supporting people. However there were areas within the documentation that was contradictory in

respect of their mental capacity and decision making.

People were supported to take part in a range of activities, maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them. The provider was in the process of recruiting a new activity co-ordinator.

People's nutritional needs were met with referrals made to dieticians and Speech and Language Therapists (SALT) when needed. People preferences and special dietary needs were met and weights were monitored regularly. People were offered a choice of food and drinks throughout the day, with alternatives available if people requested them.

Staffing levels were monitored and reviewed regularly to ensure levels were safe and appropriate to meet people's needs. However some negative feedback in respect of night staff during the inspection had led to an urgent review of night staffing levels and as a result there had been an increase of night staff. Agency staff were used to maintain staffing quotas if needed. Newly employed staff completed an induction and all staff were provided with training, supervision and appraisals to ensure they were appropriately skilled and supported.

People were treated with dignity and were looked after by kind and compassionate staff who supported them to maintain their independence when possible.

Staff had received essential training and had a good understanding of safeguarding procedures. Staff told us what actions to take if they believed people were at risk of abuse.

A complaints procedure was readily available for people to use. People told us they would be happy to raise any concerns if they had them. Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views and satisfaction surveys had been completed.

The provider and management team had completed notifications when needed to CQC or other organisations and were aware of what needed to be notified and this was required in a timely manner.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Victoria House was not consistently safe. Management of people's individual risk assessments to maintain their health, safety and well-being were not in place for everyone or up to date and therefore placed people at risk.

The management of medicines was not safe. People had not always received their medicines as prescribed. Recording of skin creams was inconsistent.

Whilst there were sufficient staff to meet people's individual needs, concerns were raised about the staff deployment at night.

Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse. Staff recruitment practices were safe.

Is the service effective?

Good

Victoria House was not always effective.

Processes were not consistent to make sure each person received appropriate person centred care and treatment that was based on an assessment of their needs and preferences.

Staff had a good understanding of Mental Capacity Assessments (MCA) and Deprivation of Liberty Safeguards (DoLS). However there were some areas that needed clarification in the assessment of peoples decision making.

Staff had training they needed to meet the needs of people living at the service.

People received a wide variety of homemade meals, fresh fruit and vegetables. Home baked cakes and desserts were also particular favourites. People were provided with menu choices and the cook catered for people's dietary needs.

Is the service caring?

Good

Victoria House was caring.

People were encouraged to maintain relationships with relatives and friends and these were seen visiting throughout our inspection.

Care records were maintained safely and people's information kept confidentially

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care. Staff treated people dignity.

Is the service responsive?

Requires Improvement

Victoria House was not consistently responsive.

Some people's care plans contained incomplete information which meant there was a risk they would receive inappropriate care.

Care plan reviews did not effectively cross reference relevant information in other areas of planning and support.

A complaints process was available, and contained all required information people needed to formally make a complaint.

Is the service well-led?

Requires Improvement

Victoria House was not consistently well led. There was no registered manager in post. There has been a lack of leadership in the management of the service over the past six months which had an impact on people, staff and the service provided.

There was a potential of risk to people because systems for monitoring quality were not effective.

Management had not always ensured that the delivery of care was person focused.

Staff told us they could approach senior staff regarding concerns or for guidance.

Victoria House Care 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 which took place on 20 and 25 July 2017 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the home, including previous inspection reports, action plans and the provider's information return (PIR). We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

People living in the service were able to tell us about their experiences and what it was like to live at Victoria House.

We spoke with ten people using the service and eight staff. This included the acting manager, senior care staff, registered provider and care staff. We also spoke with the chef and met a visiting health professional during the inspection.

We looked at the care and treatment records for five people in full and a further two to look at specific areas of documentation. We looked at daily records and charts in place to monitor areas of people's health and Medication Administration Records (MAR) for everyone living at Victoria House. We also reviewed the staff recruitment files for four members of staff and looked at the services management records which included policies, procedures, accident and incident records and audits.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Victoria House. Telling us, "I love the staff you could not meet nicer people all excellent." And, "Oh yes very safe here, we are well looked after."

