Mrs Reepaben Patel

# Victoria House Residential 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? | Good |

# Summary of findings

## Overall summary

About the service
Victoria House Residential Home is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. The service can accommodate up to 20 people in one adapted building

People's experience of using this service and what we found
The provider and staff were kind and caring and supported people's dignity and independence. There were enough staff to meet people's needs and staff received the training and supported needed to ensure they provided a high quality of care in line with best practice guidance.

Staff had received training in how to safeguard people from abuse and were confident that the provider would take action if any concerns were raised.

The home was clean and tidy and supported people living at the home to mobilise ad find their own way around the home. Staff knew how to keep people safe from the risk of infection.

People had been involved in planning their care and care plans accurately reflected people's needs. Risks had been identified and care was planned in line with best practice to keep people safe. People were supported to eat safely with their independence maximised. People's wishes at the end of their life was respected. The provider worked with other agencies to ensure people were kept comfortable and pain free at the end of their lives.

People's medicines were safely administered. However, we found some issues with the recording of medicines. The provider took action to resolve these concerns.

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.

There were effective systems in place to audit the quality of care in the home and to drive improvements. Action was taken after accidents and incidents to keep people safe. The provider investigated and responded to any complaints raised.

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

Rating at last inspection
The last rating for this service was Good (published 12 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Victoria House Residential 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 was completed by one inspector.

Service and service type
Victoria House Residential Home 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.

The service was not required to have a registered manager as the provider was an individual. This means the provider alone was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with four people who used the service and one relatives about their experience of the care provided. We also spoke with members of staff including the provider, a senior care worker, a member of the domestic staff and the cook. We spent time observing care in the communal areas of the home.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found in relation to medicines.

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 now remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Staff had received training in keeping people safe from abuse. They were aware of the different types of abuse and what signs to look for that might indicate that a person needed support.
• Information on how to safeguard people from abuse was available for staff in the staff handbook.
• Staff were happy to raise any concerns they had with the provider and were confident action would be taken to keep the person safe. In addition, they had information on how to raise concerns with external agencies.

Assessing risk, safety monitoring and management
• People's risks had been assessed and care was in place to ensure people received safe support. For example, one person needed a frame to mobilise safely around the home while another person was supported to move using a hoist.
• Risk assessments were reviewed monthly and updated where needed. Where there were concerns about people's skin being damaged due to pressure, care plans and equipment were in place to reduce the risk of this happening.
• Information on people's ability to mobilise were in place to provide support for the emergency services if needed.

Staffing and recruitment
• People told us that there were enough staff to meet people's needs. One person told us, "They [care staff] all have time, there is no rush and they have all been very helpful."
• Staff had been required to share with the provider, proof of identity when they started work. In addition, the provider had completed checks with the disclosure and barring services to ensure staff were safe to work with people living at the home.

Using medicines safely
• People told us they were happy with the support offered around medicines. One person told us, "My medicines come on time." This person had been kept up to date with why they were taking each medicine and how they helped them.
• Medicines were safely administered and staff knew how people preferred to take their medicines. Where people's medicines had not been delivered on time staff chased them with the GP practice and pharmacy. When a person living with dementia was finding it difficult to swallow tablets arranged for liquid medicine to ensure that they got the antibiotics needed,
• We saw that there were some inconsistencies in how medicines which required two staff signatures were recorded and the staff were not working in line with the provider's protocols. We raised this with the provider

who told us they would take action to ensure this was corrected. Following the inspection, they wrote to us and outlined the changes they had made.

Preventing and controlling infection
• People living at the home and their relatives told us that the home was kept clean. The provider had recently had a visit from the environmental health inspectors and no changes had been needed.
• The housekeeper had a schedule in place to ensure that all areas of the home were cleaned, this included daily and weekly tasks as well as periodic deep cleans. The housekeeper was aware of the processes in place to reduce the risk of infection and how to keep equipment for cleaning separate for different areas.
• Staff had received training in how to keep people safe from infection and used equipment such as gloves and aprons to reduce the risk of infection.

Learning lessons when things go wrong
• Records showed that accidents and incidents were recorded, and action was taken to ensure that the person was protected from future occurrences of the same incident.
• The provider reviewed accidents and incidents to monitor for trends and shared the learning with staff at team meetings. For example after a person had a fall.

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 now remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People had received an assessment of needs before they moved into the home. This allowed the provider to ensure staff had the skills to meet people's needs or to arrange extra training if required.
• The provider worked in line with good practice guidance when assessing people's risks and planning their care. This ensured that risks to people were minimised.

Staff support: induction, training, skills and experience
• New staff completed a planned induction to the home. They were expected to complete online training before they started work and then shadowed experienced staff in the home to gain practical experience. Staff who had not worked in care before or who had no related qualifications had to complete the Care Certificate. This is a set of standards which ensure staff had the basic skills needed to provide safe care.
• Staff also had ongoing training and support to ensure that their skills remained up to date. This was done through online learning, supervisions and team meetings.

