Care Quality Commission

Key inspection report

Care homes for older people

Name:	Victoria Lodge Care Home
Address:	138 Thorne Road Edenthorpe Doncaster DN3 2LU

The quality rating for this care home is:	one star adequate service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	**Date:**							
Valerie Hoyle	2	0	0	1	2	0	1	0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Victoria Lodge Care Home
Address:	138 Thorne Road Edenthorpe Doncaster DN3 2LU
Telephone number:	01302884806
Fax number:	
Email address:	victoria.lodge86@yahoo.co.uk
Provider web address:	

Name of registered provider(s):	Mrs Saima Munir Raja
Type of registration:	care home
Number of places registered:	24

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	14	0
old age, not falling within any other category	0	10

Additional conditions:

The maximum number of service users who can be accommodated is: 24

The registered person may provide the following category of service only: Care Home only Code PC To service users of the following gender: Either Whose primary care needs on admission to the Home are within the following categories: Old Age, not falling within any other category, Code OP - maximum number of places 10 Dementia Code DE, maximum number of palces 14

Date of last inspection								

Brief description of the care home

Victoria Lodge is situated on the outskirts of Doncaster in the village of Edenthorpe. The home provides accommodation for 24 older people some of whom may have dementia. A number of bedrooms have ensuite facilities while others have toilet facilities close by. The home has bedrooms on both the ground and first floor and these can be accessed by a passenger lift. There are three lounges, one is designated as a quiet lounge and there is a dining room. There are gardens and car parking at the front of the home and an enclosed garden at the rear of the building with a paved area with

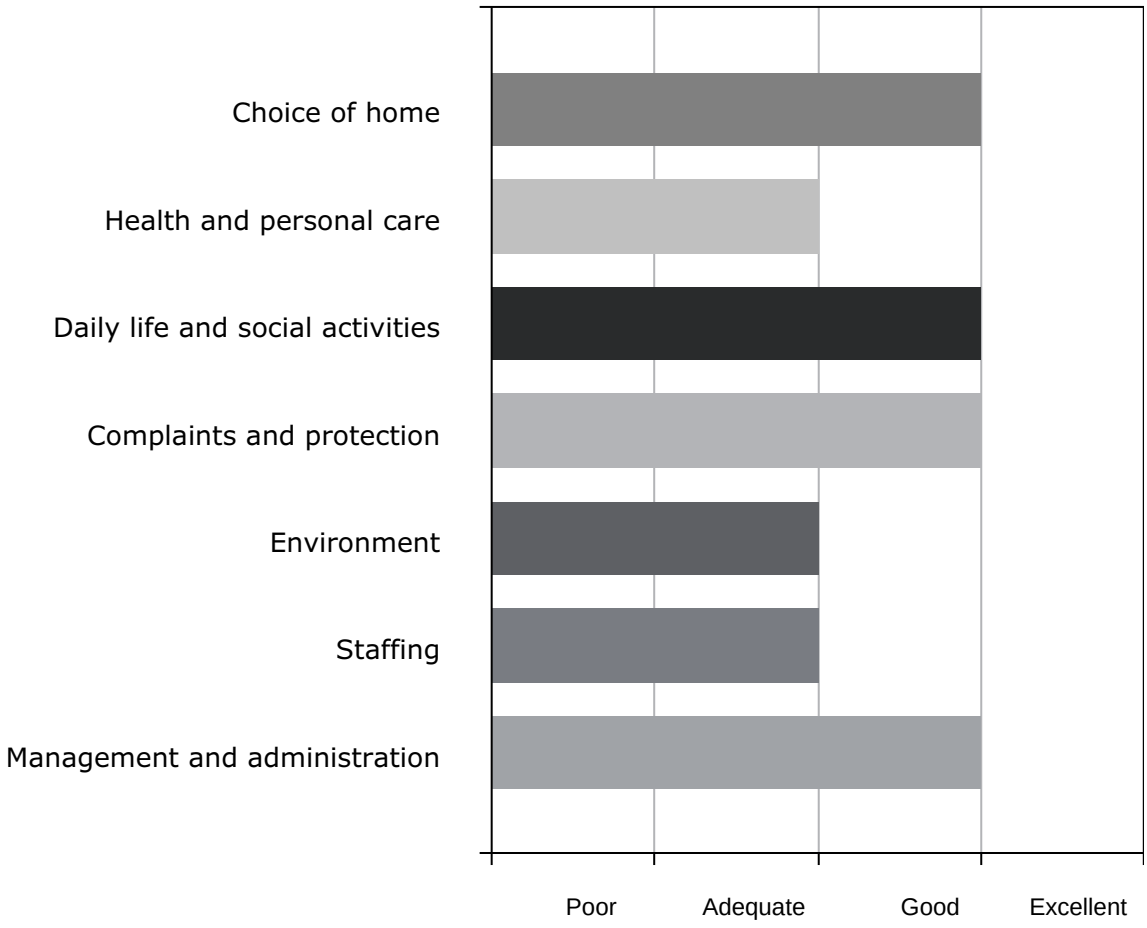
Brief description of the care home
garden furniture and flower tubs planted in the summer. The home was registered by the Commission for Social Care Inspection in April 2008 and the registered provider is Mrs Saima Munir Raja. Information gained on the 7th September 2009 confirmed the current weekly fees are £398.72 for residential care. Additional charges include private chiropody, hairdressing, and outings. The home provides information to people who use the service and their relatives prior to admission into the home. Service Users Guides are available in all bedrooms or on request from the manager.

Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:	one star adequate service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 1 stars. This means that the people who use the service experience good quality outcomes.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations but only when it is considered that people who use the service are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

This unannounced inspection took place over 5.5 hours starting at 09:15 finishing at 14.45. The visit included a partial inspection of the home. Four people who use the service, the manager and deputy manager, two staff and two relatives were spoken to during this inspection, their views are included within this report.

20 Surveys (10 for service users, 5 staff, 5 Health Professionals) were sent to the service. 1 survey was returned from staff, 2 surveys were returned from health care professionals and 10 service user surveys were returned.

Occupancy at the home on the day of this inspection was 15 people.

Three people's care plans were looked at. Policies relating to medication, complaints, protection and handling of people's money were looked at. Three recruitment and training records were looked at to assess how people were protected from harm. Procedures and risk assessments relating to health and safety were looked at and discussed with the manager.

The Annual Quality Assurance Assessment (AQAA) was sent to the home for completion for the previous inspection of the service on 4th September 2009.
An AQAA is a self-assessment and a dataset that is filled in once a year by all providers whatever their quality rating. It is one of the main ways that we will get information from providers about how they are meeting outcomes for people using their services. The AQAA also provides us with statistical information about the individual service and trends and patterns in social care.

What the care home does well:

Victoria Lodge has a warm and homely atmosphere and relatives said they were always made to feel welcome. People said they loved it at the home, they liked the food and the activities provided. They said staff were always friendly and caring. Surveys confirmed that staff always listen to them and act on what they say. They said staff always respect their dignity and encourage them to make decisions about how they spend their time. They said they liked their bedroom and said their visitors were always welcomed.

People told us they were aware of the complaints procedures and would speak to the manager if they had a problem. They said they feel safe at the home and the staff were caring and friendly.

What has improved since the last inspection?

Some aspects of medication procedures have improved since the last inspection, however some further improvements are required with regard to medication administration records. Observations during this inspection confirmed staff have improved the principles of care by respecting peoples privacy and dignity. We observed staff speaking to people in an appropriate manner and they moved and handled people safely.

Since the last inspection staff have attended training to ensure they meet health and safety requirements. Staff have also attended training to ensure they are able to recognise signs of abuse and act appropriately to keep people safe from harm.