At the inspection in August 2015 we found people's medicines were not safely managed. The inspections in 2016 found improvements had been made and the breach of regulation met. However this inspection found that the management of medicines placed people at risk of unsafe care. This was because people's medicines were not managed safely and people had not received their prescribed medicines. 12 medicines for eight people were out of stock for five days. These included essential medicines such as furosemide for water retention, tablets for thyroid function and regular pain relief. there was no evidence these had been raised as an issue and actioned in a timely manner to mitigate the risk to people There was also no evidence of staff observing for any possible effect of these medicines not being given, such as swollen ankles, shortness of breath or unrelieved pain.

Staff had not completed medicine care plans/risk assessments to ensure all staff had an understanding of why the medicines were prescribed, the possible side effects of the person not receiving their medicine and side effects of medicines. Staff had presumed a certain medicine coloured a persons' urine red/brown when in fact the person had a urinary tract infection, this presumption had delayed prompt treatment.

The clinical fridge had been moved to the laundry room due to the medicine room not having the electrical socket available. The room which the clinical fridge was now located was warm and the room and fridge temperatures had not been recorded consistently to ensure the fridge was keeping medicines at the appropriate temperature. The last recorded temperatures were 10 July 2017. There was a potential that the quality of the medicines currently being stored at higher than recommended temperatures might be affected.

Where risks to people's health, safety and well-being had been identified, these were not consistently well managed. Not everybody had a care plan with accompanying health and environmental risk assessments completed. We found three people who had recently come to stay at Victoria House without a full assessment of needs, environmental risk analysis, person specific care plans and associated health and social risk assessments. For example, catheter care, nutrition (fluids) and mobility. This meant staff did not have the information they needed to deliver safe care. We spoke with two agency care staff that had not been given the information necessary to provide safe care. The details of these people had not been entered in to the agency staff file which should contain information about all the people they supported his was discussed immediately with the acting manager and provider. Care plans and risk assessments were completed for the three people by the last day of the inspection.

People who were deemed at risk in relation to their fluid intake had clear information in their care plans that it should be monitored closely and fluid charts used. Whilst fluid charts were used they were not completed properly or evaluated every 24 hours. The organisational procedure stated people who had not reached their target intake for three days should be referred to the GP but this had not been done for everybody. One

person records indicated they had drunk less than 450 mls over the past five days. There was no evidence this had been referred to the GP.

Accidents and incidents had not all been documented, for example we observed recent injuries to one person's left lower leg and foot. There was no record of how the injury occurred, what action was taken or what staff did to prevent a further injury. There was no dressing on the wounds. This was identified to the acting manager for further investigation and action. Accident and incident forms from June to July 2017 were viewed and whilst completed were not used pro-actively to inform care. There were people who had repeated falls and there was no proactive plan to prevent a reoccurrence. For example one person had unwitnessed falls on consecutive days (23 and 24 July 2017) between the hours of 6am and 8am. Staff had not identified this might be a possible theme and had not actioned a plan t to see if the risk could be mitigated. Incident and accident reporting did not support risk assessment reviews and did not, as reasonably as is practicable, mitigate against future risks. Following unwitnessed falls people's risk assessments had not been changed to reflect the fall.

Personal emergency evacuation plans (PEEP's) were available and informative however the three new people had not been added. PEEP's identify people's evacuation needs so they can be helped from the building safely in the event of a fire or other emergency. Therefore the main evacuation plan did not include the relevant information to ensure staff could support people safely. This placed people at risk from failed emergency evacuations and meant people were potentially at risk from harm from unsafe procedures.

