Dukeries Healthcare Limited

Victoria 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?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 20 December 2016 and was unannounced.

Victoria Care Home is located in Worksop, Nottinghamshire, and provides nursing and residential care for 93 people. At the time of the inspection, 83 people were using the service, which was divided into four separate units. The Camelot unit provided residential care. Lancelot unit also provided residential care to support people living with dementia aged over 65 years. Nursing care was provided in the Guinevere unit which also catered for people with higher dependency needs and short term care placements. Champion Crescent catered for people with an alcohol related brain injury in supported living flats.

The service had a registered manager. 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.

People's medicines were stored and handled safely. Although there were enough staff to ensure people were safe, we observed people's immediate care needs were not always anticipated and responded to. Risks were assessed, but these risk assessments were not always updated. Any accidents and incidents were investigated so that steps could be put in place to avoid reoccurrence, but the mitigating measures were not always implemented or used. The staff understood their role in keeping people safe. People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse.

Staff had received the training and supervision they needed to support people effectively, although some people did not have confidence in the ability of the staff that supported them.

The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected.

People told us the food was good and they were able to choose what they ate.

People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

People were supported by staff in a respectful, kind and caring way, but interactions with staff tended to be task related and there was little social interaction. Staff did not always act to promote peoples dignity, although they respected their privacy and encouraged people to be independent. People had access to independent advocacy services. There were no restrictions on friends and relatives visiting.

The service did not always respond to people's changing needs. Care plans were not consistently updated

to take account of peoples changing needs. There were not always full records of the support people had received to be sure that they had received the care that they needed.

People were able to participate in group activities or to spend time on their own pursuing their hobbies and interests if they preferred. Trips out of the home were organised.

A complaints procedure was in place and people felt comfortable in making a complaint if needed.

Auditing and quality monitoring processes were in place, but these were not sufficient to identify the issues we have found during our inspection. There was a positive atmosphere within the home and people's views were considered when making decisions to improve the service. People spoke highly of the registered manager.

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

The service was not always safe.

People's medicines were stored and handled safely.

Although there were sufficient staff to ensure that people were safe we observed staff did not always respond to people's immediate care needs.

Risk assessments were not always updated when people's needs changed and learning from any accidents was not always implemented.

People were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received the training and supervision they needed to support people effectively, although some people did not have confidence in the ability of the staff that supported them.

The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected.

People told us the food was good and they were able to choose what they ate.

The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

Is the service caring?

Requires Improvement

The service was not always caring.

People were supported by staff in a respectful, kind and caring way, but interactions with staff tended to be task related and there was little social interaction.

People were supported to access advocates to represent their views when needed.

Staff did not always act to promote peoples dignity.

There were no restrictions on people's friends and family visiting them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not consistently updated to take account of peoples changing needs. There were not always full records of the support people had received to be sure that they had received the care that they needed.

People were able to participate in group activities or to spend time on their own pursuing their hobbies and interests if they preferred. Trips out of the home were organised.

A complaints procedure was in place and people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a quality monitoring system in place however this had not been fully utilised.

There was a positive and friendly atmosphere. People's views were taken into account when improvements to the service were being planned.

The registered manager was supportive and approachable and was aware of their regulatory responsibilities.

Victoria 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 took place on 20 December 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor who was a nurse and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider had completed a 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 took this into account when we made the judgements in this report.

During the inspection we observed staff interacting with the people they supported. We spoke with 26 people who used the service and twelve relatives of people as well as a visiting health care professional. We also spoke with the registered manager of Victoria Care Home and twelve staff including the nurse, activities worker, kitchen manager and a member of the domestic team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at all or part of the care records of five people who used the service, as well as a range of records relating to the running of the service including three staff files, medication records and audits carried out at the service. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection of Victoria Care Home on the 21 September 2015 we found that people were at risk because the registered person did not always provide care in a safe way for people because they had not always ensured the proper and safe management of medicines. This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the provider had followed their action plan and improvements had been made. There were processes in place to ensure the proper and safe management of medicines.

