

Victoria House Care Home Limited

Victoria House

Inspection report

2 Victoria Road
Poulton Le Fylde
Lancashire
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Tel: 01253 892400
Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on the 12 August 2015 and the first day was unannounced. This means we did not give the provider prior knowledge of our inspection.

We last inspected Victoria House on the 30 June 2014 and identified no breaches in the regulations we looked at.

Victoria House provides accommodation and personal care for up to 12 older people. The home is situated in a residential area of Poulton-le-Fylde and is close to shops and local amenities.

Victoria House is well served by public transport, being on a bus route and close to the railway station. There are two lounges and a dining area situated on the ground floor, with individual bedrooms on the ground and first floors. A stair lift is in place for ease of access to the upper floor.

The home has a manager who is registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse and the staff we spoke with were knowledgeable of the action to take if they had concerns in this area.

Staff were knowledgeable of peoples' assessed needs and delivered care in accordance with these.

There were arrangements in place to ensure people received their medicines safely.

Processes were in place to ensure that people's freedom was not inappropriately restricted and staff were knowledgeable of these.

During the inspection we saw independence was promoted wherever possible. We saw people were

supported to mobilise and engage in an organised activity with patience and understanding. People were referred to other health professionals for further advice and support when appropriate

People told us they liked the food provided at Victoria House and we saw people were supported to eat and drink adequately to meet their needs and preferences.

There were sufficient staff to meet people's needs and we saw appropriate recruitment checks were carried out to ensure suitable people were employed to work at the service. Staff were supported by the registered manager and the owner. Staff received regular supervision to ensure training needs were identified. There was a programme of training in place.

There was a complaints policy in place, which was understood by staff and was available in the bedrooms of people that lived at the home. The deputy head of care and the registered manager monitored the quality of service by carrying out checks on the environment, medicines and records. People were encouraged to give feedback to staff, which was acted upon.

Summary of findings

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 safe.

There were systems in place to ensure safeguarding concerns could be reported appropriately and staff were knowledgeable of these.

There were arrangements in place to ensure people received medicines in a safe way.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner and staff were appropriately skilled to promote people's safety.

Good



Is the service effective?

The service was effective.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

We saw staff provided support to people in a kind way. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities that were meaningful to them.

There was a complaints policy in place to address comments and complaints made regarding the service the home provided.

Good



Is the service well-led?

The service was well led.

The registered manager and the provider carried out checks to ensure improvements were identified and actioned.

Good



Summary of findings

Staff told us they were supported by the provider and the registered manager who sought the views of people who lived at the home.

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 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 was carried out on the 12 of August 2015 and was unannounced. This means we did not give the provider prior knowledge of our inspection. The inspection was carried out by one adult social care inspector. We were also accompanied by an expert-by-experience who took part in the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At this inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they

plan to make. Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. This helped us plan the inspection effectively. We also contacted a member of the commissioning authority to gain further information about the home. We received no negative feedback.

During the inspection we spoke with seven people who lived at Victoria House and three relatives. We spoke with the provider who was also the deputy head of care at the home and the registered manager.

We looked at all areas of the home, for example we viewed the lounge and dining area, bedrooms and the kitchen. At the time of the inspection there were 12 people resident at the home.

We looked at a range of documentation which included three care records and three staff files. We also looked at a medicines audit, environmental audit and a sample of medication and administration records.

Is the service safe?

Our findings

People told us they felt safe. We were told, “I feel safer here than at home.” And, “Yes I do. The girls [staff] look after me well”

We viewed three care records and saw individualised risk assessments were carried out and evaluated appropriate to peoples’ needs. We saw risks to peoples’ health and wellbeing were assessed and risk reduction methods were used to ensure peoples’ safety was maintained. For example we saw a care plan was in place to minimise the risk of a person falling. We spoke with the person who confirmed staff followed the risk assessment to maintain their safety. This minimised the risk of falling which may have resulted in harm or injury occurring.