Records in relation to food safety have improved and the environment is well maintained. They addressed issues about ensuring domestic staff maintain a clean and hygienic environment, although we were told that the domestic had left their employment and they were again looking to employ a new domestic.

They have employed an activity coordinator although the persons hours may need to be reviewed to ensure they meet the needs of people who use the service.

What they could do better:

The service must ensure that care plans are established quickly after the person is admitted into the home to ensure staff have the information to deliver the care the person needs. Where a person is identified as a fall risk, the staff must establish assessments to reduce the risk of falls. Records must be established to ensure they can monitor outcomes of accidents up to 72 hours after falls.

Medication procedures must be followed to ensure people receive their medication safely and as prescribed. The security of medication kept in the fridge could be improved and they must record (daily) the temperature of the fridge.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The staff are able to demonstrate they can meet the needs of people who use the service by carrying out comprehensive assessments.

Evidence:

All new people receive a full comprehensive need assessment before admission into the home. This is carried out by the home manager or deputy manager. Staff undertaking the assessments have the required skills and competencies to ensure they can meet the persons needs. The service was efficient in obtaining a summary of any assessments undertaken by social services. However the assessment for the most recent admission to the home was received after the person was admitted into the home. This means that there was a delay in the development of the care plan, which could mean the care needed may not be correctly delivered.

The assessments looked at were sufficient covering all essential areas of need. Before admission discussions take place to consider the best interests of people, this would

Evidence:

normally include the views of the persons family. The procedures include trials at the home and people could visit before moving into the home.

People said they were very happy that they chose the home and relatives said they had looked around a number of homes before choosing Victoria Lodge. They confirmed they were involved in the admission process and staff were warm, friendly and helpful. Most surveys returned from people who use the service confirmed they were given enough information so that they could make decisions about the home. Most confirmed they had received confirmation of the terms and conditions of their stay. Surveys received from healthcare professionals confirmed the service have appropriate care assessments so that the right care package can be delivered.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Medication systems need to be improved to ensure people received their medication safely, and as prescribed. People may not receive the care they need as care plans were not completed on admission.

Evidence:

Three care plans were looked at to assess how staff support people with their personal care. Two care plans contained sufficient details to enable staff to deliver the care, however one care plan had not been completed. The person had been in the home for six days and there was no written instruction available to staff. The person had had two falls and was being cared for, from their bedroom, whilst waiting for a visit from the doctor. Accident records had been completed, but only one fall had been recorded in the daily notes. This means staff may not be alerted to signs of any injuries which may develop after the accident. A fall risk assessment must be developed to give staff direction to minimise future risk of falls. Care plans should be developed as soon as practicable after admission to ensure the correct care can be delivered and people are safe from harm. Care plans were reviewed, although the evaluations were brief. They did not describe outcomes and progress, and only confirmed that the plan was still

Evidence:

current.

Peoples healthcare needs were met and there was evidence to confirm regular visits from healthcare professionals. The staff had regular contact with the district nursing services, who offer advice and support. Records confirmed outcomes of visits from nurses and doctors and there was evidence that nutritional assessments had been undertaken. People were observed having supplements to their diet which included high calorie fruit and milky drinks.

Medication procedures were not always followed as we found a number of Medication Administration Records (MAR) which showed gaps when the medication had been dispensed. Medication was stored in the fridge in the kitchen which was not locked and all staff had access to the area. One bottle of eye drops was not dated when opened which means it could be used past the recommended date for disposal. There was no counter so it was difficult to audit medication dispensed in bottles. We found a number of small plastic bags in the drug cupboard which had peoples first name and 9pm written on the bag. The manager was unable to give an explanation why the bags were in the cupboard, although she later told us that the carer had put them in the cupboard to be used if medication was refused.

