

# Venetian Healthcare Limited

## Victoria House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

This inspection took place on 9 and 10 August 2017 and was unannounced. The home provides accommodation for up to 22 people including people on short-term respite stays. There were 18 people living at the home when we visited. The home was based on three floors connected by a passenger lift. There was a choice of communal spaces where people were able to socialise and most bedrooms had en-suite facilities.

There was a registered manager in place. 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.

At our last inspection, in June 2016, we identified breaches of four regulations. The provider had failed to ensure that care and support were only delivered with the consent of the person; they had failed to ensure risks to people were managed effectively; they had failed to ensure that pre-employment checks were always completed before staff started work; and they had failed to ensure staff were suitably trained. At this inspection we found action had been taken, although further improvement was still required.

Staff described the action they took to protect a person from the risk of developing pressure injuries; however, neither a risk assessment nor a care plan had been developed to ensure this was done consistently. Other risks to people, including environmental risks were managed appropriately.

Storage arrangements for medicines that were subject to additional security requirements by law were not adequate. Action was not taken when the temperature of the medicines fridge fell too low and there was no process in place to ensure topical creams were not used beyond their shelf life.

Pre-employment checks were not always completed to help ensure staff were of good character and suitable to work with the people they were supporting.

Although most people's dietary and nutritional needs were met, we could not be assured that this was the case for one person. Staff were not able to monitor the body mass index (BMI) of people who could not be weighed, as they had not been trained.

Staff were monitoring the amount people drank, but did not know how much each person should be encouraged to drink and did not total the quantities each day to assess if people had drunk enough.

The provider had failed to display their previous inspection performance ratings in their premises and on their website. Neither the provider nor the registered manager had sent us the pre-inspection information we had requested before our visit.

A quality assurance process was in place, but this had not always been effective in bringing about improvement. Some of the issues we identified at our last inspection in June 2016 had not been fully addressed and the process for reviewing people's care plans was not robust. The provider did not take a structured approach to monitoring the quality and safety of the service, but relied on the experience of the registered manager.

Staff expressed mixed views about the way the service was managed and the availability of the registered manager. Some expressed a lack of confidence in the leadership, who they felt they showed a lack of commitment.

All but one staff member had received effective induction and training into their role. The registered manager was taking action to ensure this was completed for the staff member who had not completed this. Staff felt supported in their role on a personal level; they received one-to-one sessions of supervision with a manager, which included observations of their practice.

People told us they felt safe. Staff had received safeguarding training and knew how to identify, prevent and report allegations of abuse. There were usually enough staff employed to meet people's needs.

Staff sought consent from people before providing care and followed legislation to protect people's rights and freedom. They also supported people to access healthcare service when needed.

Staff developed caring and positive relationships with people and interacted positively with them. They protected people's privacy and respected their dignity. They supported people to remain as independent as possible and involved them in decisions about their care.

People told us they received personalised care and support that met their needs. Staff demonstrated a good understanding of people's individual needs and were led by people's preferences and choices.

With the exception of one person's care plan, all other care plans included sufficient information to enable staff to deliver individualised care and support to people. Care plans were reviewed regularly and staff responded promptly when people's needs changed.

Staff sought and acted on feedback from people. People knew how to make complaints about the service and were confident complaints would be dealt with effectively. They described an open culture where they could visit at any time and could access staff and managers to discuss concerns if needed.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Records of the risk of a person developing pressure injuries or the action staff needed to take to reduce the risk had not been documented; however, other risks to people were recorded and managed appropriately.

Medicines were not always stored securely or in accordance with manufacturers' guidance. Records showed people had received their medicines as prescribed.

The provider did not always complete all necessary pre-employment checks to ensure staff were of good character.

People told us they felt safe. Staff knew how to identify, prevent and report incidents of abuse and there were enough staff deployed to meet people's care needs.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Care plans had not been developed to ensure one person's nutritional needs were met consistently. Staff lacked the skills to monitor people's body mass index (BMI) when they could not be weighed.

Most staff had received all other essential training and were supported through the use of occasional one-to-one sessions of supervision with a manager.