Supporting people to eat and drink enough to maintain a balanced diet
• People were happy with the quality of food. The provider spoke with people to ensure they enjoyed their meal. If they were not happy with the food offered the provider would ensure they were offered alternatives. People's dietary choices were respected, for example if they were vegetarian.
• Meals were presented so people were able to eat independently, for example, some people chose to have their lunch in a bowl instead of on a plate. One person had a plate guard to help them retain their independence. We saw that people were offered their drinks in cups and mugs that they chose. For example, one person had a delicate china cup whereas another person had a large mug.
• People's ability to eat safely was assessed. Where there were any concerns people were referred to a healthcare specialist for support and advice. Records showed this advice was followed. For example, some people needed their food pureed and drinks thickened to reduce their risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Records showed that staff supported people to access healthcare when needed and people told us that the doctor had been contacted for them when they were not well.
• People were supported to access preventative healthcare such as flu vaccines.

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

• The environment was pleasant. Consideration had been given in the design and decoration of the building, to allow good care to be delivered to older people with mobility and dementia care needs.
• There was plenty of outside space for people, raised garden beds were in place for people who enjoyed this pastime. In addition, here were a number of tables and chairs for people to sit at.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Staff had received training in the mental Capacity Act (20050 and supporting people to make decisions. Consent to care and people's ability to make individual decisions was recorded in their care plans.
• Some people at the home were unable to consent to living there. The provider had submitted applications for people to be assessed for a DoLS.

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 now remained the same Good. 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
• People told us they liked living at the home. One person told us they felt lucky to live in such a nice place. They said, "The staff cannot do enough for you and they look after you well."
• The provider took an active role in care. For example, we saw during lunch they checked on people who were not in the dining room to ensure that they were eating and were happy with the quality of their food. At lunch in the dining room people sat in friendship groups. There was music playing and while waiting for their meal people were happy, contented and singing along to the music.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to make decisions about their care needs. For example, one person's bedroom was cooler than the rest of the home. They told us this was what they preferred.
• Staff knew people's likes and dislikes well. In addition, care plans also recorded people's preferences while receiving care.

Respecting and promoting people's privacy, dignity and independence
• A family member of a person told us that the provider had been supportive through the process of their relative being discharged from hospital, being at the home for respite and then arranging the care needed to get the person back to their home.
• Care plans noted how people were supported to maintain their appearance. For example, some people's families arranged for them to have a haircut while others had theirs done by a hairdresser who visited the home.
• People had been supported to decorate their walking frames so that they could be sure they got their own. This respected their independence and ensured that the walker was at the correct settings for themselves.
• Staff had received training in respecting people's privacy and dignity. They explained that they would knock on people's doors before entering and promote people's independence while supporting them with personal care.

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 Good. At this inspection this key question has now remained the same Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People and their relatives told us they were involved in planning their care. They told us if there was anything they did not understand the assistant manager or provider would explain things to them.
• Care plans accurately reflected people's care needs and records showed that they had been reviewed on a monthly basis. Any changes in care were discussed at handover meetings between staff in the care home.
• Care plans recorded the oral care people needed to maintain a healthy mouth. This was important as any issues may impact on the person's ability to eat.

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.
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. Care plans recorded the support people needed to access written or verbal information. For example, they noted who needed glasses to read. These needs were shared appropriately with other health and social care professionals.

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 encouraged to take part in activities which maintained their health. For example, there was a movement to music session in the home on a regular basis.
• On a daily basis activities supported people to be entertained. For example, during the morning people in the lounge were watching a film and we could see that they were really enjoying it laughing and giggling.

Improving care quality in response to complaints or concerns
• The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate complaints and had resolved any concerns.
● People were confident they could raise any concerns with the assistant manager or the provider and were confident action would be taken to resolve the concern.

End of life care and support
• People and their relatives were supported to discuss their wishes at the end of their lives when they felt

ready to talk about the subject. Their wishes were recorded in their care plan along with any advanced decisions. For example, if they wished to remain in the home or go to hospital for treatment.
• Staff had liaised with other agencies to ensure that all medical care was available. This included anticipatory medicines which might be needed to keep the person pain free and comfortable at the end of their life.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the home and had notified us about events which happened in the home.
• The provider had been open and honest with people and relatives about incidents which happened. They had ensured that family members were kept up to date with any concerns about their relative's care needs.
• The provider had audits in place to monitor the quality of care in the home. We saw that they had identified most concerns and the provider had taken action to improve the care people received. However, we identified some minor issues with medicines. The provider told us they would take action to rectify these concerns. Following the inspection, they wrote to tell us they action they had taken, and this was confirmed by the local authority as part of their routine visits to the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People told us that they liked living at the home that the provider and staff were approachable. They said they found the provider and the staff to be, "Excellent people."
• The provider spent time of the floor and provided guidance and leadership for staff ensuring that best practice guidance was respected. They knew people's needs and the care that people needed and so were able to identify if anything was wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People's views of the service were gathered through residents' meetings and surveys.
• The last survey had been completed in September 2019. The provider had reviewed the responses and had taken action to rectify any individual concerns people had raised. They had plans in place to analyse the survey results to see if there were any trends.
• Staff meetings took place every 12 weeks and all staff were required to attend. The provider used the meetings to develop staff's understanding of best practice in care and to discuss changes and developments in the home.

Continuous learning and improving care
• The provider had allocated staff lead roles to promote staff knowledge. For example, one member of staff

had a lead role of infection control while another was the home's dignity champion. Their role was to attend training in their lead area and share best practice with.
• The provider had investigated accidents and incidents and had identified areas where improvements could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.

Working in partnership with others
• The provider worked collaboratively with health and social care professionals to ensure that people received care which met their needs.