The care records demonstrated that risks were assessed and we saw these were followed by staff to enable people to maintain their independence. We saw a care plan that instructed staff how to support a person to mobilise safely. During the inspection we observed the person being supported and saw the care plan was followed. This enabled the person to maintain their independence whilst minimising the risks identified.

Staff were able to explain the purpose of the assessments in place and how these enabled risks to be minimised. Staff told us that if they were concerned that a risk assessment required updating they would discuss this with the person using the service, their relatives and the registered manager to ensure peoples’ safety was maintained. This demonstrated to us that there were systems in place, of which staff were knowledgeable to ensure people were supported safely.

We saw risk assessments were in place to address environmental risks within the home and observed staff following the risk assessments to ensure peoples’ safety was maintained. For example we observed the kitchen door was locked when not in use. This was in accordance with the risk assessment we viewed. Staff we spoke with were able to explain why they followed the assessments in place. It is important staff know and follow risk assessments to ensure the safety of people and others is maintained.

Staff told us that they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse

that may occur, identify the signs and symptoms of abuse and how they would report these. Staff said they would immediately report any concerns they had to the registered manager, or to the local safeguarding authorities if this was required. Staff told us, “I’d go straight to [the registered manager] or [the provider] I wouldn’t hesitate.” And, “I’d report to [the manager] or [the local authority]. It’s part of my job.”

We saw the home had a safeguarding procedure and numbers for the local safeguarding authorities were available to staff. The procedures helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary.

We asked the deputy head of care and registered manager how they ensured there were sufficient numbers of suitably qualified staff available to meet peoples’ needs. They told us the rotas and annual leave were agreed in advance. They explained this helped ensure the home had sufficient staff available to support people. The deputy head of care told us they did not use agency staff in the event of a shortfall in staffing as they felt it was important people were supported by staff who knew their needs and preferences. They said they would attend the home themselves to ensure people were supported in accordance with their needs and wishes. We were also told if extra staff were required due to a person’s needs, unplanned leave or external events being arranged, additional staff were provided. This was confirmed by speaking with staff who all told us additional staff were available if the need arose.

We viewed the previous week’s rotas and saw the staffing levels were consistent with the registered manager’s explanation. In addition, the people we spoke with told us they had no concerns with the number of staff available to meet their needs. We were told, “If I ring my bell they appear like magic.” And “I don’t have to wait. The staff here are excellent.” The relatives we spoke with told us they were happy with the staffing provision at the home.

We reviewed documentation that showed safe recruitment checks were carried out before a person started to work at the service. All the staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helps ensure suitable people were employed to provide care and support to people who lived at Victoria House.

Is the service safe?

During this inspection we checked to see if medicines were managed safely. We discussed the arrangements for ordering and disposal of medicines with the registered manager who was responsible for this. They were able to explain the procedures in place and we saw medicines were disposed of appropriately by returning them to the pharmacist who supplied them. The staff we spoke with told us they had received training to enable them to administer medicines safely and this was refreshed on an annual basis. We saw documentation that confirmed this took place.

We looked at a sample of Medicine and Administration Records (MAR) and saw the record and amount of medicines at the home matched. This showed us medicines were available and had been administered as prescribed. We saw medicines were stored in a lockable cupboard and this was accessible only to authorised staff. This helped ensure medicines were not accessible to people who were unauthorised to access them.

We saw that if an accident or incident occurred this was documented and included in the person's care records. The deputy head of care explained how they reviewed such incidents to ensure further measures were not required to minimise risk. For example they explained that following an occurrence they had reviewed a person's care plan with them to identify if any further risk reduction methods were required. We discussed this with the person who told us this had taken place. This demonstrated there were systems in place to ensure such incidents were reviewed and action taken to minimise risk.

We saw checks were in place to ensure the environment was maintained to a safe standard. We saw documentation that evidenced that electrical, gas and lifting equipment was checked to ensure its safety. We also saw if repairs were required these were carried out.

Is the service effective?

Our findings

The feedback we received from people who used the service and their family members was positive. People told us staff supported them in the way they had agreed and they found staff were knowledgeable of their needs. Comments we received included, “They’ve got to know me really quickly. They do seem genuinely interested in me.” And, “Yes. They do.” A relative told us, “[My family member is always comfortable and speaks highly of the staff.]”

