

Supreme Care UK Ltd

Victoria House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

There were seven people living at the home at the time of our inspection. Including one person who was in hospital and another who was staying at Victoria House for respite care.

Victoria House Rest Home was inspected in August 2015. A number of breaches were identified and it was rated as inadequate and the CQC took enforcement action. A focussed inspection took place in October 2015 to follow up on concerns in relation to safety at the home and we found that the provider had not made suitable improvement and the service continued to be rated as inadequate. CQC took further enforcement action and the service was placed into special measures. This inspection took place on 4 and 5 May 2016 and was a full comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements.

At this inspection we found that considerable improvements had been made and the provider was now meeting all regulations. However some areas required time to become fully embedded into everyday practice. This included quality monitoring systems and daily documentation completed by staff which needed further development to ensure best practice in all areas. The use of agency staff needed to be reviewed to ensure that all staff who worked at Victoria House understood their responsibilities in relation to daily documentation for people, especially daily charts in place, for example, repositioning, fluids and nutrition. Staff needed to be consistent in their recording of care provided and when completing handover forms to ensure all relevant information was recorded.

Recruitment systems needed to be tighter to ensure all relevant references and checks were available in staff files and any gaps in previous employment history were documented when discussed.

At the inspections in August and October 2015, we found that risk assessment and risk managements practices were poor. Individuals did not have the risks to their health and safety properly assessed or managed. Identified risks to the environment had not been rectified. At this inspection we found that people's individual risks had been assessed and reviewed. Environmental risks had been addressed with a programme in place to ensure that future checks took place appropriately.

At the inspections in August and October 2015 we found that people had not been supported to ensure their nutrition and hydration needs were met. At this inspection we found people's nutritional needs were reviewed with referrals made to Speech and Language Therapists (SALT) when needed. People preferences and special dietary needs were met and weights were monitored regularly. Fluid intake was reviewed daily and any changes reported to people's GPs. People were offered a choice of food and drinks throughout the day, with alternatives available if people requested them.

At the inspections in August and October 2015 we found that people's medicines were not safely managed. At this inspection we found that extensive improvements had been made to the entire medicines process. Information was in place to support staff and people received their medicines as prescribed.

At the inspections in August and October 2015 we found that accidents and incidents were not consistently documented or investigated. At this inspection we found that a new system of reporting had been implemented. This included clear information regarding the incident, who witnessed it, actions taken and a body map in place to record any injuries. Follow up checks took place and the incident discussed with staff to see if anything could be implemented to prevent the incident reoccurring.

At the inspections in August and October 2015 we found that people's care needs had not been assessed to determine safe and appropriate staffing levels. At this inspection we found that staffing levels were monitored and reviewed regularly to ensure levels were safe and appropriate to meet people's needs. Agency staff were used to maintain staffing quotas if needed. Newly employed staff completed an induction and all staff were provided with training, supervision and appraisals to ensure they were appropriately skilled and supported.

People were supported to take part in a range of activities, maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

People were treated with dignity and were looked after by kind and compassionate staff who supported them to maintain their independence when possible. Staff were supported by an enthusiastic and approachable registered manager. Staff morale had improved and they told us they welcomed the positive changes.

All feedback received from people was positive about the care, the atmosphere in the service and the approach and openness of the staff and registered manager. We were told, "I love the staff you could not meet more lovely people. Beautiful people all excellent."

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

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's mental capacity had been assessed when needed and DoLS applications made when a need had been identified.

A complaints procedure was readily available for people to use. People told us they would be happy to raise any concerns if they had them.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views and satisfaction surveys had been completed. The management style was open and looked at ways of continually improving the service for people. Staff felt valued and supported by the registered manager. Telling us, "It's a team."

The registered manager had completed notifications when needed to CQC or other organisations and was aware of what needed to be notified and that this was required in a timely manner.

Many improvements had taken place since the last inspection and the breaches of regulations had been met. At the next inspection we will check to make sure the improvements are embedded and sustained. This

is because there are currently five of a possible 26 people at the home and we will need to see that as people are admitted the improvements continue, which is why the rating is requires improvement despite no breaches having been identified.

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 consistently safe.

Staff recruitment processes needed to be improved to ensure that appropriate references and past employment gaps were included in staff files.

Medicine practices had been greatly improved with new procedures implemented to support good medicine practices.

Environmental checks had taken place with a system in place to identify when future checks were due.

Individual risks were identified and managed to help ensure people remained safe.

