Supreme Care UK Ltd

Victoria House Care Home

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

About the service:
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.

People's experience of using this service and what we found:
The registered manager had made improvements to the governance and oversight arrangements, implementation of systems and processes to safely assess and manage risks to people, including with their medicines. The improvements made however, needed to be further developed, maintained and fully embedded into the culture of the service. For example, whilst infection control audits were being undertaken, they lacked dates of when they had been done and the dates of any action taken. Oversight of peoples' weight was not sufficiently robust as two peoples' weights showed significant changes in one month (up to 17 kgs weight loss in July 2019) and had not been investigated. The weights had returned to within their normal changes in the following month but again this had not been addressed to ensure peoples weights were accurate. This has now been investigated and one senior care staff member would be taking responsibility for monitoring weights supported by a new procedure to ensure consistency in how and when people were weighed.

People received care and support that was safe. One person said, "I have been here only a short time but I am safe and well looked after." Another person said, "Very good -I am comfortable and safe, warm and fed." People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained and knowledgeable staff, who had been assessed as competent.

Staff had all received training to meet people's specific needs. During induction, they got to know people and their needs. One staff member said, "I enjoy working here, our residents are great and we all support each other." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. One health professional said, "The staff are caring and follow instructions." A visitor said, "Not only look after my husband but me as well." People were relaxed, comfortable and happy in the company of staff and engaged in a positive way. People's independence was considered important by all staff and their privacy and dignity

was also promoted.

Activities were provided and were in line with people's preferences and interests. People were encouraged to go out and form relationships with members of the community. Staff knew people's communication needs well and we observed them using a variety of tools, such as specific sign language, pictures and objects of reference, to gain their views.

People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. Visitors told us that they had discussed their loved one's wishes and one visitor said, "I personally felt they had prepared me, not only my wife." End of life care was delivered professionally and with compassion.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated. The provider and registered manager were committed to continuously improve, and had developed structures and plans to develop the service and maintain their care delivery to a good standard.

Rating at last inspection and update:
The last rating for this service was requires improvement (published 27/10/2018)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

Why we inspected:
This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Victoria House on our website at www.cqc.org.uk.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 effective. Details are in our safe findings below.	**Good**
Is the service caring? The service was caring. Details are in our safe 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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Victoria House Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of an inspector.

Service and service type
Victoria House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information about the service including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We used the information the provider sent us in the provider information return. This is information providers

are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We looked around the service and met with all of people there at the time. As some people were unable to fully communicate with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 10 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, six care staff and two other members of staff.

We reviewed the care records of five people who were using the service at the time of the inspection and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at training data, action plans, audits and quality assurance records. We spoke with two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
● A staff member said, "We get training every year and we discuss safeguarding procedures at team meetings, our manager updates us of any local changes." Another staff member said, "I would report anything that wasn't right." People told us they felt safe. Comments included, "I feel safe here, they are really kind and attentive," and "I feel safe." Visitors said, "Staff seem very capable, I know that any kind of abuse would immediately be picked up and dealt with."
● There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
● Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Using medicines safely
● Arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
● We asked people if they had any concerns regarding their medicines. One person said, "No, I get them as I need them." A second person told us, "Never have any problems."
● All staff who administered medicines had had the relevant training and competency checks that ensured medicines were handled safely.
● Protocols for 'as required' (PRN) medicines such as pain relief medicines were available and described the circumstances and symptoms when the person needed this medicine.

Assessing risk, safety monitoring and management
● The care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.

● Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with fragile skin had guidance on how to prevent pressure damage using specific pressure relieving mattresses, regular movement, continence promotion and monitoring. Records of hourly comfort checks were up to date.
● Risks associated with the safety of the environment and equipment were identified and managed appropriately. For example, fire exits were kept free from obstruction.
● Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
● Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Learning lessons when things go wrong
● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
● Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured that risks such as trip hazards were explored. A sensor mat had been placed in their room which meant the person's safety and independence was maintained.
●Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the registered manager to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Staffing and recruitment
● People continued to receive care and support in an unrushed personalised way. Comments from people included, "We have very nice staff, always there to help," and "There seem to be enough staff." Visitors said, "The staffing levels seem to be enough, I do think they get busy but everyone is heard." Rota's confirmed staffing levels were stable, and the skill mix appropriate. We were given examples, of when people needed extra assistance with eating, bank staff came in to assist at meal times.
● There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
● New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