We saw documentation that evidenced that people were supported to see other health professionals as their needs required. For example we saw a people were referred to dentists, podiatrists, doctors and district nurses if there was a need to do so. The people we spoke with confirmed they were supported to maintain their health by meeting with other health professionals as required and this was further reiterated by relatives. We were told, “They pick up if [my family member] is ill really quickly and always get the doctor to see [my family member].”

Care files evidenced that people’s nutritional needs were monitored. We saw people were weighed regularly to ensure they ate sufficient to meet their needs. Care documentation described people’s food and fluid preferences. For people at risk of malnutrition or other associated nutritional needs, intakes of foods and fluids were monitored to ensure their intake was sufficient to maintain their health. We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies.

During the inspection we saw people were asked to select their meal in advance. The people we spoke with told us the menu was flexible and food was prepared on request. Comments we received included, “The food is superb.” And, “The food is good.”

We observed the lunch time meal being served. We saw this was served quickly when people were seated and was in accordance with their preferences. Two people requested an alternative and this was provided promptly. There was a choice of fresh fruit juice, tea and coffee to drink and the tables were attractively laid with napkins, cutlery and condiments. The atmosphere was calm and welcoming and we saw this was a social event for people

as they sat and chatted in a relaxed manner. It is important that food is provided promptly and the atmosphere is pleasant as this may encourage people to eat sufficient to meet their needs.

During the meal we heard people making positive comments regarding the meal they were served. On the day of the inspection this was chicken casserole and vegetables. Comments included, “I’m not keen on chicken usually but this is very nice.” Also, “I enjoyed that”. We heard no negative comments.

We also observed a person being supported to eat their meal. This was done with compassion and in a manner that maintained the person’s dignity. We noted the person was asked if they wanted protection for their clothing and were asked if they would like the staff member to support them. We saw the staff member showed the person the meal and checked it was to their liking. When supporting the person to eat the staff member sat with them and conversed with them about things that were important to them. We also saw the staff member offered them drinks at regular intervals during the meal and food was given at a pace appropriate to the person’s needs. Following the meal we spoke with the person who said, “They always help me in the same way and I never feel embarrassed. The girls are excellent.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivations of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with the deputy head of care and registered manager to assess their understanding of their responsibilities regarding making appropriate applications if they considered a person was being deprived of their liberty. From our conversations it was clear they understood the processes in place. We were informed that no applications had been made to the supervisory bodies and there were no DoLS authorisations in place as these were not required.

Is the service effective?

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices that may be considered restrictive and we saw policies were in place to guide staff if this was required. This meant there were processes in place to protect the rights of people living at the home.

During the inspection we saw people's consent was sought before support was provided. We observed people being asked if they required support with personal care, medicines or if they wanted to join in with an organised activity.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and fire safety. We discussed the

training provision at the home with the registered manager and the deputy head of care. We saw there was a forward plan of training which included areas such as infection control, dementia awareness and first aid. Staff we spoke with confirmed that training was provided regularly to ensure their training needs were identified and training was refreshed. They told us this had been discussed with them at supervision.

We viewed documentation which confirmed the training and development needs of staff were discussed and staff told us they felt well supported by the owner and registered manager. We were told, "We do a lot of training here [the registered manager] is keen on making sure we know how to do things properly." And, "We talk about the training I need and it's arranged. I've never worked anywhere that's been as on the ball as here."

Is the service caring?

Our findings

People told us they liked the staff who worked at the home. Comments we received included, “The staff make me feel respected here and they do take care to ensure my privacy.” And, “I love them.”

People told us staff were approachable and supported them in the way they had agreed. One person described how staff took the time to sit with them and took great care to support them to dress. They told us, “They could probably do what they do in half the time but they pay great attention to detail and give me time to help myself.”

