WH Investments Limited

Victoria House

Inspection report

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Tel: 07852271290

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

Victoria House is a residential care home that provides personal care for up to 30 people aged 65 and over. At the time of the inspection there were 18 people using the service.

People's experience of using this service:

People were positive about living at Victoria House and were complimentary about the staff who cared for them.

Care and support was tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care.

There were sufficient staff to meet people's needs. Staffing levels were kept under review and were due to be increased.

Appropriate recruitment checks were carried out to ensure staff were suitable to work in the service

People were supported to take their medicines safely.

Risks were identified and managed safely. However, risk assessments in place would benefit from further development. Staff understood how to safeguard people from abuse.

Care plans were in place. Overall they included guidance from professionals and details of changes to people's needs. There were some examples where care plans needed to be further updated to include current information.

Staff were trained and further training was planned to cover any gaps.

Improvements had been made to records relating to The Mental Capacity Act 2005 (MCA). However, further improvements were required. We have made a recommendation about this.

People were satisfied with the food available. Overall staff understood people's nutritional needs, however we found an example where staff needed clearer information.

People were well cared for by staff who treated them with respect and dignity.

Systems were in place for people to raise complaints and concerns.

People were supported to take part in activities and to access the local community.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

The registered manager demonstrated a commitment to providing person centred care for people. Staff felt the registered manager was supportive and approachable.

Audits had been developed to monitor the quality of the service.

We have made a recommendation about the need to analyse accidents and incidents to identify any themes or trends.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (23 November.2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The rating has improved to Good overall.

Follow up:

We will continue to monitor any intelligence we receive about the service until we return to visit as per our inspection schedule. If any concerning information is received we may inspect sooner.

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 Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Victoria House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector, an inspection manager and an Expert by Experience. Our expert by experience's area of expertise was the care of older people and people living with dementia.

Service and service type

Victoria House is a 'care home'. People in care homes receive accommodation and nursing or personal care, this home provides accommodation for up to 30 people. There were 18 people receiving a service at the time of the inspection.

CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did

Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from

the local authority who monitor the care and support people receive. We used all this information to plan our inspection. Following the inspection we received feedback from a visiting health care professional.

During the inspection we spoke with nine people using the service and three relatives. We also spoke with a director of Victoria House, the registered manager, the activities coordinator and five care or domestic staff. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included four people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for a member of staff. Quality assurance audits completed by the management team were also checked.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They said, "I'm quite happy here, of course I feel safe" and "Oh yes I do feel safe the staff are very nice." Relatives commented, "(Relative) is definitely safe here they look out for him. I genuinely have no fears about his wellbeing here" and "I believe he is safe and well cared for here."
- Safeguarding and whistleblowing procedures were in place. Staff knew how to recognise abuse and how to report any safeguarding concerns.
- The provider had followed local procedures and reported any concerns about abuse when it had been identified.

Assessing risk, safety monitoring and management

- We found that risks to people had been identified and staff were knowledgeable about the potential risks to people. Action had been taken to reduce risks, such as equipment being provided to keep people safe. One person told us, "They follow me around just to make sure I'm not going to fall and they are there if I need help."
- Risk assessments were in place and kept under review. The registered manager had focused on these to improve the records, however we found these could be improved further. In some cases, assessment information was duplicated and in others the nature of the risk being assessed was unclear, which meant the assessments could be confusing.
- At the last inspection we found regular safety checks had been carried out on the environment and on the equipment used. The registered manager confirmed these checks had been maintained. The lift was working but in need of repair and a date had been scheduled for this.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing and recruitment

- There were sufficient staff to meet the needs to the people using the service. There had been a recent increase in the number of people living there. People's dependency levels were kept under review. Arrangements had recently been made for night time staffing levels to be increased. A new deputy manager had also been recruited.
- People spoken with told us there were enough staff and said their needs were met in a timely way. They said, "There's plenty of staff on, they are looking after me okay" and "There is a buzzer in my room and if I use it for anything I don't have to wait long."
- Staff told us there had been some staff sickness, but that usually gaps on the rota were covered by other

staff and occasionally agency staff. On the day of the inspection, two members of staff had called in sick. However, the registered manager had stepped in to provide support and the team worked together to meet people's needs.

● Some staff were unclear about the procedures to cover short term staff absence. The registered manager told us senior staff always contacted her if necessary to arrange cover. She planned to review the procedure now that a new deputy manager had started at the service.

● Staff had been recruited safely. There had been one new member of staff recruited since the last inspection. Records viewed demonstrated all necessary pre-employment checks were carried out.

Using medicines safely

● People were satisfied with the support they received to take their medicines. They told us, "I get my medicine on time" and "They help me with any medicine and it's all good."

● Issues noted at the previous inspection had been addressed.

● At the previous inspection we reviewed the ordering, storage and disposal of medicines and found suitable systems were in place. Staff continued to use these systems.

●The registered manager continued to undertake audits and worked with a local pharmacist to support the safe administration of medicines.

Preventing and controlling infection

● The environment was clean and hygienic. Improvements seen at the last inspection had been maintained.