The above issues identified that the provider had not always assessed, monitored and mitigated the risks relating to the health, safety and welfare of people and were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff on duty to provide support to the 20 people who lived at Victoria House. Staffing levels were four care staff, with an extra staff member between 5pm and 7.30pm to assist with suppers. There was designated kitchen, domestic and maintenance staff, although these were not all full-time. The acting manager was available throughout the week and there were two waking staff at night, which had just been increased to three from the 17 July 2017. Staff told us, "It is a struggle sometimes because we have new residents, we used to have three staff at night but it's now two." And, "We have enough staff, the manager comes and helps if it's busy and she answers call bells, that helps." Staff also said new staff had been recruited which would reduce use of agency staff. The agency staff used were staff who had been at Victoria House for some time. People and visitors spoke positively of them. We saw people living at Victoria House received help when they needed, and requests for assistance were responded to quickly. However we did receive some negative comments from people and staff about night time care delivery and the numbers of staff on duty. This has been taken forward as a potential safeguarding by the provider and was to be investigated. The provider had recently discussed this with the acting manager and increased staffing levels at night to three staff. The accident reports indicated and supported that two staff on at night was not safe.

Changes to the domestic hours worked were being rearranged and a further domestic employed. There were two maintenance staff covering five days but the lead maintenance person responded to urgent matters out of hours.

The service was clean and health and safety maintenance was in place, the system to report and deal with any maintenance, cleaning or safety issue was effective. One visitor talked about the cleanliness of the home and said, "Spic and span." Comments from staff included, "We have a great cleaner," and "There are never any nasty smells, it smells fresh and clean."

Improvements to the environment had been maintained, however the carpet replacement had been slow and there were carpets identified at this inspection were frayed and damaged by door restrictors. Storage facilities were also untidy. Areas of the premises needed redecoration but these were on a rolling plan which was on-going. Records showed all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks. Legionella checks and the maintenance of the water systems were up to date.

The garden areas were safe, accessible and tidy for people. People were able to go and sit outside. People told us, "I love sitting outside, it's a pleasure." A visitor told us the garden was pretty and it was lovely to be able to take their relative outside. The maintenance person told us the gardens were tidied regularly and systems ensured this was maintained to allow safe access for people at all times. It was discussed the garden shed needed to be locked at all times.

Fire safety and evacuation procedures were up to date and all equipment maintained. An emergency contingency plan was in place in the event of an emergency evacuation being required. All emergency contact numbers in the event of any emergency were displayed with contact numbers for staff and management for 'out of hours'.

Records demonstrated staff were recruited in line with safe practice. Employment histories had been checked, previous employment references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Lessons had been learnt from a recent reference issue and we received confirmation recruitment practices had been tightened. We reviewed the latest employment files and saw steps had been taken to explore histories of applicants' recent employment.

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff and records confirmed staff received regular training and recent safeguarding activity in the home had led to greater staff awareness. Staff had recently had a group supervision session on safeguarding people. Staff were able to give us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice.

Good

Is the service effective?

Our findings

People spoke positively about the home. Comments from people included, "I'm looked after" and "The carers are very good." Visitors told us "It is early days but it seems good," and "A few issues but they have been resolved." We were also told "Food is good and plenty of it."

Staff said they had training to make sure they had the skills and knowledge to provide the support individuals needed. The training programme showed essential training had been completed. For example Mental Capacity Act and Deprivation of Liberty Safeguards, safe moving and handling, safeguarding. There was a clear programme to identify all staff training needs and was used to record when staff completed training. Staff felt they received all the training they needed and this enabled them to provide good care to people. One told us, "Lots of training, but it's all good." Another told us, "It's not like just going to work, I am now going to start an NVQ (National Vocational Qualification) so I feel like I am working towards something." It was discussed that it would be beneficial to follow the booklet training with competency sessions so the learning from the booklets was embedded in to practice.

New staff completed a period of induction. This included shadowing other staff and the completion of an induction booklet and associated training. We spoke to a newly employed care worker who told us. "I have had lots of training and everyone's really supportive, especially the manager." All staff received regular supervision. Supervision was structured and all discussions had been documented and signed. Staff told us supervisions were, "Helpful," and "Good to be able to discuss things." Supervision sessions had been used to identify aims and outlined the purpose and commitment on both sides to the supervision process. Agency staff was currently being used to ensure a full complement of staff. The acting manager told us agency staff completed an induction form, and the home used the same agency staff to ensure consistency for people. We were also shown the agency folder included pen picture information of the people who lived at Victoria House.