People told us that staff had a good knowledge about each person, including their needs, likes and preferences. This was further confirmed by speaking with staff. From our conversations with staff it was clear they knew the care needs and preferences of people who lived at the home. They spoke fondly and respectfully of the people who lived at Victoria House. We were told, “Everyone here is different and needs different help. I would want to be cared for, like we care for everyone here because we see people’s personalities and them as individuals.” And, “This is their home and I never forget that. I’m lucky to be able to work here with them.”

We saw staff took an interest in the life experiences of people who lived at Victoria House. We observed two people talking about their lives. We noted a staff member heard their discussion and joined in the conversation

asking relevant questions and listening with interest to the responses they received. We noted this was greatly enjoyed by the people who lived at Victoria House and they were seen to be smiling and comfortable in the presence of the staff member.

During the inspection we saw people approached staff if they wanted help or support. From our observations we saw staff responded to people in a kind and positive way. We observed staff laughing and joking with people and this was enjoyed by people who lived at Victoria House. It was clear from our observations staff knew the social histories and things that were meaningful to people who lived at Victoria House. This enables staff to have an understanding of the person’s life and to respond to them in an understanding and caring way.

People told us they were treated with dignity and respect and we saw evidence of this during the inspection. We saw staff were respectful in their conversations with people and demonstrated a caring approach by using touch appropriately. Staff were gentle with people when supporting them to mobilise and checked if they needed support before this was given. We also saw staff knocked on doors before entering people’s private rooms.

The registered manager told us friends and relatives were welcomed at Victoria House and the people we spoke with confirmed this. We also spoke to a relative who said they could visit when they wished and they felt welcomed by staff.

Is the service responsive?

Our findings

People told us they felt the care provided met their individual needs. We discussed this with one relative who told us when their family member had requested a change to meet their preferences, this had been arranged promptly. They told us, “They arrange [my family members] care around what my family member wants.”

The care records we viewed showed that people were involved in the development of their care plans. When appropriate we saw they were signed by people who lived at Victoria House. We also noted they contained comments such as, “Person says.” We spoke with a relative who described how their family member’s needs had changed. They told us staff had discussed this with both them and their family member and sought their opinion on the support they required. This was further confirmed by speaking with the person who lived at Victoria House. It is important that people are empowered to develop their own care plans as this enables staff to respond to their individual wishes.

During the inspection we also saw that people responded promptly to peoples’ needs. We observed staff responding quickly and tactfully if people required assistance or support. Staff were seen to be respectful and the interventions we observed were seen to be accepted by the people who lived at Victoria House.

We observed an organised activity taking place. On the day of inspection an external entertainer attended the home to carry out a quiz and gentle exercise. We observed staff asking people if they wanted to participate and during this those that chose to do so were seen to be laughing and joining in.

We discussed the activities provided with the deputy head of care. We were told activities were provided and these were in response to suggestions from people who lived at Victoria House. The deputy head of care said they held impromptu activities such as quizzes, film afternoons and also encouraged staff to spend time with people on a one to one basis. The deputy head of care spoke passionately about supporting people to carry out activities that were meaningful to them. They said, “There’s always a place for organised group activities and rightly so but equally there’s a place for activities that mean something to the person. Spending time with them talking, helping them do their

hair, do their nails, watch a programme they love with them, these are all things that are person – centred and mean something to people. It’s our job to make activities meaningful to them.”

During the inspection we saw evidence that this took place. We saw one person was helped to decide what they wanted to watch on television. This resulted in a conversation about the programmes they liked to watch and the characters they liked the most. We also saw one person was helped by staff to complete a crossword. This was greatly enjoyed by the person participating. In a further instance we observed staff talking with a person about their photographs and family life. It was clear from our observations that this was welcomed by the person.

In addition we saw documentation that showed that one person required encouragement to socialise. We saw evidence in the daily records pertaining to the person this had been done and they had spent time in the communal areas of the home. This minimised the risk of social isolation.

We saw there was a complaints procedure in place which described the response people could expect if they made a complaint. We noted this did not include details of the Local Government Ombudsman (LGO). The LGO is an independent body that can investigate individual complaints if the complainant is dissatisfied with the response from the provider. We discussed this with the deputy head of care and the registered manager who told us they would amend the complaints procedure to include this information.