Preventing and controlling infection
● The service was clean. Domestic staff completed a daily cleaning schedule. People and visitors were complimentary about the cleanliness. Comments included, "Its very clean and tidy." and "Always clean."
● Some odours were identified on the second day and were being dealt with by the house keeper.
● Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands) and at the entrance of the building, to help protect people from risks relating to cross infection.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they enjoyed the food provided by the service. One person said, "I like the food, always fresh ingredients and lovely cakes." Another person said, "Always looks and smells nice." Visitors told us, "I eat with my husband every day, really nice food," and "My (relative) really eats well. Plenty of choice and a nice range."
- People were offered choices of food and drink. A pictorial menu was displayed in the home and the chef visited people during the morning to get their preference. One person said, "Yes, they offer me choice at all meal times and there's always something I like." We also saw people could order off the menu, food such as jacket potatoes and salads.
- Staff were attentive to people's individual needs and knew people's preferences, which were recorded in care plans. Discussions with the chef confirmed they were knowledgeable about people's personal preferences and dietetic requirements. The chef confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed.
- The food prepared was presented well and met people's individual needs. Pureed food was presented in a way that people could see the differing colours and textures.
- Staff offered people drinks throughout the day and staff supported them appropriately. People who had been identified as at risk from dehydration were monitored and offered small drinks often. All staff were informed at handover of those who had not been drinking very much.
- Food offered and eaten by people was recorded in their care records. This recording system highlighted those who were not eating. Actions were taken, such as fortified drinks and high calorie snacks and referral to the GP or dietician.
- If people required assistance to eat or had their meals provided a certain way, this had been provided. Staff assisted people by sitting next to them and assisting them in a professional way without rushing them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
● People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about who supported them when they went out and what activities they wished to do.
●There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, covert medicines, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
● The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
● Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Such as waterlow score or the Malnutrition Universal Screening Tool (MUST).
●Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the district nurses, community diabetic team to ensure people received the care they needed.
● People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person said, "They asked me when I came here if I wanted a male or female carer." Reference to people's culture was reflected in people's care plans. For example, their religious beliefs.

Staff support: induction, training, skills and experience
● On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. The provider had recently changed the training provider and were now with skills for care. One staff member said, "The training is both face to face and on-line." The provider also sourced face to face training from various external agencies, for example, the local authority.
● Our observations during the inspection confirmed that staff had received training. For example, people were moved safely with lifting equipment and staff assisted people with their food and drink in a professional way.
●New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "I thought the induction was good, I was new to care and I learnt a lot."
● Staff received regular supervisions with the registered manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.

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

● Victoria House is a four-floor town house, with bedrooms on all floors. There was a large communal lounge that leads into separate dining area.

● Appropriate signage was displayed to support people living with dementia to recognise and access toilets and other key areas. The environment was homely with an accessible layout on the ground floor that met people's needs. New signage was ready to be used when the painting of the corridors was completed.

● People's bedrooms were personalised and individually decorated to their preferences. People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Some bedrooms reflected people's personal interests.

● All floors were accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.

● The garden area was well kept, safe and suitable for people who used walking aids or wheelchairs. There were areas to sit and enjoy the pleasant garden.

● Notice boards in the communal areas and corridors contained information about the service, activities, staff names and roles, religious services and complaint procedures.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people and visitors consistently described staff as kind, caring and patient.. One person said, "Very kind, caring and respectful." A visitor said, "It's a homely place, comfortable and friendly."
- The service had received compliments from families. The registered manager collected them and shared them with staff. This had contributed to raising staff morale and told staff they were valued.
- The kindness of the staff team was commented on by a visiting health care professional who told us, "Welcoming and cheerful."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people.
- Birthdays and special events were celebrated. Staff told us that they always celebrated with, "Birthday cake and a present." The walls in all the communal areas were covered with photographs of special events showing people enjoying themselves.
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The registered manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care.
- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance and maintain their personal hygiene through baths and showers when they wanted them. People were assisted with shaving, make-up, jewellery and nail care.
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to eat independently. For example, cutlery that meant their needs, such as

smaller spoons and angled handles.
● People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
● Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

Supporting people to express their views and be involved in making decisions about their care
● People and their families confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "They know us and our little ways." Another said, "I like to stay in my room, staff tell me if there is a special event, so I can choose to attend." A visitor said, "The staff go above and beyond here. There is peace of mind here." Another visitor said, "Always a lovely welcome and cup of tea," and "I visit every day and they make me very welcome and I have lunch with my husband."
● People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
● Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.
● Staff supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. One visitor said, "It's open house, no matter what time I arrive they make time to say hello and offer a drink." Staff enabled people to be in contact by telephone and email with relatives who lived further away.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