● Staff had received training in infection control and understood how to protect people from infection. One person commented, "The place is spotless, my room is spotless, it's all spotless."

● We observed staff wearing personal protective equipment (aprons and gloves) where necessary. However, stocks of aprons for handling food had run out, but were due to arrive the following day.

Learning lessons when things go wrong

● Accidents and incidents were appropriately reported and recorded. The registered manager reviewed these to ensure action was taken to reduce any further risks to people. However, a wider analysis of accidents or incidents was not undertaken.

We recommend the provider implements a system to analyse accidents or incidents on a regular basis. This would enable them to identify any themes or trends, which could then be addressed to reduce risks further.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's support needs and level of risk was assessed and monitored. One person said," I was assessed when I came in and they have all my paperwork."
● Where risk or changes in people's care needs had been identified, appropriate referrals were made to healthcare professionals.
● In the main people's care plans reflected changes in their needs and guidance provided by health care professionals. However, in two cases we found care records did not reflect recent changes of equipment or current guidance from a specialist nurse.
● We also found people living temporarily at the service had been assessed but some information had not yet been transferred into their care plans. The registered manager told us this in part was due to the need to get to know people well and thoroughly understand their needs, however some care plans required further details.
●Staff could explain people's needs and how they supported them.

Staff support: induction, training, skills and experience

● People were supported by staff who had ongoing training. However not all staff had received training in all subjects required by the provider. There were occasional gaps in the training records. The provider employed a trainer and following the inspection the registered manager confirmed dates for this training to be completed.
● A relative commented, "I think they are trained and they have a kind and lovely nature with him, especially when they are hoisting him out of bed and into his chair."
● Staff were given opportunities to review their individual work and developmental needs, through regular supervision meetings with their line manager.
● Overall staff told us they felt supported and could raise any issues with the registered manager. The registered manager was available to provide support and guidance.

Supporting people to eat and drink enough to maintain a balanced diet

● People were satisfied with the food on offer. They told us, "The food is great I like the fish and mash. I get plenty to eat and drink there's always a cup of tea on the go" and "The food is okay and if I don't like anything they will make me something else."
● People were offered a choice of meals each day and alternative meals could be provided upon request.

● Overall staff understood risks relating to peoples' dietary needs. Care plans provided guidance to staff. However, we found staff were unaware of a specific type of food which one person should not eat due to the type of medication they were prescribed. We raised this with the registered manager who told us they would remind the staff. However, this had not had any impact on the person.
● Records relating to fluid intake were maintained. Each person's charts suggested their recommended daily fluid intake and these were kept under daily review. However, it was unclear how this had been calculated and the action staff should take if this was not reached. The registered manager confirmed they would address this and consider whether these were required for people where there was no risk of reduced fluid intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● The provider worked with local health care professionals. Specific training had recently been provided to staff by an external nurse.
● The staff worked closely with the local NHS Care home support team and local authority to help provide timely and effective care to people. A health care professional told us staff were responsive and had no concerns about the care provision.
● People told us and we saw from their records, they had access to healthcare professionals as needed. People had been referred to specialists such as speech and language therapists or dieticians. One person told us "If I want a doctor, I could just ask for one"
● Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required. However, some staff told us when they raised concerns with senior staff they did not always know whether any action had been taken in response. We confirmed action had been taken in the examples given, and discussed with the registered manager how senior staff could communicate more effectively with other staff members.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

● People were supported to be involved in daily decisions about their care and staff sought consent.
● Improvements had been made to demonstrate staff followed the MCA. New forms had been introduced which documented that people's capacity to make decisions about their care and treatment had been assessed and a best interest decision made.
● However, further improvements were needed to ensure that capacity assessments had been completed in relation to all relevant decisions, such as where sensor mat or alarms were in place to monitor people's whereabouts.
● DoLS applications had been made where necessary. However, the MCA procedures had not always been robustly followed. Capacity assessments had not always been completed before making DoLS applications, which meant staff had not confirmed whether the person had the capacity to make the decision themselves.

However, the registered manager told us applications had been submitted following professional guidance from the local authority, to safeguard people's rights.

We recommend the provider seeks support and training for the management team about the MCA and DoLS.