Staff had a good understanding about how to recognise and report safeguarding concerns.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

When people required assistance with meals staff had not ensured that this was done without interruptions. Staff were seen leaving a person's room twice whilst they were helping them eat their lunch.

Agency staff induction checks needed to be in place for all agency staff working at the home to ensure that agency staff.

Staff felt supported them and they had training they needed to meet the needs of people living at the service.

Staff had a good understanding of Mental Capacity Assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

Meal choices were provided and people were encouraged to maintain a balanced diet. People's weights were monitored.

Is the service caring?

Good ●

The service was caring.

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

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

Staff treated people with patience and dignity.

Is the service responsive?

The service was not consistently responsive.

Daily charts needed to be completed accurately to give a clear picture of the care and treatment people received.

A lively activity schedule was in place. People were involved in choosing activities and able to spend time doing things they enjoyed.

Changes to people's health was monitored and referrals to other health professionals took place when needed.

A complaints procedure was in place and displayed in the main entrance area for people to access if needed.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

A new quality assurance system was in place. However, some areas of documentation needed oversight to ensure they were completed properly and information was appropriately recorded.

The registered manager and staff in the service were seen as approachable and supportive.

There had been a number of positive changes made to the day to day running of Victoria House and a clear programme in place for continual improvement.

Staff and people spoke positively of the management team's approach and availability.

Requires Improvement ●

Victoria House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection which took place on 4 and 5 May 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, notifications or investigations, and any other information that has been shared with us by other organisations.

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

We spoke with six people using the service and seven staff. This included the registered manager, team leader and care staff. We also spoke with the activities co-ordinator and the chef and met a visiting entertainer during the inspection.

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

Is the service safe?

Our findings

Victoria House Care Home was inspected in August 2015. It was rated as inadequate after this inspection and the CQC took enforcement action. A focussed inspection took place in October 2015 to follow up on concerns in relation to safety at the home and we found that the provider had not made suitable improvement and the service continued to be rated as inadequate. CQC took further enforcement action and the service was placed into special measures. This inspection took place on 4 and 5 May 2016 and was a full comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements.

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

At the inspections in August 2015 we found that people's medicines were not safely managed, the provider was in breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's medicines were not managed safely and people had not received their medicines as prescribed. At the inspection in October we determined people were still at risk of not receiving medicines appropriately as these concerns had not been addressed sufficiently to meet the breaches of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was now meeting this regulation. Medicine practices had been greatly improved with new procedures implemented to support good medicine practices. Medicine Administration Records (MAR) and care plan folders contained information on what medicines each person was prescribed. This was detailed and included what the medicine was, any contra-indications and side effects and other relevant information.

Medicines were stored safely and securely. People were given their medicines following best practice procedures by appropriately trained staff. Medicines were given to each person individually, with staff taking the time to explain to people what their medicine was and what it was for. People who had prescribed medicines to take 'when required' called PRN medicines had clear guidelines in place. For example, when people were prescribed a topical pain relieving cream, information had been recorded to inform staff how this was to be administered, including a body chart completed to demonstrate where on the body it was to be used. When PRN medicines were given this had been recorded on the reverse of the MAR chart. A pain tool was also used to help staff ascertain if pain control was needed.

Medicines room temperatures had been monitored and a new medicines fridge had been purchased. This meant medicines remained fit for their use. There were systems in place for the ordering and disposal of medicines and people had received their medicines as prescribed. The registered manager told us that new systems ensured that new stock was ordered in advance to prevent people being without their prescribed medicines. Orders were checked to ensure that adequate stock was maintained. All medicine had been dated on opening and regularly checked to ensure no out of date medicines remained in use. Medication Administration Charts (MAR) charts were found to record accurately the medicines administered. For example, one person was in hospital and the MAR chart had recorded 'H' as a key to demonstrate the

hospital stay. MAR folders included a record of staff signatures for staff trained to administer medicines and a photograph of each person receiving medicines. No covert medicines were being given and no one was currently self-administering their medicines. However, we saw that on admission this had been discussed and assessed to ensure when possible people were able to remain as independent as possible.

At the inspections in August 2015 we found that the provider was in breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's safety was not protected. People's needs were not assessed to determine appropriate staffing levels to ensure safe care could be provided. At the inspection in October we determined people were still at risk of not receiving safe care as these concerns had not been addressed sufficiently to meet the breaches of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was now meeting this regulation. Staffing levels had been assessed and were currently adequate to meet people's needs. Staffing levels were discussed and reviewed at monthly meetings or more frequently if required. The registered manager told us, "Staffing is all about safety, so it needs to be flexible." When people's health had declined, for example, when they were receiving end of life care, extra staff had been provided to ensure that their needs could be met. Staff confirmed this and said that staffing was not an issue.