People's medicines were stored and handled safely. The people we spoke with confirmed that they received their medicines as prescribed and in a timely fashion. We spoke with one person who told us about their medicines saying, "They [staff] deal with it. You get it on time every day. They know when you get up so they come and give you it." Another person confirmed that their medicines were given, "On time, they're [staff] quite good." A third person told us they did not take any medicines but added, "Unless I ask for them for pain in my legs, they [the staff] get them for me then." Relatives told us that medicines were dealt with well. One relative described how they were concerned that their family members medicine was not correct. They told us that they had spoken with staff and said, "They [the staff] dealt with it all. They reviewed it, changed it and they [family member] seem calmer now, happier."

Staff told us they were confident that people received their medicines as prescribed. They told us how the new computerised records were much easier for them to use than the previous paper version and showed us knowledgably how the system worked. The system reminded staff when people's medicines were due and we saw that it was not possible to access the records of someone who was not due medicine. When administering medicines, staff recorded the medicines they had administered to each person on the computerised medication administration records (MARs). These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. Information about each person contained on the computerised system included the medicines they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies.

Medicines were stored securely and we observed staff administer medicines in a safe way. Staff were patient and used tact and ensured people had the time they needed to take all of their medicines. We saw that staff stayed with each person to be sure they had taken their medicines. For example, one person was having trouble swallowing their medicine. The member of staff was very caring and spent time with them, providing encouragement and reassurance until they managed to swallow their tablets.

Staff also told us the registered manager ensured that there were regular audits to ensure that each person is receiving their medicines as prescribed. The records showed that where an error was found it was investigated and appropriate actions were taken to prevent reoccurrence. The pharmacist who supplied the medicines also conducted regular checks and audits to ensure that medicines were being stored and handled safely and provide advice where needed. We saw that the temperature of storage areas and refrigerators used for medicines were monitored daily and records showed that they were within acceptable

limits

Although there were sufficient staff to keep people safe, people told us and we observed staff did not always respond to people's immediate care needs. People told us they were concerned about staffing levels. One person told us, "I don't think there are enough staff at the moment." Another person reflected, "The staff were very good to me when I had my fall, but I don't think there are enough staff." A third person said that staffing was particularly short if staff went off sick at short notice and their shift could not be covered. All of the relatives we spoke with were not confident that there were enough staff. For example, one relative told us," They are really busy. I don't think there's enough [staff]. I think they've a lot on their plate." Another relative said, "The girls [staff] are very good, but there's not enough staff." A third relative reflected on the turnover of staff saying, "I think upstairs they have regular staff I think it changes down here. My [family member] is much better when they know staff and they don't keep changing."

This view was affirmed by staff. One staff member we spoke with told us, "Virtually all residents require two staff as most need some form of equipment (to support them to move), so there's not realistic staffing numbers. Another staff member said, "Most of the people on this floor need some form of bed rest so that's two [staff] each time." We saw that staff were always busy. This meant that where people made a simple request, for example, asking for a drink, they may have to wait for some time to have their request met. We also saw some people who were not requesting support from staff were not being checked on regularly. For example, one person had sat in the lounge and since taking their seat the sun had moved and was shining in their eyes. Staff who passed the lounge door did not look in and see that they were squinting from the bright light until we intervened and staff came to make sure the person was made comfortable.

The provider confirmed the action they had undertaken to recruit additional staff.The registered manager explained how they assured themselves that they were deploying staff appropriately. They explained how they had undertaken a great amount of work over the last year to build a full and stable staff team so that people would be supported by staff who were familiar to them. They explained how this had been a considerable challenge, particularly with the nursing staff, they were confident that sufficient staff had now been appointed. A 'bank' of staff had also been recruited to provide cover for staff absence. This minimised the use of agency staff were needed as all shifts could be covered by the substantive staff team. This ensured that people always received support from staff who were familiar to them.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to work in an adult social care environment. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions. This showed that the registered manager followed robust recruitment practices to keep people safe.

Staff told us there were risk assessments in place which identified any risks that people may be exposed to and defined ways that staff were to work in order to minimise these risks. One staff member told us, "We have risk assessments which we go by to keep people safe." They also told us about the practical things that all staff did to ensure that they remained safe at work. For example, staff explained to us how they would always adopt safe moving and handling practices to prevent people, [or themselves], being hurt. Other staff told us how cleaning equipment needed to be stored correctly and used in accordance with the manufacturer's instructions. Staff told us they were able to manage situations where people may become distressed or affected by the behaviours of other people.