Staff were observed interacting with service users throughout the day. Staff spoke in an appropriate manner and they encouraged people to make choices about food and drinks. People were moved and handled correctly and they maintained their dignity when attending to personal care. People were addressed using their first name and people were happy with the arrangements.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are able to socialise with family and friends and mealtimes were well managed so that it encouraged people to make choices.

Evidence:

There was a warm and friendly atmosphere on entering the home and people appeared comfortable sitting in the lounges and bedrooms. The home has identified a staff member who takes the lead in arranging activities although they undertake the role between 2pm and 4pm Monday to Friday. The manager told us that some people were reluctant to join in activities in the afternoon and preferred to join in exercises in the morning which was lead by one of the service users. The activity coordinator keeps records of the activities organised. Activities includes quizes, crafts, nail care and bingo. Surveys received from people told us they enjoyed the activities provided at the home, although some said they would like to get out more.

People are able to have visitors at any time. One relative told us they were always made to feel welcome and confirmed their relative always seemed happy at the home. The manager told us that regular meetings take place with service users and they have agreed to have entertainment at special times of the year like Christmas and Easter.

Evidence:

People were encouraged to make choices throughout the day ranging from choices relating to meals and beverages, to where they spent their time and times to get up and go to bed. People told us they liked to have a lay in and get up in time for breakfast and some said they liked to stay up and watch television late into the evening.

Mealtimes were well managed and staff were seen asking people what they preferred for their lunch. The menus were displayed on a chalk board and people said the food was usually good and they had a choice of main course. The meals were served directly from the kitchen, and some people preferred to have their meals in their bedroom and in the lounge. Staff were available to offer assistance and people said they enjoyed their meal.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.
People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Complaints and safeguarding procedures were followed which ensures people feel safe and protected.

Evidence:

The home has a complaints procedure that is available to people and visitors to the home. The procedure is also referred to in the information given to new people, identifying the steps to follow, including the timescales for responding to complaints. The complaint records was looked at which confirmed no complaints have been received since the last inspection of the service. Surveys told us people know who to contact if they had a problem and they were confident that their concerns would be listened to and would be acted on.

The home has a robust safeguarding adults procedure which would be followed if any incidents of abuse was raised. The manager told us that no referrals had been made since the last inspection of the service. The manager holds regular discussion with staff to ensure they are alert to the signs of abuse and the action they must take if they suspect an incident has occurred. The manager should consider attending a training course so that she is aware of her responsibilities with regard to the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. The training will ensure she has the skills and knowledge needed to assess people's capacity and acting in their best interest. People said they feel safe at the home and would tell the manager if they were worried about anything. Staff have recently attended training so that they

Evidence:

are able to react to any incidents of abuse.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.
People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well maintained and provides a safe, comfortable environment for people who use the service.

Evidence:

The home provides a physical environment that is appropriate to the specific needs of the people who live at the home. People said, they liked living at the home and enjoyed spending time in their bedroom. People said they were able to bring in possessions from their own home and one person said she was able to bring in small items of furniture which helped her settle into the home.

There are two lounges, one which is designated as an area for people with dementia. Most people sit in the main lounge and the furnishings in the communal areas was in reasonable condition. A number of carpets have been replaced since the last inspection of the service. The grounds are well maintained and there is a seating area outside which leads from the lounge and is easily accessed by people who use the service.

There is currently no designated domestic staff, and care staff undertakes cleaning duties as well as providing care and support to people at the home. This means it is difficult to maintain a clean and hygienic environment for people to live in the home. The manager told us that adverts had been placed to employ a domestic.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff were not employed in sufficient numbers to meet the needs of people who use the service. Staff have the skills and competencies to meet the needs of people who use the service, and recruitment procedures are robust which helps to keep people safe from harm.