There were currently only five people living at Victoria House and everyone had their rooms on the ground floor of the building. Staffing levels were two care staff, with an extra staff member between 5pm and 7.30pm. There were designated kitchen, domestic, maintenance and activity staff although these were not all full-time. The registered manager was available throughout the week and there were two waking staff at night. Staff told us that "Staffing levels are fine; there are only five people here at the moment." And, "We have the time to chat to people it's really nice, you feel like you really get to know them." Staff also said that they were aware that staffing levels would be reassessed once more people moved in. Telling us, "It will be fine, it's such a good team and we all work together. If we need more staff then I am sure we will get them." We saw that people living at Victoria House received help when they needed, and requests for assistance were responded to quickly.

It was noted that the domestic and maintenance staff were not full time. The registered manager was aware that this would need to be increased as more of the building required renovation before they could be used by people moving into the home. An increase in rooms being used would mean an increase in domestic work and cleaning around the building.

At the inspections in August 2015 we found that the provider had not assessed risk to the health and safety of people or taken appropriate action to mitigate such risks. Risk assessment and risk management practices were inconsistent and individuals did not have the risks to their health and safety properly assessed or managed. Identified risks to the environment had not been fully rectified. We also found that incidents and accidents had not been properly analysed to ensure risks to people's safety were minimised. At the inspection in October we determined people were still at risk of not receiving safe care as these concerns had not been addressed sufficiently to meet the breaches of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was now meeting this regulation.

Care plans now contained risk assessments completed for all identified needs. These included falls, moving and handling, incontinence, tissue viability, medication, dietary and fluid intake. We saw an example where one person's mobility had decreased. Care staff had sought out help from falls advisors and had followed this up with further calls when the original referral had been declined. This had led to specific equipment being ordered to assist the person with their mobility and as such meant that their level of independence

and safety had been maintained.

Previously we found that risks to people's nutrition and hydration had not been well managed. Since the last inspection new system had been implemented to monitor people's fluid intake. People who were deemed at risk in relation to their nutrition had clear information in their care plans. This informed staff of each person's assessed daily fluid intake requirements. Fluid charts were in place and these were added up each night. When people's intake fell below the required level for three days then the home's policy was to notify their GP for further guidance. This meant that a clear system was in place to ensure people received good hydration. Staff were seen to provide drinks regularly throughout the day, jugs of juice were provided, and we saw that people helped themselves to this if possible or staff assisted them and hot drinks were regularly offered. People's weights were monitored. We saw that one person had weekly weights for a period of time this had just been reassessed by the registered manager and a decision made to now monitor the weight monthly as there were no areas of concern. We saw that appropriate referrals had been made if any concerns had been identified.

At the inspections in August 2015 we found that incidents and accidents had not been properly analysed to ensure risks to people's safety were minimised. At the inspection in October we determined people were still at risk of not receiving safe care and we found that reporting of accidents and incidents had not been consistent. With some incidents including bruising not being appropriately recorded and acted upon. These concerns had not been addressed sufficiently to meet the breaches of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was now meeting this regulation.

A new system had been implemented to ensure accidents, incidents and falls were appropriately responded to. This included the completion of a body map to identify where injuries were on the person's body. The registered manager had oversight of any accidents, incidents or falls and analysed these each month to identify any trends and to put actions in place if appropriate to help prevent incidents from re-occurring. Forms had been fully completed and actions also included details of any further actions taken, details of a debrief and discussions with staff to help identify why something may have occurred and what could be done differently. This showed that there was clear learning from events to take forward and continually make improvements to maintain people's safety at the home.

Risks to the environment identified at the last inspection had now been addressed. At the inspection in October 2015 we found that people's health and safety remained at risk because the provider was unable to demonstrate that appropriate action had been taken to reduce the risks associated with legionella bacteria. At this inspection we found that legionella checks and all actions identified previously to ensure appropriate checks and maintenance of the water systems had been completed. One external company had been used for all the essential water system checks. Further maintenance including electrical (PAT) testing, water temperatures, gas servicing, and equipment and servicing had been completed. A maintenance tracker was used to identify when future checks needed to be carried out.

At the last inspection we found that improvements were needed to ensure the garden areas were safe and accessible for people. At this inspection we found that the garden area was clean and tidy. People were seen to access the area and sit outside. People told us, "It is lovely and warm today; we get out when we can." The registered manager told us that the garden had been tidied and measures were in place to ensure this was maintained to allow safe access for people at all times.