Where needed, steps had been put in place for staff to follow to assist them in maintaining people's safety,

for example when someone required lifting using a hoist, two staff were always present. We saw that when an accident had happened, for example if someone fell, the incident was investigated so that measures could be put in place to prevent reoccurrence. Where appropriate, assistive technology was identified to enable staff to be discreetly alerted to people who maybe at risk of falling, however we found this equipment was not always used effectively. For example, although sensor mats had been provided for one person, these had not been plugged in. This had not been noticed by staff which meant that the safety measure was not effective in reducing the risk of harm on this occasion.

People's safety was protected because checks were carried out to ensure that the premises and equipment were well maintained. We saw regular checks and routine maintenance of the inside and outside of the homes environment and equipment. This included the fire detection system and water system to prevent the build-up of legionella bacteria. Equipment people used such as wheelchairs and hoists were also checked to ensure that they remained safe for people to use. Records showed that external contractors were used when checks on equipment such as hoists, fire detectors or gas appliances were needed. Our observations of the equipment used within the home supported this.

People and their relatives all told us that they felt the home was clean and any occasional spillages were soon cleared up. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free and there were generally no odours. The floors appeared wiped and carpets well vacuumed. We saw that after meals in the dining room, all floors and surfaces were cleaned and wiped down. Despite these efforts, there remained a risk of infection spreading as we saw staff transporting soiled clothes through the home without the use of gloves or suitable container to prevent the spread of infection. While the décor was tired in places, the home had a painter and decorator that worked though the home completing a planned schedule of redecoration.

The people we spoke with told us they felt safe living at Victoria Care Home. One person we spoke with told us, "The doors are always locked at night and it's marvellous. I feel safe." Another person also said they felt safe, adding, "I've never come across any trouble or anything." A relative explained how they felt that their family member was safe in their room and were reassured as the staff were often passing by their door.

Some people told us how they were concerned that other residents could occasionally enter their room without their permission. We saw that a few people had keys to their rooms and locked their room doors when they left. People also told us how staff would check them during the night to make sure that they were safe. People also confirmed that they knew how to summon assistance if they needed. One person we spoke with told us, "I feel safe, the care staff are with you and it's just like being at home, if you have any problems you just press the buzzer." We also heard from several relatives that items of clothing had gone missing while their family member had been living at Victoria Care Home.

Staff we spoke with were confident that people were protected from harm. One staff member said, "I am happy and everyone is safe at work." Staff could describe the different types of harm which may occur and were clear that they had a duty to report anything untoward that they saw or were told. Staff were also confident that the management at Victoria Care Home would act to protect people if a concern was raised with them. We were also told by staff which agencies outside of the service, such as the local authority safeguarding team or CQC, they could speak to should they need to so that they could act to protect a person if needed.

Information was available for staff on how they could maintain their safety and the safety of others in several places throughout the home. More detailed information was displayed on a dedicated 'safeguarding board'. Training was provided to staff and a safeguarding adults policy was in place. Information was also available

to staff and visitors on how to report any concerns of incidence of people being at risk of harm. Where required, information had been shared with the local authority about incidents which had occurred in the home.

While risks were assessed, people were not protected because these risk assessments were not always updated when a person's needs changed. Relatives we spoke with were confident that that the home was a safe environment for their family members as it was well maintained. We spoke with one relative who described to us the actions that had been taken after their family member had become prone to falling and confirmed that they were now more stable on their feet.

Requires Improvement

Is the service effective?

Our findings

There were mixed views as to whether people felt that staff were competent and provided effective care. Some people we spoke with told us that the staff had the skills they needed to support them well, while others were less confident. One person told us, "I don't feel the staff know how to support me there is a lack of interest from staff, they don't know me." Another person said, "I don't know what the staff are doing and I'm not sure if they are qualified to look after my health." Other people were more positive. One person said, "I can't fault the staff at all. They [the staff] are brilliant." We also spoke with other people who told us that the staff dealt with challenging situations well. Relatives were more confident in the abilities of the staff. For example, we spoke with one relative whose family member could become distressed. They described the way that staff provided support, saying, "They [staff] come straight away, clam them down, make them a drink, treat them gently."