Staff had received training about the principles of the Mental Capacity Act 2005 (MCA). The acting manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves Staff told us most people would be able to consent to basic care and treatment, such as washing and dressing. The MCA states that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found reference to people's mental capacity recorded the steps taken to reach a decision about a person's capacity.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS forms part of the Mental Capacity Act (MCA) 2005. It aims to make sure people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS ensures the least restrictive methods are used. The management team kept a list of DoLS authorisations submitted, and updated regularly to ensure it reflected the people who lived at Victoria House. Staff had reviewed practices may restrict peoples' movement and this included the front door being

locked. Staff sought permission from people before care and assistance was provided. This was confirmed by the people they supported. Staff described how they would ask for people's permission before giving support. If people declined care or support staff respected the person's decision and would try again later. If the person still declined support they would seek advice from the senior or the acting manager. One staff said, "I would never continue if they refused."

People's nutritional needs were met. People were complimentary about the food at the home. People told us they had enough to eat and drink. Positive feedback included, "Very happy, always plenty". Most people ate communally in the home's dining area, however people could choose where they wished to eat and this decision was respected by staff. One person chose to sit outside on the patio and a staff member joined them. People were given time to enjoy their food, with staff ensuring they were happy with their meals. There was a choice for people and we observed the chef spoke with each person, sitting with them and offering meal choices. Food was served in an efficient manner and choices of hot and cold drinks were available throughout the inspection. We saw that when people were not eating their main meal choice, an alternative was immediately offered. Staff ensured specific people had drinks offered 'little and often' if they were struggling to drink enough fluids. One staff member said, "We offer drinks regularly, especially when it's hot and make sure they can reach their drinks."

People were offered a choice of meals, with alternatives available. Biscuits and cakes were provided with hot and cold drinks throughout the day. We spoke to the chef who had information regarding people's individual likes, dislikes and specific dietary needs. The chef told us they provided a variety of meal choices for people, and due to the size of the home it was easy to make people what they needed. The chef was able to tell us about people and their specific dietary needs and preferences including allergies and diabetic meal requirements. All relevant information was displayed in the kitchen and people had information about their nutritional needs. For example, one person required their meals and drinks to be a specific consistency. Staff were aware of this and we saw this was provided.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw their GP and other health care professionals. Relatives told us staff were effective in responding to people's changing needs. One visiting relative said, "I think the staff have been good, they are quick to pick up if there is a change in health or a problem." One staff member told us, "We check for signs, changes in mobility and eating habits which may indicate their health is deteriorating." On the day of our inspection staff carefully, yet discreetly, monitoring a person whose food intake had recently reduced. Where concerns had been identified regarding people's food intake, with their consent, the staff weighed people regularly and used this information to inform any referrals to dieticians speech and language therapists (SALT).

Good

Is the service caring?

Our findings

People told us, "Really lovely caring staff"and"I trust them to look after me." Visitors told us, "Warm welcome from staff and it's a nice caring environment." People also had a few grumbles and these were referred to the acting manager and staff and dealt with immediately. People were cared for, supported and listened to and this had a positive effect on people's individual needs and well-being. People who found it difficult to initiate contact were given individual time and one to one attention throughout the day. We were told, "Nice staff, they are kind, and gentle." Staff were able to tell us about people and how they liked their care provided. Staff knew people's care and support needs and said that handovers were used to update staff on a day to day basis.

Staff had a good knowledge on how to provide care taking into consideration people's personal preferences. Staff ensured people's dignity was protected when assisting them. We also saw people's personal care was of a good standard and undertaken in a way that expressed their personality. People were supported to wear make-up and jewellery, and wear clothes of their choosing. When prompting people to eat or drink, staff talked in a quiet manner ensuring other people did not hear. People's dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff had received training and information was displayed including the ten key dignity points to reinforce the importance of treating people with dignity at all times. Staff knocked on people's doors and entered when invited and people were referred to by the name of their choice.