Staff had a good understanding of what constituted abuse. They could also clearly identify the various forms of abuse and told us what actions they would take if they suspected abuse had taken place. The registered

manager had reported concerns appropriately when required and staff had access to information and safeguarding policies and procedures to support them if needed.

There was an organisational recruitment policy and procedure in place. We looked at four recruitment files. All related to staff who had been employed within the last year. We found in two files information was only in place to show one reference had been received. We discussed this with the registered manager who told us these had been received and they would ensure all information was logged and stored in staff files. We found that a full employment history had not been recorded for one staff member during the recruitment process, these were areas that required to be improved to ensure that staff recruitment procedures were maintained at all times to ensure only appropriate staff were employed. Other appropriate recruitment checks had taken place including Disclosure and Barring Service (DBS) checks completed prior to commencing employment. These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. All files included terms and conditions of employment to ensure all staff were aware of their roles and responsibilities. Staff were clear about whistleblowing and told us they would not hesitate to raise concerns if they needed to.

Since the last inspection further improvements had taken place to ensure that fire safety and evacuation procedures were up to date and all equipment maintained. The fire file included all information regarding fire evacuation, plans of the building and a separate day and night procedure. Personal emergency evacuation plans (PEEPS) were in place providing information for each person regarding their mobility and support required in the event of an emergency evacuation. An emergency contingency plan was in place in the event of an emergency evacuation being required. All emergency contact numbers in the event of any emergency were displayed with contact numbers for staff and management for 'out of hours'.

Is the service effective?

Our findings

Victoria House Care Home was inspected in August 2015. It was rated as inadequate after this inspection and the CQC took enforcement action. A focussed inspection took place in October 2015 to follow up on concerns in relation to safety at the home and we found that the provider had not made suitable improvement and the service continued to be rated as inadequate. CQC took further enforcement action and the service was placed into special measures. This comprehensive inspection took place on 4 and 5 May 2016 to see what improvements the provider had made to ensure they had met regulatory requirements.

At the inspection in August 2015 we found that staff were not supported with training, supervision and appraisal. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected from the risks associated with receiving care from staff who did not have the knowledge and skills required to carry out their role. At this inspection we found that improvements had been made and the provider was now meeting this regulation.

People received effective care from trained and supported staff. The staff responded well to people, tailoring their communication to meet individual needs. Staff chatted with people openly and kept people informed of what was going on and involved them in day to day decisions. People told us that staff knew how to look after them. We saw that staff responded to people and it was clear they knew people well. One person told us, "I feel well looked after, if I need anything staff know what to do."

Staff told us that since the change in management, training had been taking place regularly. Individual training schedules were seen; these recorded when essential training had been completed. For example Mental Capacity Act and Deprivation of Liberty Safeguards, safe moving and handling, safeguarding. On the day of the inspection a number of staff were attending 'in-house' first aid training. A clear programme was in place to identify all staff training needs and was used to record when staff attended training. The registered manager told us that if staff did not attend a required training, for example medicines, they had been told they would not be able to work until they had completed it. Staff felt they received all the training they needed and this enabled them to provide good care to people. One told us, "There's training coming out of our ears, but it's all good, and was needed so we all feel really positive." Another told us, "It's not like just going to work, I am now going to start an NVQ (National Vocational Qualification) so I feel like I am working towards something."

New staff completed a period of induction. This included shadowing other staff and the completion of an induction booklet and associated training. We spoke to a newly employed care worker who told us, "I have had lots of training and everyone's really supportive, especially the manager." All staff received regular supervision. Supervision was structured and all discussions had been documented and signed. Staff told us that supervisions were, "Really good, the manager is really hot on making sure supervisions are done." Supervision sessions had been used to identify aims and outlined the purpose and commitment on both sides to the supervision process. Agency staff was currently being used to ensure a full complement of staff. The registered manager told us agency staff completed an induction form, and the home tried to use the

same agency staff to ensure consistency for people. However, on the day of the inspection, two agency staff were working to provide cover whilst staff attended first aid training. Both agency staff told us they had worked at Victoria House before and knew people well. We were unable to find induction forms for these two agency staff, however, the registered manager was sure this had been completed some time ago and may have been misplaced. They assured us this would be repeated and a copy of kept in the agency staff file.