Staff told us they received regular training and records confirmed this. One member of staff said, "We get all of the mandatory training, as well as extra training around the technical and clinical things we need to now to do our jobs. There are lots of opportunities." Another member of staff said, "There is a good skill mix in the staff team, and you can always ask for help or advice." Staff members we spoke with confirmed that they had received the training they needed to do their jobs well, and gave examples to us of the courses that they had completed.

A visiting healthcare professional was confident that staff had the skills they needed to care for people well. They told us how staff would ask for advice if they were unsure and always followed any advice given.

People were supported by staff who received regular supervision and an annual appraisal of their work. All the staff we spoke with told us they felt well supported by the management team at Victoria Care Home and had regular supervision. The records we saw confirmed this. Staff also told us how, should they have a problem at work, they were comfortable to speak to the registered manager or one of the team leaders. We heard from staff how, if a situation became stressful, staff always had someone they could talk to and were able to take a short break from work to enable them to refocus.

Relatives spoke to us to tell us that they had experienced difficulties in being able to support their family member to consent to their care plan. The registered manager told us how the care plans were being updated and people's consent was being sought on the new documents as they were being drafted. The care plans we looked at did not all detail how each person had consented to their care.

Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. 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 decision made on their behalf must be in their best interests and as least restrictive as possible.

Staff and managers we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained information about whether people had the capacity to make certain decisions for themselves. We heard from staff how people's ability to make decisions may fluctuate throughout the day and saw that their support plans were written accordingly. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions that were detailed on authorisations to deprive a person of their liberty were being met. People were not unlawfully restricted as authorisations under DoLS were being applied for by the registered manager when needed. Staff told us that they received training in DoLS, so that they understood the requirements of these arrangements. One staff member explained, "People's capacity is a fine line, especially if their capacity (to make decisions) can change from day to day." They went on to explain how, if they felt a person may be being deprived of their liberty, an application would be made under the DoLS process.

People may not always be supported to eat and drink enough to keep them healthy. Most people ate their food in the dining room however others preferred to eat their food alone in their rooms, or in their chair in a communal area. Where needed, records were kept to ensure that each person had enough to eat and drink. However, these records were not always maintained so it was not possible to check that people had had enough to eat and drink to remain healthy

The mealtime experience differed depending on the dining room people were eating in. In one of the dining rooms the atmosphere was sombre with no background music to add ambiance. We saw that when the food was served, the staff member simply placed the plate down in front of the person. There was no attempt to explain the meal or ensure that people had cutlery to hand or to ask they wanted any condiments. People who needed assistance with eating had to wait some time for staff to be available to support them meaning that their food was not hot. We saw staff support people to eat without engaging with them, but conversing with other staff.

In another dining room, the lunchtime experience was much more pleasurable with support being provided in a kind and caring way. Staff conversed with those they were assisting there was laughter and friendly banter between people and staff. Here, relatives consistently told us that they felt their family members got the support they needed at mealtimes. One relative told us, "They [support my family member] three times a day with pureed food in their room they are brilliant - really good." Another relative said, "[My family member] doesn't eat all the time, but when they say they are hungry the staff will get them something."

Between meals, we saw staff take a drinks trolley around so that people were able to choose a hot drink or some fruit juice. Where people needed their drink to be thickened to aid them to swallow their fluids easily, staff added thickener until the drink was 'syrup consistency.' One container of thickening powder was used to thicken everyone's drinks which meant that people were not having their own prescribed thickener and too much or two little thickener may be being used.. There were no jugs of water or juice readily available for people to help themselves to.

People we spoke with told us that the food was good. One person said," I like the food. I was way slimmer

than this when I came in here!" Some people told us that the choice of food could be limited, but others found the choice to be, "Quite adequate." Another person said, "The food's good. I haven't got a big appetite but there's a choice, always two, so if you don't like one there's another and if you don't like either, they will find you something else." We spoke with one person who said, "The food is alright. If you ask the chef sometimes they can get your favourites in." Relatives spoke favourably and told us that their family members enjoyed the food. One relative said, "The food's excellent, can't fault that."