Adapting service, design, decoration to meet people's needs

● We received some comments that the environment looked tired in places. At the last inspection we saw some improvements had been made, with refurbishment of certain areas. There were plans for further refurbishment in the future.
● Staff told us there were shortages of cups and cutlery. We discussed this with the provider who confirmed that an order had been placed for more, as soon as they were made aware of these shortages.
● The home had sufficient amenities and facilities for people to use. People's bedrooms were personalised.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- All the people we spoke with gave positive feedback about the care and support they received. Staff had developed positive caring relationships with people.
- Comments included, "They are lovely they take the time to talk to me"; "I get on very well with the staff, they know what I'm like and they treat me very well" and "The staff are brilliant very helpful." One person told us how staff regularly checked on how they were feeling.
- Staff were kind and caring in their approach to people and visitors. In one example we saw a carer providing reassurance to a person who was feeling upset. Staff told us they had time to talk and listen to people.
- People's care plans included "This is me" information, which contained details of their backgrounds. likes, preferences and wishes. This helped staff to understand their individual needs and to care for them in the way they wanted.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. For example, we observed staff encouraging a person to decide on what to wear.
- People were involved in decisions such as whether they would like a bath or shower, where they would like to sit and what they would like to eat. They said, "I can do what I want in here. I go in the lounge or stay in my room" and "I can have a bath or a shower when I want and mostly do what I want, when I want."
- Meetings were held with people and their relatives to enable them to provide feedback about the service and express their views.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected by staff. One person preferred to spend time in their bedroom rather than in communal areas and staff respected their privacy.
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them. We observed staff treating people in a dignified manner. For example, staff knocked on people's doors before entering.
- Where possible staff supported people to be as independent as possible.
- People were supported to maintain relationships with people who were important to them. Relatives and friends could visit the home at any time and told us they were made welcome.

- Staff were aware of the need to keep people's personal information confidential.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People received personalised care that was responsive to their needs. A person told us, "I'm free natured and like to come and go as I please, I get well looked after and I can do what I want here," Relatives felt the staff were responsive
● People and relatives were involved in the planning and reviews of their care. They told us "When I came here they went through what I needed." One relative explained how the staff had been responsive, they said "(Name) has access to the doctor and together with the manager and a pharmacist we have been reassessing his tablets."
●Care plans were not dated so it was unclear when they had been written, however we saw they had been reviewed each month.
● Staff told us they got to know people they supported by talking to them and reading their care plans. They were familiar with people's likes, dislikes, preferences and wishes.
● Care records contained specific information that enabled staff to develop knowledge and understanding of the people they were supporting. People's diverse needs continued to be considered, initial assessments considered peoples' cultural and religious preferences.
● The registered manager understood the Accessible Information Standard. People's communication needs were included in their care plans.
● People were supported to follow their interests and take part in activities. Comments included, "They have trips out here, they have been to the Salvation Army today and I went to a local church for a look around, it was very good" and "Musicians come in and (activities coordinator) puts on old DVDs and songs for the residents to enjoy."
●The registered manager and activities coordinator had worked hard to make improvements and now supported people to go out into the community on a regular basis. We received a comment from one person that they would like more activities to be available when the activities coordinator was not on duty.

Improving care quality in response to complaints or concerns

● The provider had a policy and procedure in place for dealing with complaints in the event of one being raised. There had been no recent complaints.
● People and their relatives told us that they could easily raise any issues or concerns and felt these would be dealt with.
● People commented, "If I want to speak to anyone I can speak to the girls or go and see (the manager)"; "I've nothing to complain about and if I did they would soon know" and "If I need anything I just speak to the staff."

End of life care and support

- There were no people living at the location who currently required this level of support.
- Within people's care plans there was some information in relation to people's wishes regarding end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and their relatives were complimentary about the care and support they received.
- Aspects of record keeping needed further development. The recording of information in people's risk assessments about the nature of the risk was in some cases unclear. We understood from people's comments that staff were knowledgeable about their needs and action had been taken to reduce risks.
- The registered manager had made some improvement to records relating to the MCA but these needed further development.
- The registered manager was keen to act on any guidance to develop the service further and encouraged a person-centred culture in the delivery of care. She was knowledgeable about the people using the service. She often provided direct care to people and closely observed staff practice.
- People and relatives knew the registered manager well. They said she was usually available and was very approachable. They told us, "The manager is very good. She is very approachable and explained everything to us."
- Staff were supported by the registered manager to provide good care and overall were positive working at the home. They told us, "I think the care is fantastic" and "(Manager) will listen and try and resolve any issues."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Quality assurance systems and processes were in place to ensure that the people received safe and effective care. The registered manager undertook numerous audits on a monthly basis to assess the quality of the support provided and make changes where necessary.
- The provider had implemented audits through an external company to help support the registered manager with continuous improvement.
- Staff were supported to understand their roles through staff meetings and one-to-one meetings with their line manager. Appropriate action was taken by the registered manager if there were any concerns relating to staff performance.
- The provider was displaying the rating from our last inspection in the main entrance to the home and on their web-site.
- The registered provider is required by law to notify the CQC of specific incidents that occur within the service. We found that a small number of notifications had not been received as required. The registered

manager explained this had been a technical error and submitted these retrospectively. She was clear about the types of incidents she needed to tell us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

●The registered manager had developed effective working relationships with other agencies who were supporting the home. They worked in partnership with the local authority, NHS health care staff, GP's, and other local organisations.
●Staff had continued to make effective links with the wider community.
●There was regular contact between people, their relatives and the registered manager. This enabled them to provide regular and ongoing feedback about the service.

Continuous learning and improving care.

● Since the last inspection the provider and registered manager had acted to continue to improve the care.
● Accident, incidents and safeguarding concerns were recorded, reviewed and discussed to establish any necessary action to support the person concerned. However further analysis of accidents and incidents would be beneficial to identify any trends occurring as well as identifying if any lessons could be learnt.