Staff followed legislation designed to protect people's rights and freedom.

People were supported to access healthcare services when needed.

**Requires Improvement** 

### Is the service caring?

The service was caring.

**Good** 

Staff treated people with kindness and compassion. They created a calm atmosphere, interacted positively with people and spoke about them fondly.

Staff protected people's privacy, respected their dignity and promoted their independence.

People were involved in planning the care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

People told us they received personalised care that met their individual needs. Care plans contained comprehensive information and were reviewed regularly.

People were supported and encouraged to make choices about every aspect of their lives. Staff responded promptly when people's needs changed.

People had access to a range of activities. The provider sought and acted on feedback from people.

### Is the service well-led?

Inadequate ●

The service was not well-led.

The provider had failed to display their previous performance rating in the premises or on their website. Neither the provider nor the registered manager supplied pre-inspection information that we had requested.

The provider's quality assurance system was not robust. It did not always bring about improvement and not all the concerns identified at our last inspection had been fully addressed.

Staff expressed mixed views about the way the service was managed. Not all staff felt valued or had confidence in the leadership.

People described a culture of openness and the registered manager notified CQC of all significant events.

# Victoria House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

The inspection was unannounced and was carried out on 9 and 10 August 2017 by one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR); however, the provider did not complete or return this form to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. However, we did review other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We also received feedback from the local authority commissioners which we used to help plan the inspection.

We spoke with six people using the service and two relatives of people living at the home. We spoke with nine members of the care staff, two chefs, a housekeeper, an administrator, the deputy manager and the registered manager. We also observed care and support being delivered to people in the communal area of the home. Following the inspection, we spoke with the two directors of the provider's company by telephone.

We looked at care plans and associated records for six people using the service, staff duty records and other records related to the running of the service, including staff recruitment and training records, accidents and incidents, policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

At our last inspection, in June 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008. The risks of a person developing pressure injuries were not managed effectively. At this inspection, we found that person was no longer living at the home. However, we identified another person who was equally at risk of developing pressure injuries and found there was no plan in place to manage this risk.

The person was being cared for in bed; they were very frail, had fragile skin and were clearly at high risk of skin breakdown. A special pressure-relieving mattress had been provided for them and staff told us they took care to monitor the person's pressure areas. If any concerns were found, they said they would contact community nurses for advice. The person told us, "They [staff] are very fussy about my skin and spot any mark, and I have a cushion to put between my knees which helps." However, a risk assessment had not been completed to document the risk and no guidance had been recorded to inform staff about the action they should take to reduce the likelihood of the person developing pressure injuries or how to manage the risks should a skin breakdown occur. An incorrectly dated body map, dated 31 August 2017, had been completed by a staff member detailing signs of skin breakdown on the person's heels and knees; however, there was no record of any action having been taken. The registered manager told us they thought the date should have been recorded as 31 July 2017 and said the concern should have been escalated to them or the deputy manager, but this had not been done. During the inspection, a senior staff member checked the person's heels and knees and found they were intact and no longer showing signs of breakdown and the registered manager told us they would contact the community nursing service to seek advice. However, the lack of risk assessments or a clear plan to ensure staff took consistent, effective action put the person at risk of harm.

The failure to maintain accurate and complete records of the care required by and provided to each person was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Another person was living with diabetes; however, there was no information in their care plan to help staff identify when the person's blood sugar levels might be too high or too low and what action they should take if this occurred. We drew this to the attention of a senior staff member and they added this information to the person's care plan.

Other risks to people were managed effectively. For example, one person was at risk of falling out of bed and bed rails had been in place to protect them, following the completion of a risk assessment. Another person, who had a habit of not using their walking frame correctly, had a notice on it to remind them how to use it safely. The registered manager reviewed all falls across the home to identify patterns or trends. They described a series of additional measures they had put in place for a person who had experienced repeated falls, including the installation of an extra call bell point in their room to encourage them to seek staff support to mobilise.