We saw there was information in people's support plans detailing their nutritional needs. For example, some people had diabetes and others needed fortified diets to maintain their weight. Staff in the kitchen were able to tell us about each person's likes and preferences as well as any allergies they had and the support that they might need to eat and drink. A new kitchen manager had recently been appointed. They showed us some revised menus and told us about some ideas that they had had for increasing the range and variety of foods that they offered to people. Arrangements were in place to share these with the registered manager and begin a trial so that people had some involvement in the range of foods that were offered at Victoria Care Home.

People had access to the healthcare professionals they needed at the right time. One person said that when they were ill, "They [the staff] got a doctor for me quickly." Relatives told us they were informed if the doctor, or any other professional, visited or was due to visit their family member. A visiting relative had praise for the prompt action that staff had taken when their family member became ill, telling us, "It's good that the staff were alert, they knew something wasn't right and called the doctor." People also told us that a chiropodist, optician and hairdresser visited the home.

A visiting healthcare professional told us how they visited the home several times each week and had done for some time. They were confident that everyone's needs were met as required and medical advice was always sought when it was needed. There was a clear communications system set up to ensure that messages were passed between visiting healthcare professionals and the staff team and this worked well.

We were told by staff how they would have no hesitation in ringing a doctor for advice or 999 for an ambulance, if they felt that this was required. One staff member told us, "If we are worried, (about someone's health), we call the doctor – no messing around. We would rather have a doctor upset that we had called them unnecessarily than have someone ill and not getting the right care"

Requires Improvement

Is the service caring?

Our findings

People told us that some staff were more caring than others. One person we spoke with said, "I know the staff by their voices I have got to know them well. I know the difference between the staff that care and those who are here for the job." Another person said, "The staff are caring sometimes. They are supposed to look after us but sometimes they ignore you." Other people were more complimentary. For example a third person explained, "The staff are very caring in the way they behave and the way they treat me. The staff are busy though."

Relatives we spoke with tended to be more complimentary and told us that the staff knew those who lived at Victoria Care home well. One relative told us, "They [the staff] are lovely, helpful. I know they look after [family member]. They are very caring. If you ask questions they'll answer them for you." Another relative said, "They're very good, the staff. If you ask them to do something they'll do it." A third relative contrasted the care their family member received at Victoria care Home to a home they had lived in previously; giving examples of how the care at Victoria Care Home was better.

Staff we spoke with knew those that lived at Victoria Care Home well. They described how they endeavoured to provide people with support to live their lives, rather than 'just caring for them.' One staff member we spoke with said that they knew that they were providing the care that people wanted when they smiled or laughed back at them, adding, "And that makes a good day at work for me." We spoke with other staff who had family members who lived at Victoria Care Home. One staff member who was also a relative told us, "The care here is second to none, for our family members and for everyone, we make sure of that." We saw a staff member assist someone in their room. They did this in a kindly, gentle manner at the person's pace. They allowed the person to do as much for themselves as they could and made sure that they person could reach their drink before leaving them.

The majority of the interactions we saw between people and staff were functional or task related. However, when speaking with people, staff spoke clearly, directly, and were unhurried. There was very little passing conversation or sociable exchanges, although several people told us that the staff would spend time talking with them at the end of the day, "If they had time." We observed staff respond in a caring manner to one person who had suddenly become ill, providing them with constant support and reassurance, while liaising with medical professionals to ensure that they got prompt and effective medical advice.

People told us that they were able to attend local places of worship if they wanted. One person told us that they were taken to church on a Sunday as this was important to them.

People were supported to make day to day choices such as where they wanted to spend their time during the day or whether they wanted to join in with activities. People told us that they could get up and go to bed when they wanted. One person explained to us, "When I want to get up, I only have to call the staff and they are there when I want them.

Effort had been made to set out each person's bedroom according to their wishes and tastes, with personal

belongings displayed if they wished and uniquely decorated on the outside to identify it as their room. Some people had pictures near the door of themselves. There were A4 frames by people's room doors and some contained photographs or "Life Histories" but the majority of these frames were not being used. One person said they had actively told staff that they did not want the details of their care to be put on their bedroom door. They told us that staff had respected their wishes and no details were displayed.