At the time of the inspection no complaints had been made. We saw a complaints procedure was available in the bedrooms of people at the home and three of the people we spoke with told us they were aware of this. Two people we spoke with could not recall the procedure but we were told they would be confident that they could complain to the deputy head of care or the registered manager.

The staff we spoke with explained they took complaints seriously. We were told they would record the complaint on the person’s behalf if they agreed to this. They would then pass this on to the deputy head of care or the registered manager. This demonstrated there was a procedure in place, of which the staff were aware to enable complaints to be addressed. Staff told us that they viewed complaints as a positive way to improve service provision.

Is the service well-led?

Our findings

The home had a manager in place who was registered with the Care Quality Commission. They were supported by the provider who worked at the home and was also the deputy head of care. We received positive feedback regarding the way the home was managed.

We asked people who lived at Victoria House to describe how staff worked. Comments we received included, “very good.” And, “organised and efficient.” One relative said, “I can’t fault this place; it is first class and is so well run that there is nothing to complain about.” A further relative commented, “[The deputy head of care] and [the registered manager] run this home well. It’s organised without being regimented and I can talk to them whenever I want.”

We asked the registered manager what systems were in place to enable people to give feedback regarding the quality of the service provided. The registered manager told us they held formal meetings and also welcomed individual feedback. People we spoke with confirmed they were encouraged to make their views known.

We saw a survey was in place to capture the views of relatives and people who lived at the home. We viewed the most recent survey and saw positive comments had been made. These included, “My [family members] health has improved since [my family member] was cared for at the home.” And, “The staff are so pleasant and caring at the home and the home is small enough to provide really personalised care.” We observed no negative comments. The deputy head of care said that if negative comments were received they would address these and inform the people who lived at the home and their relatives of the action they had taken to improve.

We viewed “residents and relatives” meeting minutes. We saw people were asked their opinion on the care provided and had agreed it was good. We also saw more quizzes had been requested. The deputy head of care informed us these had been increased as a result of the meeting. We spoke with a person who lived at the home who confirmed this was the case. In addition we saw a comment had been made regarding the addition of seasoning at the home. We discussed this with the deputy head of care who explained it was the policy of the home not to add additional food seasoning during the cooking process, however they had

discussed this with the person and they had been provided with this. This was confirmed by speaking with the person. This demonstrated there were systems in place to enable people to give feedback and improvements to be made.

During the inspection we saw the people who lived at the home approached the registered manager and the deputy head of care with confidence and addressed them by their first name. From our observations it was clear the registered manager and the deputy head of care had a detailed understanding of the needs and wishes of people who lived at Victoria House.

We spoke with staff and asked them their opinion of the leadership at the home. Staff told us they felt well supported and were encouraged by the registered manager and the deputy head of care to discuss any areas on which they wanted clarity, or feedback. We saw staff meeting minutes which evidenced this. For example we saw changes to people’s care needs were discussed and if there was feedback from relatives this was discussed. Both the staff we spoke with said they felt they were well informed of any changes taking place.

Staff also told us they considered the teamwork at Victoria House to be good. They told us they worked together to ensure people were supported by staff in a consistent way that met their needs. One staff member told us, “We work closely together here. It’s the only way to make sure we get things right.” A further staff member said, “We all work as a team and that’s one of the reasons I like working here so much. It makes sure we do the right thing at the right time.” The staff we spoke with told us there was a book in place which was used during handovers. They told us when the staff shift changed a handover meeting took place to ensure any changes were communicated to the oncoming staff. We viewed the book and saw it contained relevant information that supported staff to communicate any changes.

We asked the registered manager what checks were carried out to ensure Victoria House operated effectively and areas for improvement were noted and actioned. The registered manager told us they carried out medicines audits to ensure medicines were managed safely. We saw documentation that showed us that this took place. We also saw evidence that environmental checks and care records checks took place and staff confirmed that the findings of these were discussed with them to ensure any required changes were implemented.