Risks posed by the environment were also managed effectively. Locks had been placed on external doors since our last inspection; and staff had been trained in fire safety and were aware of the action to take in the

event of a fire. Fire safety checks were conducted every week and people had personal evacuation plans detailing the support they would need in the event of fire. The registered manager was in the process of arranging for a new fire safety risk assessment to be completed by a specialist contractor. Some staff had taken part in a fire drill, although others said they had not experienced a drill. We discussed this with the registered manager who undertook to conduct more fire drills once the new fire safety risk assessment had been completed. Health and safety checks were completed regularly to help ensure the environment remained safe for people; these included monitoring of hot water temperatures, the cleanliness of the home and the safety of the grounds.

At our last inspection, we identified that controlled drugs (CDs) were not being stored securely. CDs are medicines that are subject to additional controls by law and need to be stored in cabinets built to a specified standard and secured to a solid wall. At this inspection, we found the provider had purchased an approved cabinet, but this was not secured to a solid wall, as required, thereby posing a security risk. Other medicines need to be stored at low temperatures between two and eight degrees Celsius, in accordance with the manufacturers' guidance. Staff used a fridge for this purpose and monitored the temperatures daily using a thermometer. Records showed the temperature of the fridge had repeatedly fallen to minus 1.4 degrees Celsius between 31 July 2017 and 10 August 2017. Temperatures this low can potentially harm medicines, making them unsafe or ineffective to use; however, no action had been taken to seek advice from a pharmacist or to adjust the fridge.

Prescribed topical creams and ointments were being applied to people by staff for a variety of conditions. These have a limited shelf life once opened as they can become contaminated by contact with the environment, making them less effective. However, there was no process in place to ensure creams were taken out of use when their shelf life had expired, such as recording the date when they were opened. A date of opening had been recorded on one tube of cream, but we found this was still in the person's room a year after that date; the deputy manager told us it should have been replaced after three months.

The failure to ensure medicines were managed safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate arrangements were in place for other aspects of medicines management. Staff had been trained to administer medicines and their competence to do this was assessed each year. The temperatures of the rooms used to store medicines were monitored and records showed these remained at a safe level. One person told us, "I'm aware of all my medicines and I always get them."

There were clear plans in place to support most people to take 'as required' (PRN) medicines, such as pain relief and laxatives. This was missing for one person's PRN medicines, but was put in place by a senior staff member before the end of the inspection.

A risk assessment had been put in place for a person self-administering some of their medicines. Staff were aware of the risks relating to people who were taking blood-thinning medicines and information was available to guide staff if the person became unwell while taking them or experienced an injury.

At our last inspection, in June 2016, we also identified a breach of Regulation 19 of the Health and Social Care Act 2008. The provider was not operating effective recruitment procedures to ensure staff were of good character. We found some action had been taken, but further improvement was still required.

There was an appropriate recruitment procedure in place, but this was not always followed. Staff records included an application form, full employment history, written references and checks with the disclosure



and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. However, for two staff members recruited since the last inspection, we found checks had not been completed with the managers of other care services where the staff members had previously worked. One staff member had worked at three care homes in the previous three years. A reference had been obtained from the manager of their most recent home, but not from the previous two. The provider had not verified the reason why the staff member had left these two homes or established whether their conduct had been satisfactory. The registered manager told us that, since starting at Victoria House, the person had turned out to be unsuitable so had been "let go". They acknowledged that this could have been avoided, and people not put at potential risk, if they had completed more thorough checks. Another staff member was employed by the NHS on a part-time basis, but the registered manager had not sought a reference from the NHS or checked that the staff member's conduct was satisfactory. The registered manager told us they thought references were only required for previous employers and not from current employers, which is not the case.

The continued failure to operate effective recruitment procedures was a repeated breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at Victoria House. One person said, "I feel safe and secure." Another person told us, "I feel safe because staff are very gentle with me; we cooperate together." A family member echoed these comments and added: "I've never had any safeguarding concerns; [my relative] is absolutely safe here." Staff had been trained in safeguarding and knew how to identify, prevent and report incidents of abuse. One staff member told us, "I'd be looking for signs [of abuse], such as bruising, if they go quiet, if they go off their food; and I always ask if they have any bruising. I'd report it to the manager, but I could always report it to Social Services or CQC." Another staff member told us, "I've told [other staff] that if there's anything I see that I don't like, I will report it."