During our inspection we saw staff offer people support when required and also encouraged people to carry out tasks independently. We saw people being offered choices. For example, when people were being offered a drink from the refreshments trolley we saw them being offered a choice, and in some cases, shown the options to assist their decision making. Staff told us, "We ask every time – people may want a different drink at different times of the day." We also saw that one of the people who lived at the home was able to join with the staff and assist them in preparing people's drinks. We saw other staff encouraging someone to remain independent, explaining to them how they needed to use their walking frame so that they did not fall.

Directional signage around the home was poor, meaning that people and visitors may find it hard to find their way around the building. However, adaptations had been made to assist people with movement and orientation around the home. Corridors were fitted with hand rails on both sides and these were painted a different colour to the walls to make them more visible. The home had large clocks in various lounges and corridors but several were either stopped or showing the wrong time which may be confusing for people with failing memories.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. No one was using an advocate at the time of our inspection.

People were not always treated in a dignified and respectful manner by staff. Some people told us, "They (the staff), don't treat you with dignity and respect here." Other people could describe the things that staff did to ensure their dignity. For example, one person explained, "The staff are respectful, they knock and draw the curtains and close the door when giving me personal care." Relatives we spoke with also affirmed this view, that staff maintained people's dignity when assisting them with their personal care. Another relative relayed their confidence that staff treated their family member in a dignified and respectful manor saying, "They don't just leave them. They dress and get them out of bed, do their hair; they are respectful, yes".

Staff did not always act to maintain people's dignity For example. On one occasion we saw a person in soiled clothing walking around the home and had to draw this to the attention of staff before they received support to change their clothes. This did not respect the person's dignity. At lunchtime in one dining room, people made their choice of food as it was served. Once people made a choice, we observed staff relay this to their colleagues in the kitchen in a loud voice across the room without regard for the person's dignity.

We observed how staff responded quickly and effectively to relive a person's distress when they began to have difficulty in swallowing. Staff responded in a calm but urgent manner, removing the person from the dining area so that their dignity was respected and others around them did not become distressed. They also called for assistance which came quickly. Once staff had cleared the obstruction, they ensured that the person was comfortable. The nurse knelt down to eye level in front of the person and talked gently to them in a kindly, non-patronising manner. Another staff member spoke with the person explained what had happened, providing reassurance while holding the persons hand.

We spoke with visitors who told us how they were always made welcome at Victoria Care Home. They told us how they were able to come to the home at any time and stay for as long as they wanted and many visited during the inspection. One relative told us "I've been here at 8am before, before I've gone into work. When you come they [staff], ask you if you want a drink, tea, coffee." Another relative said, "The staff always tell me how my family member has been, how they are doing." We saw that staff were courteous and friendly to all visitors. In addition to the main communal area, there was access to several smaller, quiet areas should people not wish to sit in the main lounge.

Requires Improvement

Is the service responsive?

Our findings

People did not always receive the care and support they required. While people's care records were written in a person-centred way and developed with the person and their relatives, the information was not always updated when people's needs had changed. Although the provider told us that the information in people's electronic care plans was accurate, care staff referred to paper records which had not always been updated and were therefore reliant on inaccurate records. We found that people's care plans were not always updated to reflect changes in two areas of the home.

For example, we saw that someone had returned from hospital several days before our inspection. Their care requirements had changed as a result of their stay in hospital, yet the information for staff relating to how their care should be provided, their care plan, had not been updated. This meant that the person was at risk of receiving incorrect care. We saw another care plan which had not been updated since a person stopped wearing their teeth which placed them at an increased risk of choking as there was no guidance for staff to follow as to how their food should be prepared.

Records were not always maintained to ensure that people's identified needs were met. For example, we saw that one person was at risk of malnutrition. We looked at their weight chart and saw this had not been completed as their care plan stated it should be. This meant that staff would not know if there was any weight loss and take action to prevent the person from becoming malnourished. Where people needed to be repositioned to prevent a pressure ulcer developing, we saw gaps in their recoding charts of up to fourteen hours. This placed them at increased risk of their skin breaking down.