At the inspection in August 2015 we found that staff did not have a good understanding of the Mental Capacity Act (2005) or Deprivation of Liberty safeguards (DoLS). And appropriate DoLS referrals had not been made. At this inspection we found that the registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The service was meeting the requirements of Deprivation of Liberty Safeguards (DoLS). These safeguards are in place to ensure any restrictions to people's freedom and liberty have been authorised by the local authority. The 'Five core principles of MCA' were seen displayed around the home to remind staff of its principles. Staff understood these principles and told us, "It's about always involving people. They have the right to make their own choices and it's important that we encourage that, unless a decision had been made otherwise to keep them safe." MCA had been completed regarding specific risks. For example, accessing the community, or when people's mental health needs had increased. If MCA identified a specific concern, DoLS applications had been made appropriately. For example one person had a DoLS in place in relation to leaving the building.

We observed people being asked for their consent before care and assistance was provided. People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving support. If people declined care or support staff respected the person's decision and if necessary sought advice from the registered manager. We saw that staff were very perceptive, picking up quickly when people were unhappy, anxious or did not feel well. It was noted in two people's daily records that they did not get along well. Staff were aware of this and when the two people were in the same room, staff were quick to respond if they became agitated with each other.

People's nutritional needs were met. People gave very positive feedback about the food provided. Telling us, "It's really good better than (shop) bought." Menus were displayed on each dining table. One person remained in their room and required assistance from staff with their meals. During day one of our inspection we saw that after lunch had been served in the dining area, agency care staff assisted this person with their lunch. We saw the staff member leave the room once to respond to a call bell and once to speak with another staff member. This meant that the person's meal experience was interrupted. Other staff were available in the vicinity, so it was unclear why this happened. We discussed this with the registered manager who told us that this would be discussed to ensure that this was not repeated. This was an area that needed to be improved to ensure people's meal time experience was enjoyable.

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

Since the last inspection a programme of redecoration and improvement to the ground floor had taken place. Communal areas and bedrooms were nicely decorated and corridors had been cleared. The ground floor of the building was tidy, well maintained and had a homely feel. The registered manager told us the first and second floor required maintenance and redecoration before they would be used. A maintenance plan was not yet in place to show how this would be achieved. However, there were rooms available on the ground floor which would be used until the other areas had been completed. The registered manager told us that they would be meeting with the provider to formulate a realistic maintenance plan for completion of all outstanding work required to the building.

Is the service caring?

Our findings

Victoria House Care Home was inspected in August 2015. It was rated as inadequate after this inspection and the CQC took enforcement action. A focussed inspection took place in October 2015 to follow up on concerns in relation to safety at the home and we found that the provider had not made suitable improvement and the service continued to be rated as inadequate. CQC took further enforcement action and the service was placed into special measures. This comprehensive inspection took place on 4 and 5 May 2016 to see what improvements the provider had made to ensure they had met regulatory requirements.

At the inspection in August 2015 we found that people did not receive care that was person centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not know people or their care and support needs. At this inspection we found that improvements had been made and the provider was now meeting this regulation.

Staff were able to tell us about people and how they liked their care provided. Staff knew people's care and support needs and told us that they were able to read up to date care documentation to support this. Staff offered support and assistance to people throughout the day. This was done with patience and in a kind and considerate way. When people did not wish to attend a planned activity we saw that a staff member sat with the person and asked them if they would like to chat. This led to a really lively and interesting discussion about the person's particular interest in aviation and they reminisced about the past and things they had enjoyed. People told us, "Staff are lovely, they do whatever you need." And "Lovely, just lovely all of them."

At the inspection in August 2015 we found that people did not have their dignity and privacy protected. People did not receive care in a dignified manner, staff were not trained or supported to ensure they provided care to people ensuring their dignity and privacy was maintained. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was now meeting this regulation.

People received care which ensured their dignity was maintained and supported at all times and staff had a good knowledge on how to provide care taking into consideration people's personal preferences. Telling us, "We work as a team; we get the chance to get to know people really well."

The registered manager was a 'Dignity Champion' and information had been cascaded to staff regarding the emphasis being to enable people to have the maximum level of independence, confidence and self-esteem. Staff had received training and information was displayed including the ten key dignity points to reinforce the importance of treating people with dignity at all times. Staff were seen to knock on people's doors and enter when invited and people were referred to by the name of their choice. People were given choice and staff were aware of people's personal preferences. For example, one person liked to be smartly dressed and told us they liked to wear their jewellery. We saw that they had a matching outfit and were wearing their 'favourite necklace'. People had visits from the hairdresser and told us they enjoyed having their hair done regularly.