Evidence:

Staff rotas were looked at to determine if there were sufficient staff to meet the needs of people who use the service. Two care staff were on duty during the day with one waking and one sleeping on nights. At this inspection one of the care staff was also deployed to prepare the lunch as there was no cook on duty. The manager said she was to help out on care and the handyman was helping to cover domestic duties. The staffing levels at all times of the day and night must be reviewed to ensure there is sufficient staff in numbers, skills and competencies to provide care and support to people. The lack of domestic cover and the cook vacancy means staff are deployed to undertake other tasks which takes them away from delivering the care and support to people who use the service. This means potentially people may be at risk from harm.

The home has robust recruitment and selection procedures that ensures people who use the service are safe and protected. A number of staff recruitment files were looked at and they included all the required employment checks including two references, application form, and Criminal Record Bureau (CRB) check. The files were organised

Evidence:

and could be easily audited. The recruitment files included interview questions and responses and the manager checks any gaps of employment with the candidate at interview.

There is a induction programme which meets the 'Skills for Care' standards. Staff are only confirmed in post when they have completed their induction. The home continues to support staff to undertake National Vocational Qualifications (NVQ); however numbers of staff trained to NVQ Level's 2 in care is less than the required 50%.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People were protected by sound management practices. and their views are actively sought to improve the service.

Evidence:

The registered manager has been in post for twelve months and she has not yet submitted an application to CQC (Care Quality Commission) to be the registered manager. She has the experience and skills to manage the home to a good standard. She has achieved the required management and care qualifications and also attends training as required by the organisation. The registered provider undertakes quality audits (Regulation 26) and completes a report which identifies areas of development. A number of completed reports were looked at.

People who use the service were able to make decisions about how they want to manage their personal money, although some choose to let the home manage their money due to their limited capacity. Records were looked at and they were a true reflection of the money kept in their savings.

Evidence:

The organisation has developed quality audits which the manager has responsibilities to complete. They also seek the views of people and other stakeholders, and surveys are sent out to people yearly. A selection of the outcomes from the last surveys were looked at, and they showed good satisfaction levels in all areas. The manager has responsibility for addressing areas requiring improvement. The outcomes of the most recent audit was not available.

Accident and incident reports were analysed by the manager to ensure risk assessments are developed where required. Maintenance and service records were looked at and were up to date and current to the service provided. The manager has the required health and safety policies and procedures and displays the relevant notices. Fire safety procedures were in place and service records were looked at and were up to date. Staff have received training in all areas relating to health and safety since the last inspection. This means they can keep themselves and people who use the service safe from harm.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	Care plans must be compiled as soon as practicable after admission. To ensure staff can deliver the care people need.	01/03/2010
2	8	13	Fall risk assessments must be undertaken as soon as practicable after admission. to ensure the risk from falls is minimised.	01/03/2010
3	9	13	Arrangements for the recording, handling, safekeeping, and safe administration of all medication must be undertaken. To ensure people receive their medication as prescribed.	17/02/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
4	26	23	Suitable arrangements must be made to ensure good hygiene practices take place. This includes sufficient domestic cover. To control the risk of infection and maintaining a clean, hygienic environment.	22/02/2010
5	27	18	The manager must review the staffing levels to ensure they are sufficient in numbers to deliver appropriate care to people who use the service. To ensure people's needs are met and they are safe. (timescale 01/12/09 not met)	22/02/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	9	A pill counter should be obtained to ensure medication dispensed in bottles can be audited safely.
2	9	The medication fridge should have a lock fitted to ensure medication is correctly stored. Temperature records should be taken daily to ensure medication is stored safely. Dates of first opening should be marked on eye drops.
3	12	Consideration should be given to the times when the activity coordinator works, to improve the opportunities for people to join in meaningful activities.
4	18	Staff should receive training in the Mental Capacity Act 2005 and Deprivation of Liberty safeguards to ensure they

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		are aware of their responsibilities while caring for people with limited capacity.
5	31	The manager must make an application to be the registered manager with the Care Quality Commission.
6	33	The results from quality assurance surveys should be available for people who use the service and other stakeholders.

Helpline:

Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

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