Delta Care Limited

Victoria House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of Victoria House on 15 January 2015. Victoria House is registered to provide accommodation with personal care for up to 15 people. The service does not provide nursing care. At the time of the inspection there were 12 people accommodated in the home. An adult social care inspector conducted the inspection.

Victoria House is an older type detached two-storey property in a residential area on the outskirts of Brierfield. There is chair lift access to both floors. Bedrooms have wash basin facilities with toilet and bathrooms located nearby. There are two comfortable lounges and a dining room. There is parking to the front of the house and on the road.

At the previous inspection on 8 January 2014 we found the service was meeting all standards assessed.

There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, relating to medicines management and infection control arrangements.

We looked at how the service managed people's medicines. We found processes were in place for the ordering, receipt, storage, administration and disposal of medicines and medication was stored securely. However, we found improvements were needed to ensure people's medicines were handled safely. Staff training was not recorded and there were no assessments to ensure staff were competent and safe to manage people's medicines. There were no assessments to support one person who was administering their own medicines or to support a decision to 'disguise' medicines in another person's food. Medicines for disposal were not witnessed and people had not given consent for staff to manage their medicines. You can see what action we told the provider to take at the back of the full version of the report.

The home was clean and odour free and appropriate protective clothing, such as gloves and aprons, were available. However, there were no cleaning schedules or audit systems in place to support good practice. Staff had not been provided with training in infection control and there was no designated or qualified infection control lead person for the service. We found paper towel dispensers were needed in the toilet areas and improvements were needed to the flooring and exposed pipes in the laundry. We shared our concerns with the local authority infection control lead nurse. You can see what action we told the provider to take at the back of the full version of the report.

People told us they did not have any concerns about the way they were cared for and during the inspection we did not observe anything to give us cause for concern about people's wellbeing and safety. One person said, "I am safe here; they will look after me." Staff had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

We found there were sufficient numbers of suitable staff to attend to people's needs and keep them safe. We noted calls for assistance were responded to in a timely way. We found a safe and fair recruitment process had been followed and appropriate checks had been completed before staff began working for the service.

Staff were given support and received a range of induction and training to give them the necessary skills and knowledge to help them look after people properly. However, we found the training records were not up to date. People made positive comments about the staff. Comments included, "Staff are very nice" and "The staff are very friendly."

During our visit we observed people being asked to give their consent to care and treatment by staff. However, people's capacity to make safe decisions and choices about their lives was not always clearly recorded in the care plans; the registered manager told us she would review this.

We observed staff being kind, friendly and respectful of people's choices and opinions. The atmosphere was relaxed with friendly banter between staff and people living in the home. Staff spoken with had a good knowledge of the people they supported. People said their privacy, dignity and independence were respected. One person said, "They are very nice and talk to me properly."

People were given the support they needed at mealtimes and were offered alternatives to the menu. The meals served looked appealing and plentiful and the dining tables were appropriately and attractively set. One person said, "The meals are very good, you can have what you want. If you don't like what is on the menu you can have something else."

Each person who lived at the home had a care plan that was personal to them. The care plans included good information about the support people needed and arrangements were in place to monitor and respond to people's health and well- being.

The home was warm, comfortable and clean. People were satisfied with their bedrooms and living arrangements. Improvements to the home were ongoing.

Summary of findings

However, we found the new ground floor shower room was not fitted with a suitable lock or with a privacy screen; the registered manager told us this would be discussed with the maintenance person.

People told us they had no complaints about the service and felt confident they could raise any concerns with the staff or managers. One person said, “I have no complaints. It’s a first rate place; I can’t fault anything.” We found people’s concerns were not clearly recorded which made it difficult to determine whether appropriate action had been taken, whether there were recurring problems and whether the information had been used to improve the service. The registered manager told us she would review this.

There were systems to assess and monitor the quality of the service which would help identify any improvements needed. There were opportunities for people to express their views about the service with evidence their views had been listened to and used to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Although people living in the home told us they did not have any concerns about the way they were cared for, we found some areas in need of improvement to ensure people's medicines were handled safely.

The home was clean and odour free. However, there were no systems in place to support good practice.

Staff recruitment was satisfactory and included all relevant checks. We found there were sufficient on staff duty to respond to people's needs.

Staff had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

Is the service effective?

Good

The service was effective. The registered manager and staff expressed a good understanding of processes relating to MCA and DoLS.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People said the meals were good and they were appropriately supported with diets.

Arrangements were in place to train and support staff in carrying out their roles and responsibilities.

Is the service caring?

Good

The service was caring. People who lived at the home told us they were happy with the approach taken by staff.

We observed staff interacting with people in a kind, good humoured and friendly manner and being respectful of people's choices and opinions.

People were able to make choices and were involved in decisions about their day.