People told us there were enough staff to meet their needs. One person said, "If I press my call bell, they [staff] come very very quickly." Another told us, "If I call, they come at once. I'm not aware of any shortages." The registered manager told us the staff levels were based on people's needs; for example, the staffing level had been increased recently when a person had become unwell and needed one-to-one support, but was then reduced when this was no longer needed.

Staff told us they felt there were usually enough staff, although occasionally, due to staff sickness, there were only two members of care staff on duty during the day instead of the usual three which meant they sometimes had to "rush" people. We looked at the duty rotas for the four weeks before the inspection and found there were sufficient staff on duty each day. The registered manager told us it was currently "a bit of a problem" covering shifts because two staff members had recently left at short notice. They said they always "got by", for example by using housekeeping staff to help people with drinks and meals or by one of the managers covering. They were in the process of recruiting additional staff to provide more resilience and were using a sickness monitoring tool to monitor and reduce the level of staff sickness.

## Is the service effective?

### Our findings

People told us they felt the service was effective, that staff understood their needs and had the skills to meet them. Comments from people included: "They [staff] look after me and even check the temperature of my room every day"; "Staff know what they're doing"; and "The care is really good". A family member confirmed this, saying, "The quality of care staff is great; they are all friendly and very competent."

Most people's dietary needs were met. People praised the quality of the meals and told us there was always a choice. Comments from people about the meals included: "The cooking is very good; they give me pureed food which makes it easier for me. I had faggots yesterday and they were tasty"; "The food is wonderful and there's always fruit available"; and "Lunch is always very nice and there's lots of choice."

However, the provider was not able to confirm that the nutritional needs of one person were being met and that they were appropriately protected from the risk of malnutrition. Staff told us the person was at risk of not eating or drinking enough and said they had to continually encourage the person to eat and drink. One staff member told us they were so concerned about the person's nutritional intake that they contacted the dietician service directly for advice. They had sent the staff member an advice leaflet detailing a wide variety of ways that a person's food could be fortified to increase the number of calories they received, for example by using whole milk rather than semi-skimmed milk. However, this had not led to any action. The need for the person to receive additional calories had not been reflected in their care plan; a nutritional care plan had not been developed; and a risk assessment relating to the person's risk of malnutrition had not been completed. The two chefs told us the person was receiving a normal diet and that they did not keep whole milk in the kitchen. One of the chefs told us, "We have supplemented people's meals in the past, but I'm not aware of anyone that needs it at the moment."

We discussed this with the registered manager, who felt staff were doing all they could to encourage the person to eat enough. However, they were unable to confirm that the person's nutritional needs were being met and that they were not losing weight. The person was being cared for in bed and was not able to be weighed; and there was no process in place to monitor their body mass index (BMI). We had identified the inability of staff to calculate BMIs as a concern at our last inspection, in June 2016, but it had not been addressed. By the end of the inspection, a senior staff member had researched some information about calculating a person's BMI by taking measurements of the person's arms and legs. Once in place, this would help staff identify if the person's BMI was stable or whether additional action was needed to increase their nutritional intake or to seek further advice from healthcare specialists.

The failure to operate effective systems to assess, monitor and mitigate risks to the health, safety and welfare of people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we identified that fluid charts were not being completed fully for people at risk of dehydration. At this inspection, we found staff were completing fluid charts fully, including the quantity of fluid the person had drunk; however, the charts did not include a target amount to guide staff as to how

much the person should be encouraged to drink, and the amount they drank each day was not totalled each day so staff could assess whether the person had drunk enough. We discussed this with a senior staff member and by the end of the inspection this information had been added to people's care plans.