Staff told us how people's care plans informed them as to the care they were to provide. When speaking to staff, and when observing them supporting people we saw that the support provided differed from that detailed in the care plans. This meant that people were at risk of receiving inappropriate care. For example. We saw staff safely support someone to move using a hoist, yet their care plan stated that they were able to mobilise independently; staff told us that they had not been able to walk for some time. Another person's care plan stated that they should be encouraged to eat at mealtimes and only be given a small portion of food at mealtimes. During our visit, they were given a large portion of food and staff did not encourage them to eat, which resulted in them eating very little of their meal.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained how a member of the management team at Victoria Care home undertook an assessment of each person before they moved into the home. As referrals were made from a wide area, this ensured that information about peopled care needs was captured consistently. This assessment process involved others in the person's life and enabled their initial plan of care to be agreed and consented to by the person or their representative.

People told us that their call bells were usually answered quickly if they used them and they did not have to

wait for long periods of time for assistance. One person explained, "When I want to get up, then I buzz them [staff] and they come quickly. Only time you have to wait is if they are with another patient and then they apologise – it's not very often, few and far between." The call alarms we heard were answered promptly.

People told us about the activities they were able to participate in such as bingo, gardening, knitting and singing. They explained that they were encourage to join in but could choose to spend time on their own if they wanted. For example, one person knew about the activities but said, "I prefer to do crosswords on my own." A program of regular group activities was arranged and facilitated by several activities co-ordinators. However, this information was not displayed to advise people what activities were on offer. The activity co-ordinators told us that their hours were dedicated solely to this role and they did not have any caring duties although they may assist people with their meals occasionally. They said that they had a budget for equipment which was supplemented through fund raising events. This meant that they were building up a variety of games and arts and craft supplies.

We observed a group activity taking place during our inspection. The activity was a game of 'smell bingo.' We saw that people were encouraged to engage and participate in the activity, with each person being offered a pot to smell before checking it off on their card. The game lasted for some time, evoking memories which people discussed and we heard much laughter.

There were no individual activities offered to people who preferred to spend time on their own. We saw that people were able to pursue their hobbies and interests independently if they wished. For example one person did embroidery, and another enjoyed reading. A third person was able to tend the garden which they enjoyed. The garden was easily accessed through the lounge door which was regularly opened for those who smoked to go in to the garden when they wished. There was an onsite hairdresser and the activity staff offered nail treatments. We also heard how someone was taken home to spend time with their family by one of the activity co-ordinators one morning each week.

The community were invited in to the home for different events such as a carol concert with relatives also being invited. People told us how they were also taken on trips out of the home, for example, to go out shopping or the a local garden centre as well as trips to the theatre or the seaside. Other people were also able to go to the local shops independently if they wished.

On the specialist rehabilitation unit we saw how day to day tasks were allocated to people in turn. Staff explained to us that this was so that they could build their independence skills with the eventual aim of them having the skills to live independently. Staff also showed us how they measured and monitored people's progress towards independence and described the actions they took if they became concerned that people were not making progress or were being assessed as continuing to loose skills.

People had access to the complaints procedure and felt able to raise concerns and complaints. They told us they knew how to do so and would feel happy to speak up. Most people we spoke with said that they had no complaints. Others were confident that they knew who to speak with if they had a concern and every effort would be made to resolve the issue to their satisfaction.

The relatives we spoke with all knew the name of the registered manager. They told us they would feel comfortable making a complaint and knew how to do so. One relative told us "The deputy manager is very approachable and gets things done." Another relative recounted, "When I visited [my family member] and their mattress had gone down. The manager acted on this straight away and sorted it out." Another relative told us how their comments had been taken on board and changes were made to the way that their family member received their care after they had spoken up on their behalf and complained. We also heard how

informal comments made to staff by relatives were acted upon. For example, one relative told us that staff had got his family member a TV adapter and a fan for her room when she asked for these.

The complaints log showed that ten complaints had been received in the year to date. These had been responded to in a timely manner and resolved to the complainant's satisfaction. Practice had also been reviewed and advice had been taken from the person's GP in order to minimise the risk of a similar occurrence. We also saw that one compliment had been noted.

Requires Improvement

Is the service well-led?