Staff constantly spoke to people to ensure they were comfortable, that chairs were close enough to the

table and whether or not they needed a drink. People were offered choice about how they spent their time with some choosing to stay in their rooms, or go outside into the garden. People were kept informed and reminded about events and appointments. We heard discussions between staff and people about future health appointments and staff reminding people about visiting entertainers later that day.

Due to staff training taking place at Victoria House a number of staff had come to the home to attend. We saw that some staff popped into the lounge to say hello to people. One was greeted warmly with a hug and they stopped to chat with people explaining why they were there when they were not working. Staff demonstrated an obvious fondness for people and responded pleasantly when people asked for help or assistance.

Daily records and other information was kept in named folders. Care documentation was stored securely in a locked room. Staff were seen to talk to people discretely, for example when they assisted people to the toilet. We saw that personal information about people had been written in a caring and sensitive way. For example identified behaviours which may present a risk had been documented and discussed with the person to help ensure they remained safe at all times. People who were more independent and went out with family were encouraged and supported to do so. People were asked to let staff know what time they would return to ensure staff were aware of people's whereabouts. People told us that staff respected their privacy and independence and that they were treated very well.

The registered manager told us that the staff had received support and training around end of life care. This had been provided over 14 weeks by a visiting organisation to help staff provide good end of life care for people. We were told that when someone had deteriorated and required more care, extra staff had been employed to enable one to one support for this person at the end of life stage. Staff told us they felt they had a 'better understanding' around how to provide appropriate care for people. The registered manager told us that they involved families from the beginning and they were kept informed of any changes and involved in plans of care or decisions appropriately.

Is the service responsive?

Our findings

Victoria House Care Home was inspected in August 2015. It was rated as inadequate after this inspection and the CQC took enforcement action. A focussed inspection took place in October 2015 to follow up on concerns in relation to safety at the home and we found that the provider had not made suitable improvement and the service continued to be rated as inadequate. CQC took further enforcement action and the service was placed into special measures. This comprehensive inspection took place on 4 and 5 May 2016 to see what improvements the provider had made to ensure they had met regulatory requirements.

At the inspection in August 2015 we found that people did not receive care that was person centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not receive care that was person centred or met their needs. At this inspection we found that improvements had been made and the provider was now meeting this regulation. However, it was found that some areas of documentation needed time to become fully embedded into practice and be fully established in to everyday care delivery.

People felt that staff were responsive if they became unwell, and supported them to visit the GP and other healthcare professionals. Care documentation showed that relatives and next of kin had been notified of any changes to people's health. We were told, "I don't need a lot of support, but staff are very good if you do need them."

Documentation and care planning information had been greatly improved since the last inspection. There was a clear system in place to assess, document and review care needs. Care planning and risk assessment documentation was personalised and written with people or their representative. However the completion of some daily documentation was not yet fully embedded into everyday practice. Daily handover forms were inconsistent some did not contain all relevant information whilst others had been completed in a detailed and thorough manner and corresponded to other daily documentation. For example information in daily records and on charts used to record people's elimination had information on them including when a person had said they were in pain. No further information could be found in relation to this on handover forms or in the daily records. Therefore, it was unclear what action if any had been needed or taken by staff in response to this reported pain. We discussed this with the registered manager who contacted the staff member for more information. Staff were aware that this person had been in pain and PRN medicines had been offered and given. Therefore the impact was low, however documentation needed to be completed accurately to ensure that peoples care was well documented at all times.

A number of daily charts were in place to record peoples care, these included repositioning charts for people identified as at risk of pressure area damage, personal care to show whether people had chosen to have a bath or shower or were assisted with a wash. Food and fluid charts for people to monitor daily intake. We found that care observed taking place did not correspond with the care recorded on these charts. For example, throughout the morning we saw that one person had been given a variety of drinks by three separate staff. Only one of these (the registered manager) had recorded this on the fluid chart. We looked at all fluid charts at 1.30pm on the first day of inspection and found that none of the care, fluid or food given to

people throughout that morning had been recorded. We spoke to agency staff working that day who told us they recorded care at the end of the shift. Charts seen the following day had not been completed accurately to show all care and food/fluids that had been provided. Therefore charts were not giving a true record of people's care. Repositioning charts for people were in place when required. However, these were not always completed by staff to show when repositioning had taken place. We observed staff assisting one person and checked the documentation later in the day. This had not been documented on the form. The impact was therefore low but to ensure a clear picture of people's care at all times documentation needed to be improved.