At our last inspection, in June 2016, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 as the provider had not ensured that staff were suitably trained and supported in their role. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

People were supported by staff who had received an effective induction into their role. Each member of staff had undertaken an induction programme under the supervision of the registered manager. For night staff, this included working day shifts alongside experienced members of staff so they could get to know people while they were awake. Most staff then completed further training in essential subjects, such as moving and handling, safeguarding and infection control within their first 12 weeks of employment. One staff member had not completed any of this additional training since starting work at Victoria House four months previously, but the registered manager assured us this was being addressed. In the interim, the staff member was working alongside another staff member who had completed the necessary training. Staff who were new to care received training that followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. Experienced staff repeated training in essential subjects on a yearly basis and records showed this was up to date. Staff could also access additional training relevant to their role, if required; for example, two senior staff members told us they were undertaking leadership courses to support them in their role.

Staff told us they felt supported by managers on a personal level and received occasional supervisions. Supervisions provide an opportunity for management team to meet with staff, feedback on their performance, identify any concerns, offer support and identify training needs. Some supervisions included observations of staff practice to check they were providing safe, effective and compassionate care to people. Records showed these were not conducted on a regular basis, but were supplemented by staff meetings which were used to provide additional support and guidance to staff. A staff member told us, "I've not had supervision for a while, but when I do we can talk about anything; residents, the home, ourselves. They are good." No staff member had received an appraisal in the previous year, to assess their performance and development needs; however, the registered manager told us these were all scheduled for October 2017. A staff member told us, "I get all the training I need and [the registered manager] is supportive for personal issues; for example, I've been given time off when I've needed it."

At our last inspection, in June 2016, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 as the provider had not ensured that people were only treated with consent. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. All of the people living at Victoria House had capacity to make their own decisions. They told us staff sought their consent before providing any care or support and followed their wishes. Some people had signed their care plans, for example to confirm their agreement to the use of bed rails to keep them safe. Others had given their verbal agreement for staff to manage their medicines on their behalf. The registered manager showed us a form they had drafted, which they intended to introduce in the near future, to improve the way they recorded people's agreement to the care and support they received. Once in place, this would help them

demonstrate that staff only provided care and support with the consent of the person.

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 on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements. No DoLS applications had been needed for people living at the home, but the registered manager knew how to make applications when these were required.

People were supported to access healthcare services. Their care records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments and outcomes were recorded in detail. One person told us, "They [staff] always get a doctor if they think it's necessary." A family member said, "[My relative] needed treatment by the district nurses, but the staff here were doing the daily ointments and got [the condition] under control. They did everything the nurses and doctor told them to do." Another person was receiving specialist support from a local hospice to manage their pain; they told us the liaison between hospice staff and staff at the home was "working well".

## Is the service caring?

### Our findings

Staff developed caring and positive relationships with people. Comments from people about the staff included: "They are all jolly good here"; "Some are more kind than others, but they are all okay"; "Everyone's really nice"; "I feel I know staff really well; they're all approachable"; and "Staff are lovely, they're very relaxed". A family member told us, "I like the feel of the place. What stands out for me is the staff; they are really nice and friendly. [The deputy manager] in particular has exactly the right temperament for dealing with [my relative]; she understands how she ticks."

Staff also spoke fondly about the people they supported and expressed a commitment to looking after them well. One staff member told us, "The residents come first with us. My loyalty is to them." Another staff member said of Victoria House, "It's the residents' home and our second home and that's important for us to remember." A further staff member told us, "I like to go home feeling I've made a difference. People give us a lot of positive feedback, which is nice."

Without exception, all interactions we observed between people and staff were positive and supportive. Staff demonstrated that they knew people well. For example, when a person needed to use the bathroom when it was already in use, a staff member told them, "I'll take you up to your room so you don't have to wait." The staff member knew the person became unsettled if they had to wait for the bathroom and this eased their anxiety.

Another person was heard having a discussion with two staff members about their jumper, saying they were too hot. After a meaningful discussion about the various options, the person chose a lighter cardigan which a staff member fetched for them. The person said they felt "much more comfortable" and the staff member complemented them by saying, "You look lovely", which brought a smile to the person's face.

Staff created a calm atmosphere by supporting people in a patient and unhurried way. When people were helped to mobilise, staff allowed them to move at their own pace whilst giving encouragement and reassurance. They used expressions such as, "That's right, you take your time"; and "That's it, the chair's right behind you. Can you feel it on the back of your legs?" One person told us, "They [staff] have so much patience and always want to do their best to help us."