Our findings

People could not be assured that the service was of a high quality. People's care plans were not always well maintained and updated in all areas of the home. The registered manager had appropriate systems in place that checked that care plans were being checked and updated, but these systems had not identified the issues we found. There was a system of audits in place and these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure that the service complied with legislative requirements and promoted best practice. We found that these had not been used robustly enough to prevent issues, such as those identified in this report, being noticed and acted upon by the provider.

This lack of oversight constitutes a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that there were regular meetings held for people who lived at the home and their friends and relatives. One person told us, "They have meetings, I go, they [staff] do listen.". A relative told us that the home held meetings, "For everyone. They advertise them on the door." We saw from the notes of these meetings that the activities on offer had been discussed and new activities workers had been introduced. Relatives who could not get along to a meeting felt able to speak up and express their views. One relative explained, "If you want to see someone one-to-one you can. You can make an appointment or just ask." People were also encouraged to give feedback on the quality of the service provided and told us they had completed questionnaire about their care.

Clear communication structures were in place within the service. Although noticeboards around the service were not updated with relevant information, there were regular team meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. Newsletters were used to provide information to people's relatives and friends.

People benefitted from the positive and open culture in the home. People and their relatives told us that Victoria Care Home was well run. People we spoke with told us, "If I have an issue, I tell the manager, she is approachable." One relative we spoke with reflected, "We have different staff now and I feel comfortable talking to them all even the manager." A visiting healthcare professional described how the culture at Victoria Care Home had changed for the better over the last year. They said that they were confident that any concerns they raised were always dealt with and told us that they found the home to be well organised.

Staff we spoke with during our visit were friendly and approachable. They told us that the registered manager had built good staff morale. When talking to staff we found that they understood their roles and responsibilities and their interaction with those using the service was good. We saw people felt comfortable and confident to speak with the staff who were supporting them and also to the registered manager. Several staff we spoke with told us how the home was improving saying, "It is much better here now (than it was a year ago)," and attributed the changes to the work of the registered manager and team leaders.

Staff we spoke with told us there was an open and transparent culture and they were comfortable raising

concerns or speaking up if they had made a mistake. Several staff told us how they had spoken to their team leader about things that had concerned them and actions had been taken.

Information about the aims and values of the home were displayed on several noticeboards and were entitled, "Philosophy of Care." These were understood by staff who had a clear understanding of them. A visiting healthcare professional told us how the registered manager had taken decisive action over the last year to ensure that members of the staff team displayed the right values and although this had resulted in a degree of staff turnover, they had seen improvements in the attitude of staff at Victoria Care Home. One staff member we spoke to explained how the staff always endeavoured to provide care to the best of their ability. They said, "As long as you try, that is all that matters. If you fail and speak up they (the management at Victoria Care Home), will work with you to find an alternative."

The people and relatives we spoke with thought that the home was well run. They told us that the staff were very approachable. One relative said, "Yes, I can talk to [the registered manager], but also can always talk to the staff members." Another relative agreed, saying, "Yes, you can approach staff, they're very approachable, very kind." Some relatives told us that they found the staff could, on occasions, be over familiar with them addressing them using colloquial terms which they found to be over familiar. While we found this to be the case during our inspection, this degree of informality was welcoming and polite.

The position of the office within the service meant that the leadership was visible and accessible to those working in the service. The registered manager ensured that the office was tidy and well-ordered with everything easily to hand for staff so that they could refer to it quickly if they needed to. Each day the registered manager and their deputies walked around the building together to ensure that they were all updated with regard to each person's needs and any issues which may be emerging in any area of the home.

The conditions of registration with CQC were met. The service had a registered manager who had been in place since April 2015. They had a good understanding of their responsibilities. The registered manager was supported by the owner who made regular visits to monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received the required notifications in a timely way.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance We found that the systems and audits which were to be used to monitor the service and identify areas for improvement had not been used robustly. This had led to issues being unnoticed by the provider meaning that corrective action was not taken to address the shortfalls

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 We found that peoples care plans and risk assessments had not been updated to reflect their changing needs. Records were also not completed fully to be sure that people had received the care and support that they needed.

The enforcement action we took:

Warning notice was issued and a voluntary suspension on admissions to the ground floor brdrooms was put in place by the provider.