People said their privacy, dignity and independence were respected. We observed people being as independent as possible, in accordance with their needs, abilities and preferences.

Is the service responsive?

Good

The service was responsive. People received personal care and support that was responsive to their needs. Each person had a care plan that had been updated in line with any changing needs and showed people had been consulted and involved in decisions about their care.

Summary of findings

People were involved in discussions and decisions about the activities they would prefer each day, which should help make sure activities were tailored to each individual.

People were supported to maintain their relationships with their friends and family.

Is the service well-led?

Good

The service was well led. People were happy with the management arrangements in the home. Staff were aware of their roles and responsibilities.

There were systems in place to assess and monitor the quality of the service.

People were able to express their views about the service and there was evidence their views had been listened to and used to improve the service.

Victoria House

Detailed findings

Background to this inspection

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

This inspection took place on 15 January 2015 and was unannounced.

Before the inspection we reviewed the information we held about the service. We contacted the local authority commissioning and contracts team for some feedback about the service. We also spoke with the local authority infection control lead nurse.

The provider was not asked to complete a Provider Information Return (PIR) before the inspection. During the inspection we asked the registered manager to give us some key information about the service, what the service does well and the improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people living in the home, two care staff, one domestic staff and the registered manager. We also spoke with a physiotherapist and a social worker.

We observed care and support being delivered. We looked at a sample of records including two people's care plans and other associated documentation, recruitment and staff records, minutes from meetings, training plans, complaints and compliments records, medication records and audits.

Requires Improvement

Is the service safe?

Our findings

We spoke with the three people living in the home. People living in the home told us they did not have any concerns about the way they were cared for. One person said, "I am safe here; they will look after me." Another person said, "Staff are good with people. I have seen nothing to concern me." During the inspection we did not observe anything to give us cause for concern about people's wellbeing and safety. We observed staff interacting with people in a kind, good humoured and friendly manner.

We looked at how the service managed people's medicines. The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day.

We found processes were in place for the ordering, receipt, storage, administration and disposal of medicines. People's medicines and medicine records were checked on a monthly basis which helped to identify any shortfalls. Medication was stored securely in a cabinet in each person's bedroom.

The registered manager described the arrangements that were in place for the safe management of controlled drugs which are medicines which may be at risk of misuse.

On the day of our inspection visit we were unable to look at policies and procedures as they were being reviewed to support good practice; this meant staff did not have clear guidance to refer to. Following our inspection we were told policies and procedures had been returned to the service. Staff told us they had received training to help them to safely administer medication although this was not recorded on the training matrix or in their records. Regular checks on staff practice had not been undertaken to ensure they were competent and safe to manage people's medicines.

Medication administration records (MAR) were clear although we found a number of areas needing improvement. We looked at two people's medication records and found gaps on one person's MAR for one day this month; there were no records to support whether the medicines had been administered or not, or whether this had been reported to the registered manager or followed up. There were no records of medicines carried forward from the previous month which meant it was difficult to determine whether these medicines had been given properly. One person was administering their own medicines although there were no assessments in place to ensure this process was being monitored. Another person was having their medicines 'disguised' in food; whilst this had been agreed with the person's GP there were no assessments of capacity or records of best interest decisions in the care plan. Records of medicines for disposal were being completed by only one member of staff; these should be witnessed to ensure the risk of misuse was reduced. There were no records to support people had given permission (consented) to staff managing their medicines. We found the medicine storage fridge had been out of use since November 2014; however we were told there were no medication items requiring fridge storage at this time.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the arrangements for keeping the service clean and hygienic. The home was clean and odour free. However, there were no cleaning schedules or audit systems in place to support good practice. A domestic staff had worked at the service for many years, she told us the cleaning schedules and audits were being developed. The registered manager confirmed this and showed us 'sample' records. There were 'task' sheets for night staff to complete. Training records showed only the member of domestic staff had attended training in infection control; the registered manager told us training was being planned for other staff. There was no designated or qualified infection control lead person for the service; a designated person could monitor staff infection control practice, attend local infection control forums and keep staff up to date with changes in practice. We were told the 'infection control' policies and procedures were currently under review to provide appropriate guidance to staff. We saw appropriate protective clothing, such as gloves and aprons, were available. One person told us, "It is a very clean place."

During a tour of the home we found paper towels, or dispensers, were not available for hand drying purposes in the 'resident' toilets on both floors. The flooring in the laundry was not easy to clean and there were exposed pipes in the laundry. The registered manager told us she

Requires Improvement

Is the service safe?

was aware of the improvements needed. A maintenance person was available to ensure any requests for repairs and maintenance were responded to. We shared our concerns with the local authority infection control lead nurse.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed safeguarding procedures with two members of staff and with the registered manager. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. However we were unable to look at the policies and procedures relating to safeguarding and reporting poor practice as they had been removed to head office for a review. This meant guidance and information about safeguarding vulnerable adults was not currently available for staff. Following the inspection visit we were told policies and procedures had been returned to the service for staff to refer to if needed. There had been no safeguarding alerts raised in the last 12 months.