People's privacy was protected and their dignity respected. One person told us, "[Staff] treat me with dignity; more than I deserve sometimes and they always make sure the door is closed when I'm [receiving personal care]." Staff knocked and sought permission before entering people's rooms. They took care to make sure bathroom doors were closed when they were in use and described practical steps they took to protect people's privacy when delivering personal care. These included using a 'do not disturb' sign on the door, keeping the person covered as much as possible and explaining what they were about to do.

Staff encouraged people to remain as independent as possible within their abilities and to do as much as possible for themselves. For example, they described how they let people attend to their own personal care when they could, but supported them by washing areas they were unable to reach. A staff member told us,

"A lot of people [living at Victoria House] are self-caring and just need a little help now and then when they can't manage. We have to encourage them to keep doing what they can for themselves."

When people moved to the home, they were involved in discussing and planning the care and support they received. In addition, staff were allocated 'talk time' to spend with people each month. This gave people an opportunity to discuss their care and support needs and any changes they wished to see. A family member told us, "[My relative] has capacity and they [staff] involve her in every decision. If they have any concerns, they let us know."

## Is the service responsive?

### Our findings

People told us they received personalised care and support that met their needs. One person said, "[Staff] know that I like warm drinks; they are ever so good and leave [my drink] until it's just cool enough for me. They also give my back a good old rub [when washing me] which they know I like." Another person told us, "I have a nice routine that suits me; it starts with a cup of tea in the morning."

Staff demonstrated a good awareness of the individual support needs of people living at the home. They knew how each person preferred to receive care and support. For example, they knew which people needed to be encouraged to drink; the support each person needed with their continence; and when people liked to get up and go to bed. One person frequently became anxious; staff were clear about the causes of the person's anxiety and described the support they provided to reassure the person, which matched information in the person's care plan.

A new format for the care plans had been introduced since our last inspection that focused on each person's key needs and their preferred daily routines. With the exception of one person, whose pressure area care needs and nutritional needs were not documented, all other care plans contained detailed information to enable staff to provide individualised care to people.

Care plans also included 'A&E grab sheets'. These detailed key information about people, their medical history, the medicines they were prescribed and any allergies they had. If the person was admitted to hospital in an emergency, this information would travel with them to help medical staff assess and treat them effectively. Care plans were reviewed monthly by nominated key workers during 'talk time' sessions with the person. A key worker is a staff member who takes a particular interest in a named person to help ensure their needs were met and to act as a point of contact with family members.

Staff kept records of the care they had delivered using daily charts; these showed when each element of the person's care needs had been met. In addition, they recorded further information about the person's health status, mood and needs in a free-text daily record in the person's care plan. These records were fully completed and clearly demonstrated that people's assessed needs had been met consistently.

Staff responded promptly when people's needs changed. For example, a person developed diarrhoea during the course of the inspection. They isolated the person in their room and put disposable gloves and aprons outside the room so staff could use appropriate barrier techniques, when supporting the person, to prevent the spread of infection. In addition, they encouraged the person to stop eating solid food and to increase their fluid intake to prevent dehydration.

People were supported and encouraged to make choices about every aspect of their lives, including when they got up and went to bed, and how and where they spent their day. One person, who was being cared for in bed, told us they liked a clean nightie every day and this was provided. A staff member told us, "In the morning, I knock on [a person's] door and ask if they're ready to get up. If they say no, I go away and ask again later." Another staff member told us, "People can choose when to get up, where to take their breakfast

and if they want to come to the entertainment they can." We observed staff repeatedly offering people choices and they were clearly led by people's wishes. For example, when a staff member saw people were sat in silence in the lounge, they asked if they wanted the television on; they then had a discussion with them about which channel they would prefer to watch.

People told us they could choose how many baths or showers they had each week. While one a week was enough for most people, some told us they had two or more depending on how they felt. One person said, "I prefer to have a bath. I can have one whenever I want, I've only to ask." Another person told us, "I have a shower every Monday as I don't like baths."