At the Inspection in August 2015 we found that improvements were needed to ensure that people's health appointments were kept and referrals made in a timely manner when people's health deteriorated. At this inspection we saw that referrals had taken place when changes had occurred to people's health, this included referrals to occupational therapists, GPs and community nurses. All future health checks and appointments had been documented in the health appointments diary. This was checked by staff every shift to ensure that arrangements and transport were in place for people to ensure they were able to attend appointments. Hospital passports were in place to go with people if they needed to be admitted to hospital. This meant that relevant pertinent information was available to inform the hospital if needed.

All care plans and risk assessments were reviewed by management, or senior care staff to ensure information was relevant and up to date. All staff told us they read care plans and care documentation regularly and were aware of any relevant information about people. We saw that care documentation clearly showed how the staff had responded to people's needs and how this impacted on people's health. For example, one person had been referred for further mobility equipment and they were now able to mobilise better around the home.

Care files included personalised care planning and risk assessments. Care documentation had been written with information provided by the person or their next of kin if appropriate. We saw that this included information gained from people and their relatives in small amounts over a period of time. We looked at care documentation including one person who had been living at Victoria House for a short period of respite care and found this was detailed and included all relevant information regarding this person and their care and support needs. Information was recorded to show conversations had taken place with the person and their family and the GP had been involved in the assessment of care needs for this individual.

Pre-admission assessments had been completed and this information had been used to help formulate the care planning and risk assessments for people. Care plans reflected a person centred approach to care, and included information about the person that was specific to their needs. For example, specific health related conditions had care plans in place to inform staff. This included monitoring and liaising with a person's GP regarding one specific health need. Information provided by people's families been recorded and future conversations with family documented to show a clear picture of people's care needs and how the home responded to meet these for the individual.

People who had anxiety or behaviours that may challenge had detailed information included in their care files. This included information of specific triggers which may lead to anxiety or behaviour that may challenge. Actions for staff were recorded and follow up information documented when incidents had occurred. This meant that staff were able to discuss what had happened and see if they could learn from the experience and take that learning forward and share with other staff. If people had medicines prescribed, information was recorded regarding this and when this should be considered. For people who became upset or anxious instructions were clear for staff about how to respond to this. For example, one person became anxious in the evenings and staff were encouraged to sit with the person and talk to them until the

anxiety passed.

There was a lively activities programme devised to incorporate people's hobbies, likes and dislikes. Religious services took place regularly and people had attended church services if they wished. There was a designated activities co-coordinator who had recently begun work at Victoria House. They showed us a new monthly activities programme which was in place. This was flexible depending on what people wanted to do each day. For example, during the inspection the weather was warm so people decided to access the garden. One person went out and another was taken out by staff in a wheelchair to 'get some fresh air'. The activities person was formulating new documentation used to record activities. This included what activity had been attended; whether it was cognitive, improved concentration, encouraged socialisation etc. They also recorded who attended and whether people had enjoyed the activity. Risk assessments had been produced to ensure activities took place safely and people's input had been gained about the sort of things they wanted to do. Activities included visiting musicians, care dog visits, day trips out to see the Bluebells, baking, board games, crafts and music. For people who did not participate in group activities, one to one support was provided. The activity co-ordinator told us, "This is a lovely place to work, The manager is very supportive, if I need anything I would only have to ask."

At the inspection in August 2015 we found that complaints had not been responded to or documented appropriately. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because people's concerns had not been addressed. At this inspection we found that improvements had been made and the provider was now meeting this regulation.

A complaints policy and procedure was in place and displayed in the entrance area and included as part of the home's statement of purpose. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. For people who were unable to voice concerns staff told us they took notice if people seemed unhappy or there were changes to their behaviour which might indicate an issue. We looked at complaints received and saw that any concerns both formal and informal received had been acknowledged and responded to appropriately.

Is the service well-led?

Our findings

Victoria House Care Home was inspected in August 2015. It was rated as inadequate after this inspection and the CQC took enforcement action. A focussed inspection took place in October 2015 to follow up on concerns in relation to safety at the home and we found that the provider had not made suitable improvement and the service continued to be rated as inadequate. CQC took further enforcement action and the service was placed into special measures. This inspection took place on 4 and 5 May 2016 and was a full comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements.

At this inspection we found that improvements had been made and the provider was now meeting this regulation. However, it was found that some areas of quality assurance needed to be developed and needed time to become fully embedded into practice and be fully established in to everyday care delivery

People told us they were happy living at Victoria House and they thought it was well managed. People felt that it was very homely and that they were well looked after. People commented that they liked the fact that there were only a few people living at Victoria House as everything felt very personal. However, they appreciated that numbers would increase and felt that this would not impact on the overall living environment. Staff told us they enjoyed working at Victoria House and that things had improved a lot since the new manager had been working there. Staff felt all the changes had been positive "As things really needed to improve," and this had impacted on the overall atmosphere of the home and the working environment.