The overall training plan showed most staff had received training on safeguarding vulnerable adults. Staff, who we spoke with, told us they had recently completed safeguarding training. The registered manager told us all staff would complete a refresher course this year.

We found individual risks had been assessed and recorded in people's care plans. Management strategies had been drawn up to guide staff on how to manage these risks. The risk assessments we looked at had been reviewed and updated on a regular basis. This meant staff had clear, up to date guidance on providing safe care and support.

From looking at records we saw equipment was safe and had been checked and serviced regularly. Training had been provided for all staff to ensure they had the skills to use equipment safely and keep people safe.

From our discussions and observations and from looking at the rota we found there were sufficient skilled staff to meet people's needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff which helped to ensure people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. People told us they were happy with the staff team and told us there were enough staff to support them when they needed. One person said, "There is always someone to help me day or night; I don't have to worry." Our observations confirmed people received care from staff in a timely and unhurried manner.

We looked at the records of two members of staff. The staff team was stable and there had been no new staff recruited. We found a safe recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, criminal records check and references from previous employers. However, records of the interview had not been maintained; we discussed how this this would support a fair recruitment process. We were unable to look at the recruitment policies and procedures as these were being reviewed.

Good

Is the service effective?

Our findings

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), moving and handling, fire safety, first aid and health and safety. Some staff had achieved a recognised qualification in care. The training plan was being reviewed to make it clearer and to ensure training was completed in a timely manner.

Records showed there was an induction programme for new staff which would help make sure they were confident, safe and competent. This included a basic 'house' induction during which time they would be given support and supervision. They would then complete an in depth induction or a recognised qualification in care.

Staff told us they were supported and provided with regular supervision. Records recorded a number of 'spot checks' on staff practice. All staff had received an annual appraisal of their work performance which would help identify any shortfalls in staff practice and identify the need for any additional training and support.

Staff told us handover meetings were held at the start and end of every shift and a communication diary helped keep them up to date about people's changing needs and the support needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. One member of staff said, "We have a brilliant team; communication is very good."

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of the inspection none of the people using the service were subject to a DoLS. We were told the service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS although we were unable to review these at the time of our inspection visit. However, the registered manager and staff expressed a good understanding of processes relating to MCA and DoLS.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make safe decisions and ability to make choices and decisions about their lives. This was not always clearly recorded in the care plans; the registered manager told us she would review this. This should help make sure people received the help and support they needed.

We looked at how people were protected from poor nutrition and supported with eating and drinking. We observed the lunchtime meal and saw people were given the support they needed and offered alternatives to the menu. The meals served looked appealing and plentiful and the dining tables were appropriately and attractively set. The atmosphere was relaxed with friendly banter throughout the meal between staff and people living in the home. The menu was displayed around the home. People had been given the opportunity to influence the menu during 'residents meetings'.

People told us they enjoyed their meals. They made the following comments, "The food is very good; I can't complain", "The meals are very good, you can have what you want. If you don't like what is on the menu you can have something else" and "I am always offered a supper." Staff told us people could have their meals in their rooms or with others in the dining room. Care records included information about people's dietary preferences and any risks associated with their nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their health. People's healthcare needs were considered during the initial care planning process and as part of ongoing reviews. Records had been made of healthcare visits, including GPs, the chiropodist and the district nursing team. We found staff at the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A visiting healthcare professional told us, "I have no concerns; staff follow my advice and make a note of it."

Good

Is the service caring?

Our findings

People who lived at the home told us they were happy with the approach taken by staff. Comments included, “Staff are very nice” and “The staff are very friendly.” A social care professional said, “Staff appear to be caring, organised and kind.”

During our visit we observed staff interacting with people in a kind, good humoured and friendly manner and being respectful of people's choices and opinions. All the staff spoken with had a good knowledge of the people they supported. It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. We saw people’s relatives were kept up to date about their health and welfare and also involved in any decisions, where appropriate. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices.

We looked at two people’s care plans and found they, or their relatives had been involved in ongoing decisions about care and support and information about their preferred routines had been recorded. This helped ensure people received the care and support they both wanted and needed. The registered manager told us the care records were being reviewed to include more ‘person centred’ information.

People said their privacy, dignity and independence were respected. One person said, “They are very nice and talk to me properly.” We observed people being as independent as possible, in accordance with their needs, abilities and preferences.