People had access to a range of activities. These were advertised on the home's notice board and people were encouraged to take part. An activity room had been built since the last inspection, which was used every morning for games, singing, crafts and hand massage/pampering sessions. After one session of activities, a person told us, "I've had a lovely morning today, the best for ages. I've been singing away and had my nails done." Another person said, "I like Wednesdays; we have a lady with a guitar who's brilliant." A further person told us they were able to use the garden when the weather was fine.

Staff sought and acted on feedback from people. Staff and the registered manager maintained open communication with people at all times and were available to discuss any concerns. In addition, key workers used their monthly 'talk time' sessions with people to seek feedback about the service and any changes they wished to see. In response to feedback from people, the menus had been changed to include special dishes that people had requested and the addition of cheese and biscuits to the tea time menu.

People knew how to complain and there was a suitable complaints procedure in place. One person told us, "If I needed to complain, I would; the manager would listen, I know." A family member told us, "I'm confident any complaint would be dealt with properly."



## Is the service well-led?

### Our findings

People told us they were happy living at Victoria House and felt it was well-led. One person said, "I see [the registered manager] quite regularly. She talks about her family and her [animals] and we have a chat. She even washed my hair for me the other day when it was bothering me." A family member told us, "[Victoria House] is absolutely brilliant. I would absolutely recommend the place. I'm so happy we found it."

Following our last inspection, in June 2016, we issued an overall rating of 'Requires improvement' to the service. Providers are required to display their ratings conspicuously on the premises and on their website. We saw the previous rating was not displayed on the premises and a check of the provider's website showed the rating was not displayed there either. During the inspection, a senior staff member printed off and displayed a copy of the ratings on the home's notice board. When we spoke with the directors of the provider's company, they said they were not aware of the need to display the rating on their website. They told us the website was currently being refreshed and they would ensure it was displayed when this work had been completed.

The failure by the provider to display the previous CQC rating conspicuously on the premises and on their website was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a quality assurance process in place to assess and monitor the quality of the service. This was based on a range of audits, including medicines, infection control, health and safety. However, the audits were not always effective in bringing about improvement. For example, the medicines audit in June 2017 had identified the need for staff to date creams when they were opened, but this was still not happening. The registered manager told us this would have been picked up in their July audit, but they had not had time to complete it. The infection control audit, completed in April 2017, was not accurate; it stated that all clinical waste bins were pedal operated, but we found one was not; and it stated that the external storage facilities for clinical waste were secure, but we found the storage bins were in an area that was accessible to people and were not locked. In addition, the process used to review the quality of people's care plans was not robust. It relied on key workers developing and reviewing the person's care plan, followed by occasional checks of the plans by another senior staff member. These checks had not always been effective in identifying omissions in people's care plans. For example, they had not identified the need for additional information and risk assessments relating to pressure area care, diabetes and malnutrition. The registered manager told us a meeting with key workers was already planned to address this issue.

The leadership of the home was not always effective and they failed to act on feedback from relevant persons. Not all of the concerns we identified at our last inspection, in June 2016, had been addressed. For example, we had identified that the risk of people developing pressure injuries was not being managed effectively and this was still the case at this inspection. We had identified that recruitment procedures were not operating effectively and this was still the case at this inspection. We had identified that staff had not been trained to monitor the body mass index (BMI) of people who were unable to be weighed, but no action was taken until we raised it again at this inspection. We had identified that the controlled drugs cabinet did

not meet the required specification and, although a new cabinet had been purchased, it had not been secured as required. This had also been pointed out during a visit by the medicines management team from the Clinical Commissioning Group (CCG) in April 2017, but no action had been taken until we pointed it out again during this inspection. These failures meant there were continuing breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The directors of the provider's company told us they spoke with the registered manager on a weekly basis and visited the service each month to "check things are going smoothly". However, they acknowledged that they did not take a structured approach to monitoring the quality of the service during these visits and that they relied on the registered manager to ensure the fundamental standards of quality and safety were being followed.

