

Dukeries Healthcare Limited

# Victoria Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service responsive?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This focused inspection took place on 1 March 2017 and was unannounced.

Victoria Care Home is located in Worksop, Nottinghamshire, and provides nursing and residential care for 93 people. At the time of our inspection, 79 people were using the service which is divided into four separate units. The Camelot unit provided residential care, the Lancelot unit also provided residential care and support for people with dementia. Nursing care was provided in the Guinevere unit and Champion Crescent provided support for people with an alcohol related brain injury.

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.

We carried out an unannounced comprehensive inspection of this service on 20 December 2016. Breaches of legal requirements were found and we issued a warning notice in relation to one of these breaches. We asked the provider to take action to ensure that the service was responsive to the needs of the people who lived there.

We undertook this focused inspection to confirm that the provider had met the requirements of the warning notice. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Victoria Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Action had been taken to update care plans and to reinforce the need for clear recording with staff.

People's care plans contained detailed information which provided clear guidance to staff although further improvements were required to ensure these were reviewed when people's needs changed. We found that staff were aware of people's needs and any recent changes.

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

We always ask the following five questions of services.

### Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

We observed people were being supported in line with their care plan. Staff were aware of recent changes in people's needs.

Action had been taken update care plans although further improvements were required to ensure these were reviewed when people's needs changed.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# 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.

We undertook an unannounced focused inspection of Victoria Care Home on 1 March 2017. This inspection was carried out to check that the requirements of the warning notice issued following our inspection on 20 December 2016 had been met. The team inspected the service against one of the five key questions we ask about services: is the service responsive? This is because the service was not meeting some legal requirements.

The inspection was undertaken by two inspectors and an Expert 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. During the inspection we spoke with 10 people who were living at the service and eight relatives. We looked at the care records of seven people and spoke with three members of care staff, the deputy manager, the assistant manager and the clinical lead. We observed the support staff provided to people in communal areas of the service.

# Is the service responsive?

## Our findings

At our last comprehensive inspection of Victoria Care Home on 20 December 2016 we could not be assured that people always received the care and support they required. This was because records were not always maintained and updated following changes and we observed staff did not always provide the support people required, for example in relation to maintaining adequate levels of nutrition. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. During this inspection we saw that some improvements had been made, but more improvements were still needed.

Most of the people we spoke with told us that they received the care and support they required. One person said, "It's alright here, I am looked after well." Another person commented, "They (staff) always ask me if I want a shower and they help me." People told us that staff normally responded to their requests for support in a timely way and a relative told us that the staff supported their relation with their mobility needs. However, one person told us, "Things are run for the home rather than the individual. Not responsive to what people need, rather what they've (staff) got to do." One person's relative told us that they were concerned about the risk of harm to their relation from falls. We spoke to a senior member of staff about recent changes to this person's needs and saw that their care plan had been updated to include further measures to keep the person safe, such as increased observation when in communal areas of the home.

The majority of our observations showed that staff responded to people's request for support and, in most cases, anticipated their needs, for example by ensuring that people received encouragement to eat, were offered protective clothing during mealtimes and were kept comfortable. We saw one person required food that could easily be mashed with a fork so it was easier for them to swallow. This was provided and a staff member helped them to eat their meal in a patient way. This resulted in the person enjoying their meal and they finished most of it. Another person was not eating their meal and a staff member noticed this, offering to cut up their food for them. This help was accepted and the person then began to eat their meal. People who were in their bedrooms were also provided with a meal and, if required, assistance to eat. However, we did observe one occasion when staff did not check whether a person required support or had finished their meal before their plate was removed. A relative told us staff did not always provide the support their relation required to help them drink. They told us, "Sometimes they'll (staff) give [relation] a jug (of juice) and put it on the side but [relation] can't get it [without support]. They emphasise [relation] needs to drink but [relation] needs them to give it to her."

The staff we spoke with had a good understanding of people's care needs and how they had changed recently. They felt that care plans provided accurate and useful information about how they should care for people. The system for updating staff of any changes in people's needs had recently been changed. Staff told us that they were always informed if any of the care they provided to people needed to be changed.

People's care plans generally contained detailed and up to date information which gave staff clear guidance about how their current needs should be met. For example, one person's care plan identified that they required regular changes of their position to protect their skin integrity. We observed that staff carried out this support as required. Another person's care plan had been recently updated to reflect that they were at a

higher risk of developing a pressure ulcer. We found that an external healthcare professional had been contacted for advice about equipment the person may require. When we spoke to staff they were knowledgeable about the people who were at high risk of developing a pressure ulcer and the measures in place to reduce the risk.

We identified that sections of two people's care plans contained unclear or contradictory information. This was rectified immediately by a member of the management team. For example, one person had recently been ill and we were told that their appetite had reduced since then and they were not always able to eat independently. However, the person's care plan stated that they had a good appetite and were able to eat independently. This person's care plan was updated straight away to show their needs correctly.

We saw that appropriate action was taken in response to incidents or a change in people's needs. For example, one person had sustained an injury after falling out of their bed. Following their return to the home after a hospital admission, staff spoke with the person about the best way to manage the risk of them falling again. The person had agreed for bed rails to be used. We saw that these were in place and a risk assessment had been carried out with the person. Staff were aware of this change in the person's needs and told us that their mobility and confidence had started to improve again. Another person had recently experienced a fall and had been referred to an external healthcare professional who had visited the day before our visit. The guidance provided by the healthcare professional had been recorded and we observed that a senior member of staff was in the process of updating this advice into their care plan. Staff were aware of the guidance provided and we observed the person being supported with their mobility appropriately.

Staff completed a series of daily records to document the care and support they provided to people. These were generally well completed and staff told us they usually found the time to keep records up to date. However, we found that two days were missing from one person's records with regards to changes of their position. Following our visit, the assistant manager told us of the action they were taking to ensure that the person had received the support they required and to remind staff of the importance of maintaining records.

A series of checks were carried to ensure that equipment people used was plugged in and working. For example, care staff regularly checked any sensor mats and pressure mattresses that people used. In addition, routine maintenance and servicing of equipment was carried out. Records were also maintained to show that people were weighed on a regular basis and in line with their care plan.