Bedrooms were on the ground and first floors and had been furnished with personal items. Each person had a single room and could have a key to their room if they wished; records showed people had been involved in decisions about the choice of décor. On the ground floor there were two comfortable lounge areas and a dining room with a chair lift to the first floor. Bathrooms and toilets were located on both floors, were fitted with appropriate locks and suitably equipped for the people living in the home. However, we found the new ground floor shower room was not fitted with a suitable lock or with a privacy screen; the registered manager told us this would be discussed with the maintenance person. We found there were regular checks of each room and saw repairs and refurbishment of the home were ongoing.

There was information about advocacy services displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members. People also had a guide to Victoria House which included useful information about the services and facilities available to them.

Good

Is the service responsive?

Our findings

People received personal care and support that was responsive to their needs. We looked at a completed pre admission assessment and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. We noted the assessment covered all aspects of the person's needs, including personal care, mobility, daily routines and relationships. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home. A visiting social care professional told us, "The manager came out straight away and completed an assessment before the person was admitted here."

Each person who lived at the home had a care plan that was personal to them. The care plans included good information about the support people needed. Processes were in place to monitor and respond to changes in people's health and well-being. The care plans had been updated on a monthly basis in line with any changing needs and showed people had been consulted and involved in decisions about their care. The care plans contained information about people's likes and dislikes as well as their care and support needs. The registered manager told us this was being improved and had commenced regular checks on people's care plans to identify any shortfalls in the record keeping.

From looking at photographs and from discussions with people who used the service, we found there were opportunities for involvement in a number of activities. People were involved in discussions and decisions about the activities they would prefer each day, which should help make sure activities were tailored to each individual.

People were supported to maintain their relationships with their friends and family. They told us how they were keeping in contact with others. Visiting arrangements were flexible and people could meet visitors in the privacy of their own rooms. The service had established links with resources in the local area and people were being supported to access the community in small groups and on a one to one basis. One person told us, "My relative is made welcome by the staff."

The complaints procedure was given to people at the time of admission. We noted the procedure did not include the contact information for the local authority or advice when they should be contacted. We were told policies and procedures were currently being reviewed. People who used the service and their relatives were encouraged to discuss any concerns during regular meetings, during day to day discussions with staff and management and also as part of the annual survey. People told us they had no complaints about the service but felt confident they could raise any concerns with the staff or managers. One person said, "I would say if things weren't right." Another person said, "I have no complaints. It's a first rate place; I can't fault anything."

There had been two concerns raised with Care Quality Commission (CQC) since the last inspection about security and availability of equipment. Records showed the concerns had been responded to and appropriate action taken. There had been no complaints made to the service. However, we found people's concerns were not always clearly recorded which made it difficult to determine whether appropriate action had been taken, whether there were recurring problems and whether the information had been used to improve the service. We discussed this with the registered manager who acknowledged our concerns and assured us clearer records would be maintained.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. Staff were aware of their roles and responsibilities. There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Records showed the registered manager was supported by and regularly met with the owners. The registered manager kept up to date with current good practice by attending training courses and developing links with appropriate professionals in the area.

People spoken with made positive comments about the management arrangements. Staff told us, "The atmosphere is good. I can talk to the manager or the owners anytime. They listen to staff and things change if needed", "The manager works with us" and "The manager and owners are approachable." The registered manager met regularly with senior managers. From our discussions, observations and from a review of records it was clear the registered manager and the registered providers were committed to ongoing improvement of the service.

There were systems in place to assess and monitor the quality of the service. They included monthly checks of the medication systems, care plans, staff training and the environment. There was evidence these systems identified shortfalls in some areas and that improvements had been made. However action plans were not always clear about how shortfalls were acted upon. In addition we noted there were gaps in the schedule. The registered manager told us she had been allocated additional 'management' hours to address this. The registered manager described how accidents and incidents were recorded and analysed to help identify any patterns or areas requiring improvement. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

There were opportunities for people to express their views about the service through regular meetings, care reviews and during day to day discussions with staff and management. Customer satisfaction surveys had been sent to people using the service, their relatives, to visiting health and social care professionals and to staff in to determine their views on the service. There was evidence people's views had been listened to and used to improve the service; examples of this included changes to the menu and décor choices. The results had been analysed and action had been taken to respond to any suggestions. The registered manager told us customer satisfaction surveys were overdue but would be sent out this year.

The organisation had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

The registered provider was currently undertaking a review of policies and procedures. We were concerned staff did not have access to safe guidance as the policies and procedures had been removed from the home during this process. Following the inspection we were told the policies and procedures had been returned to Victoria House for staff to refer to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with the unsafe use and management of medicines. Regulation 13

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People were not protected from the spread of infection as effective systems to assess the risk of and to prevent, detect and control the spread of infection were not in use. Regulation 12(1)(2)(a)