At the last inspection on the 26 and 28 September 2018, we asked the provider to take action to make improvements to ensure that care plans consistently reflected peoples' needs. This action had been completed.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. The registered manager said, "We can still improve, its on-going." Staff said, "We all read the care plans and daily notes," and "We have handovers and this keeps everybody updated on any changes or appointments."
- Before coming to live at Victoria House, the registered manager visited the person, either at home, in hospital/care home and completed a pre-admission assessment. This ensured that the person's needs and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived.
- Care plans were personalised and included up to date information for staff on how best to support them with their assessed needs. These were reviewed monthly and amended more frequently when needs changed. There was guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, people had oral hygiene care plans that described how staff should support people with their teeth or dentures.
- People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they wanted assistance with shaving and how they liked to wear their hair.
- Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.
- Staff knew people well. One visitor said, "We knew the home because of respite visits, he knows the staff and has settled well."
- Information about families and friends and their importance to the people they supported was included within the care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication needs and there were detailed assessments

highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
● People's communication and sensory needs were assessed regularly, recorded and shared with relevant others.
●Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people could be supported to use this to contact relatives using skype and emails.
● Notice boards contained information about up and coming events or something interesting and attractive to look at. There was some pictorial signage around the home to help orientate people. For example, to locate bathrooms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time. Visitors told us, "Very homely and friendly here, I feel welcomed every time I visit."
● Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer. Activities were displayed on notice boards and undertaken by staff.
● The activity programme was varied and included quizzes, exercise classes, art and crafts, pet therapy and one to ones for people in their rooms.
● The support people required from staff to engage and interact with them to reduce the risk of social isolation was discussed and highlighted in care plans. One person said, "I really enjoy the quiz sessions." Another person said, "I love the exercises." People and visitors told us staff had time to chat with them. One visitor said, "The staff make time for chatting, I see them sitting with people and that is enjoyed by everybody."

Improving care quality in response to complaints or concerns
● There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on.
● We reviewed complaints that had been received by the service since the last inspection. All complaints were investigated, an outcome and lessons learned were recorded. For example, comments about the food had been taken forward and changes made.

End of life care and support
● Staff had completed end of life care awareness training and there was a provider policy and procedure containing relevant information about end of life care. Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "We do everything we can to ensure people are comfortable and pain free, we have support from the GP and district nurses."
● Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family, GP and had been reviewed regularly.
● Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

Requires Improvement

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement.

This meant the service management and leadership was still being embedded and now needed to be sustained. Improvements to both the culture and care delivery were seen at this inspection.

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

● The registered manager was working to ensure there was sufficient oversight and effective governance at the service. Systems and processes to assess, monitor and improve the quality and safety of the service provided had improved. However, there were improvements needed to ensure that all internal audits were completed in full, with dates and actions taken. For example, infection control audits.

● Oversight of peoples' weight was not sufficiently robust as two peoples' weights showed significant changes in one month (up to 17 kgs weight loss in July 2019) and had not been investigated or identified in the audits. The weights had returned to within their normal changes in the following month but again this had not been highlighted in audits or addressed to ensure peoples weights were accurate.

● Food and fluid charts were not always completed accurately. A new food and fluid chart form was developed during the inspection process which was seen to be used more effectively and accurately.

● Improvements were needed to the oversight of some aspects of care delivery that were fully discussed. This included having an awareness of whether medicines should be administered when the person was at their end of life and of involving the GP. Training in end of life care has been sourced and the local authority are supporting the staff team in this area.

●Staff were able to discuss best interest decisions and who was involved, however these were not always clearly documented and the rationale for the decision was not documented. This was an area that required improvement.

● The manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation.

●The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. One visitor said, "The manager is approachable and always available." It was also highlighted by the visitor that, "The manager has been very supportive to me since my husband came here to live."

● Quality assurance processes had been developed to consistently drive improvement. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.

● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as

the Local Authority and CQC. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

● Staff were valued, and this had a positive effect on their ability and resilience in supporting people. One staff member said, "We work as a team," and "It's a really good place to work."

● Staff felt supported and told us they received for any support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge. They said, "The manager has introduced champions and its really rewarding taking responsibility." Another senior care staff member has just accepted the role of End of Life champion and has been enrolled on a course with the local hospice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to people, relatives and professionals yearly. These were collated and actions taken to comments received. The actions were then shared with people, visitors and staff.

● Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.

● Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended. Suggestions in respect of activities had been taken forward, for example, more visits out.

● For those unable to share their views families and friends were consulted. One visitor said, "I do try to attend all the meetings, I think the communication is very good."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a range of activities to keep them mentally and socially active. This ethos ran through everything that happened at the service and was fully supported by staff. People and visitors were consistently positive about the registered manager and staff. Comments from people, included, "Nice," "Friendly" and "Caring."

● Victoria House had an open-door policy, the manager's office was amongst people's bedrooms and the communal areas, so the manager was visible to visitors, people and staff. Throughout the inspection people and visitors 'popped' in to speak to the registered manager. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. The registered manager worked alongside the staff and this was appreciated by staff.

● There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.

Continuous learning and improving care

● The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.

● The registered manager consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.

Working in partnership with others:

● The management team actively looked for and took up opportunities to work in partnership with local

health care and community services to improve people's health and wellbeing.

● Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. This joint working ensured one person received the antibiotics they needed when a doctor was not available to sign a prescription.

● The service had developed links with the local community. There was evidence of people being supported to go out with family and friends.