There was a registered manager at Victoria House. We received very positive feedback from staff and people living at Victoria House. People knew that manager by name and told us, "He always comes out and talks to us, he asks if everything is ok." Staff told us that the manager was, "Supportive and always helps out when needed."

At the inspection in August 2015 we found that the provider and registered manager did not have good governance systems in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because systems were not in place to ensure the ongoing assessment and monitoring of care provided. At this inspection we found that improvements had been made and the provider was now meeting this regulation.

A system had been introduced to assess and monitor the service provided. This included regular visits from the provider who completed a monthly operational report. The registered manager told us they contacted the provider daily to keep them up to date of what was going on at the home any issues or concerns. The registered manager was clear in their understanding that systems needed to be in place to ensure that the home continued to improve and that this needed to be an on-going process. There had been improvements in many of the areas previously identified as inadequate. However, some of the documentation still needed to be utilised effectively to ensure that care provided to people was recorded. Auditing and reviews of care plans had taken place, but this had not included handover documentation, and daily charts and records.

This meant that documentation did not always correspond and it was not easy to get a clear picture of people's care and support over a 24 hour period. We discussed documentation with the registered manager who responded proactively and felt that training may be implemented so that staff had underpinning knowledge to support them when writing documentation. Further weekly, monthly and six monthly auditing which had been put into place. This included a weekly check on medicines and a monthly full audit. The last monthly audit completed had been completed on 12 April 2016 and had identified the need to dispose of unwanted refused medicines appropriately. We saw that this had now been done. Other auditing included health and safety, falls, accidents, incidents and fire safety. The call bell system had been re-programmed so the room numbering was now easier to follow and weekly checks of the system had been carried out.

The registered manager had recognised the need for improvement around monitoring people's health more effectively. The implementation of individual fluid charts and an emphasis on hydration and nutrition had led to a marked decrease in the number of people having urinary infections. If staff noticed any change on people's behaviour or health a urine sample was taken at the earliest possible time and tested. This meant if anyone was unwell this could be detected and treated promptly. A communication book was used for all messages to staff to ensure everyone was aware of any changes or important information, staff told us the communication book was read during each handover along with the handover forms to pass on all relevant information to staff beginning a shift.

Equipment and overall maintenance of the home including servicing of hoists and wheelchairs was in place. The registered manager had oversight of the maintenance and cleaning and carried out a number of checks on a daily basis to ensure standards were maintained. They were fully aware that staffing in both these areas would need to be increased as the number of people living at Victoria House increased to ensure that standards of maintenance and cleanliness could be maintained. The registered manager was aware that he needed to work with the provider to devise a maintenance plan to show how rest of home was to be renovated, to ensure that the redecoration was complete on the upper floors before people used them.

Regular staff meetings had taken place every month, and staff felt that they were kept informed of any changes. The registered manager told us they worked a variety of shifts to ensure they had oversight of the home at all times. They had carried out some observational checks of staff and any issues identified had been discussed with the staff member or taken forward to be discussed at future supervision sessions. This had included observing staff hand washing procedure to ensure standards of hygiene were maintained. There was a 'duty' rota in place for out of hours contact. This was displayed in prominent areas to inform staff who to call if they had any concerns.

Regular residents meetings had included discussions around changes to activities, with more variety requested. This had been introduced and a new activity schedule devised to ensure that activities appealed to people and included things that interested them. Resident meetings were minuted and included details and pictures of those who attended. People had also been involved in discussions around the redecoration of communal areas and work carried out in the garden.

The registered manager had met with families and questionnaires had been sent to all families in December 2015, the results of these and any actions taken as a result of the feedback had been included in a Quality Assurance report. The last one was dated 8 February 2016. We were told this would not be an annual report and would be used to further review the care provided and to help continue to improve and take the service forward.

Policies were available for staff to support good administration practices. These were signed by staff when read. Any changes to policy were discussed and staff asked to read and sign to show they had read and were

aware of any changes. Staff had copies of the code of conduct and confidentiality policies.

At the inspection in August 2015 we found that registration requirements were not met. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because notifications had not taken place for all notifiable events. At this inspection we found that improvements had been made and the provider was now meeting this regulation.

The registered manager demonstrated a good understanding around what needed to be reported and required notifications had been completed in a timely manner. They had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.