Staff promoted people's independence and encouraged them to make choices. There were people who lived with mobility challenges and needed the assistance of staff to move around the home safely. Staff observed people discretely as they walked around the lounge and to and from their rooms, as they were at risk of falls, and supported them if required. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. Staff explained what they were doing before they did it, such as using moving people with the aid of a hoist. We saw some very lovely interactions between staff and people as they were moved. One staff member said, "Lunch is ready, can I help you to the table or would you prefer to eat here or in the garden?" They crouched down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "Independence is really important to them," and "We encourage people to do things for themselves, it might take longer but that is ok."

People's equality and diversity needs were respected and staff were aware of what was important to people. Staff told us how they supported people to follow their lifestyle choices such as religion and supported them in maintaining their interests as much as possible.

People were kept informed and reminded about events and appointments. We heard discussions between staff and people about future health appointments and staff reminding people about visiting entertainers later that day.

Staff had received support and training around end of life care. This had been provided over 14 weeks by an external organisation to help staff provide good end of life care for people. Staff told us they ensured people received companionship and one to one care when their health deteriorated. One staff member said, "We just go and sit with them when we have a few minutes just to let them know they aren't alone. There was one person receiving end of life care and we saw that they received good care. They looked clean and comfortable and we saw they received regular drinks and mouth care. Staff popped in regularly and offered care. Families were involved from the beginning and they were kept informed of any changes and involved in plans of care or decisions appropriately.

Requires Improvement

Is the service responsive?

Our findings

People commented they were well looked after by care staff and the management team listened to them. One person said, "I can ask for help at any time," and "They talk to me about what I need help with and ensure I see a doctor when I need to." People also told us, "If I had a problem, I would talk to staff, I know how to make a complaint." A visitor said, "I know how to make a complaint, I have made a complaint and it was dealt with."

Most people received care specific to their individual needs. However the documentation for those people who had recently come to live at the service needed to be developed to meet their individual needs and promote their safety and well-being. For example, one person suffered from macular degeneration (Sight impairment) and there was no reference of this within their care plan and risk assessments. Staff were not aware of this and therefore had not responded to this persons environmental and social needs. For example agreeing with the person where furniture and other equipment be placed at all times to promote safety and independence. Another person had a history of postural hypotension which means when they stand up their blood pressure drops and this may result in falls. This had not been reflected in their risk assessments despite having recurrent falls. If staff were aware of this they could manage this in a responsive way. For example, sitting on edge of bed before standing. This was an area that requires improvement.

There was no activity coordinator at this time and the provider was trying to recruit to the post. We were told activities were provided by the care staff and a member of the evening kitchen team came in earlier to provide one to one with people. Activities were offered during the inspection process and people enjoyed them. Staff said a dedicated experienced activity person would really be good, so people could do more. External entertainers came to the home and included exercise sessions and pet therapy. We talked to people who enjoyed family visits and other people were happy to pursue friendships and their own pas times such as reading. People told us, "I don't get bored, I like to go out in the garden, I read and watch television and my family visit," and "I am happy, I like to stay in my room most of the time, but I join in special events." The people were all very able to express their views on the lifestyle at Victoria House and were happy there. One person said, "It's great here, I love the home and the staff are really nice." Another said, "I never feel bored, staff sit and chat, there's people to chat to." We were also told, "More trips out would be my choice but other people might not want it." The provider and manager acknowledged activities was an area to be developed.

Pre-admission assessments had been completed and this information had been used to ensure Victoria House was the right place to move in to and staff had the necessary skills to meet their needs. Care plans (apart from the three identified) reflected a person centred approach to care. Information provided by peoples families been recorded and future conversations with family documented to show a clear picture of peoples care needs and how the home responded to meet these for the individual.

Religious services took place regularly and people had attended church services if they wished.

The home encouraged people to maintain relationships with their friends and families. One person said, "My

friends and relatives visit regularly and are always welcomed." Another said, "I feel the home is welcoming, my family visit regularly, staff always pop in and chat to them and offer them a drink." We saw visitors were welcomed throughout our inspection and the interactions were warm and friendly. Visitors were complimentary about the home, "Very welcoming, and friendly," and "Lovely home, clean and comfortable."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the manager or any of the staff, they are all wonderful". The manager said, "People are given information about how to complain. It's important that you reassure people, so they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager."