Prior to the inspection, we sent the registered manager and one of the directors of the provider's company a Provider Information Return for completion. This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We use the information to help us plan and focus our inspection. However, the form was not completed, as required. The registered manager told us this was because the request had been sent to an email address they were no longer using and they had not updated their contact information with CQC. The nominated individual told us they had been unwell and had not checked their emails.

The failure to operate effective systems to assess, monitor and improve the service, the failure to act on feedback from relevant persons and the failure to send pre-inspection information to CQC when requested, were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found staff had acted on feedback provided during a visit by social care professionals from the local authority's commissioning unit. For example, they had been asked to update the complaints procedure and this had been done; they had been asked to complete a risk assessment for a person who self-administered their medicines and this had been completed; they had been asked to complete environmental risk assessments, together with a plan for the refurbishment of the home and we saw these were in place and being actioned.

Following our last inspection, the provider purchased a set of policies and procedures to help guide their practice. However, they had not tailored all of these to reflect working practices in the home. For example, the medicines policy talked about the role of registered nurses in supervising the administration of medicines and the management of the medicines trolley. However, registered nurses did not work at the home and there were no medicines trolleys as alternative arrangements were in place for storing people's medicines. We discussed this with the registered manager, who told us they had reviewed and updated some of the policies and procedures and would continue this work to ensure they reflected the way the home operated.

When we spoke with staff they expressed mixed views about the way the service was managed and the availability of the registered manager. All staff members told us the registered manager was supportive to them on a personal level, for example if they needed time off or had child care issues. However, on a professional level, some staff said they lacked confidence in the registered manager and were critical of a perceived lack of commitment by them. Comments from staff included: "I have no confidence in [the registered manager], she's never here. I don't feel at all supported and am thinking of leaving"; "I don't really feel valued. Two staff left recently, so we had to pick up their shifts. After doing one, I didn't get thanked or anything, so when they asked again I said 'no'"; and "Staff are unhappy. They think if [the registered

manager] doesn't care, why should we?"

However, other staff were more positive. For example, one told us, "[The registered manager] is approachable, I feel comfortable speaking to her. It's a nice place to work, well organised and morale is good." Another staff member said, "[The registered manager] definitely supports me; if there are any issues she will deal with them. I really enjoy my job." All staff we spoke with praised the deputy manager. They said the deputy manager covered shifts, would always answer the phone and would "sort out" any problems they encountered in a supportive way.

Those staff who were critical of the registered manager felt senior staff had to "pick up the slack" which meant they were able to spend less time supporting care staff, which in turn meant care staff had less time to support people living at the home. In addition, some staff said there was a reluctance to cover shifts, so there was a risk that shifts would be short-staffed more often in the future. Following the inspection, we discussed the concerns expressed by staff about the registered manager with the two directors of the provider's company. They undertook to explore and address the issues the following day when they were due to visit the home.

People and relatives told us there was a culture of openness between them and staff. Relatives told us they could visit at any time and were always made welcome. A person confirmed this when they said, "I get a lot of visitors and there are no restrictions on them." They said staff and management were always available to them and had "an open door policy". The registered manager was aware of the need to notify CQC of all significant events that occurred in the service and records confirmed that they had done this consistently.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that medicines were managed safely. Regulation 12(1) &amp; 12(2)(g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider had failed to display their most recent CQC performance rating on the premises or on their website. On their website, the provider had also failed to show CQC's website address or the place where the most recent assessment of the provider's performance could be accessed. Regulation 20A(1) &amp; (2).</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to maintain accurate and complete records of the care required by and provided to each person; they had failed to operate effective systems to assess, monitor and improve the service; they had failed to act on feedback from relevant persons; and they failed to send pre-inspection information to CQC when requested. Regulation 17(1), 17(2)(a), 17(2)(c), 17(2)(e) &amp; 17(3).</p>

### The enforcement action we took:

We issued a warning notice requiring the provider to make improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate effective recruitment procedures to ensure persons employed were of good character; and they had failed to ensure all required pre-employment checks were completed as required. Regulation 19(1)(a), 19(2) &amp; 19(3)(a).</p>

### The enforcement action we took:

We issued a warning notice requiring the provider to make improvements.