Call bells were responded to in a timely during the inspection and were monitored regularly by the management team.

Requires Improvement

Is the service well-led?

Our findings

The feedback from people, staff and visitors about the leadership in the home was mixed. People told us, "I'm really happy here," and "Staff are very kind." Comments from visitors included, "Lots of changes to staff, agency staff seem to be used a lot" and, "I have noticed changes when I have visited, the atmosphere and communication seems to be better recently." Staff said, "Changes have been good, the changes in managers has been hard but we have one now that is really changing things for the better."

There had been no registered manager in post for three months. There was an acting manager who had been in post for just a week. The acting manager was in day to day charge supported by the provider and an external consultant. The acting manager was due to submit her application to be registered with CQC.

The service was not consistently well led and had lacked continuous strong leadership over the past year. There had been many changes to the management team and care staff. This had meant that improvements made had not been embedded consistently. For example, audits, documentation such as risk assessments and medication practices.

Accidents and incidents had not always been recorded and lacked management oversight to ensure that they formed part of the quality assurance systems to identify trends and mitigate risks. Learning from incidents and accidents was not embedded into practice and did not link to risk assessment and care plan reviews. One person had had an incident where they had used furniture to stand up with. This had resulted in the furniture falling on to the person. Whilst the furniture had been moved it had not been affixed to the wall to prevent a further incident.

Accurate and complete records in respect of each person's care had not been maintained. This was in respect of fluid charts, risk assessments, PEEP's and the information for agency staff had not been updated to reflect the people who had recently come to live in Victoria House. There was also some contradictory information found in respect of people's mental capacity and how certain decisions were made. For example, we found some discrepancies in the records that needed to be clarified. For example it stated for one person they could not make decisions but the Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) stated they could and vice versa. This was referred to the GP for clarification. Three people had come to live in the service in one week and their documentation including daily notes, risk assessments and care plans were incomplete, therefore not ensuring that they received appropriate and safe care. Staff we spoke with confirmed that they were not aware of the health and social needs of the people who had recently come to stay at Victoria House.

The service lacked appropriate management action plans to ensure continuous improvement and development and to demonstrate learning from incidents and accidents. The quality assurance framework was ineffective because the provider failed to have effective systems and processes to ensure they were able, at all times, to meet requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However we found other quality assurance systems had been effective at driving improvement such as those associated with the environmental condition of people's rooms and communal areas. We also found that some people's documentation was very person centred and that people were treated with kindness and dignity.

The registered provider and acting manager was responsive to our comments and feedback throughout the inspection and actioned multiple areas during the inspection and sent actions plans immediately after our inspection identifying how they intended to address the areas of concern we found.

Staff said they understood their roles and responsibilities and were clear about their individual responsibilities on each shift. The acting manager was keen to support staff to develop their skills and to introduce 'champion' roles to drive improvement in infection control, dignity, and nutrition.
The provider had a range of policies and procedures that gave guidance to staff about how to carry out their role safely and staff knew where to access the information they needed. For example, staff were aware of the whistle blowing policy and how to blow the whistle on poor practice to agencies outside the organisation. They were also aware of internal processes for raising concerns confidentially.

Staff said communication was improving and that there was a more open and transparent culture. As the new acting manager settled in they could see that things were improving. One senior staff member said, "It's great we work well together, we have been making improvements and we will continue to improve." We asked staff for their views on the management and leadership of the service. A staff member said that, "It went through a bad patch, some problems with staff, but its great now." We were also told "Regular staff meetings have kept us informed of changes."

We asked staff about the vision of the service and one staff member told us, "A home, good care and enough staff to give that extra bit of quality to their life." Another staff member said, "To provide the best care we can." Staff were all very caring in their attitude and their commitment to people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC uses this information to check that appropriate action had been taken including action to keep people safe. Notifications of incidents that affected people's health, safety and welfare had been submitted to CQC in an appropriate and timely manner in line with CQC guidelines so we were aware of the number and significance of events which had occurred at the service.