Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Victoria House

22 Nelson Place, Ryde, PO33 2ET

Tel: 01983614515

Date of Inspection: 23 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Venetian Health Care Limited
Registered Manager	Miss Susan Linington
Overview of the service	Victoria House is a care home registered to provide the regulated activity of accommodation for persons who require nursing or personal care. The home provides personal care for a maximum of 22 people in Ryde on the Isle of Wight.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with the manager and two care staff. We also spoke with three people using the service and two relatives. People we spoke with were happy with the care they received and were complimentary about the staff at the home. One person told us "I can't speak highly enough of the place" adding "I'm very lucky to live here". Another person said "the carers are very good indeed" and "I'm very blessed to be here". One person's relative said staff "are dedicated and caring" and "very attentive". Another relative told us "they look after [my relative] very well". We found people were cared for according to their assessed needs by staff who were knowledgeable about people's needs.

Communal areas of the home were clean and hygienic. However, some toilets had not been cleaned effectively and thus did not ensure people were protected from infection.

Staff had been subject to essential checks before they commenced work. A thorough induction programme was in place to ensure staff had the necessary skills to care for people appropriately.

A complaints policy was in place. The service had not received any written complaints for several years. Concerns and comments were taken seriously and action was taken to ensure these were addressed.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for according to their assessed needs by staff who were aware of people's support needs.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three care plans. These were in a clear format and included a summary of the support each person required. We saw details relating to people's likes and dislikes, their current and past health, and current medication were clearly documented. We saw two people required cream to be applied daily to specific areas of their body. We looked at the records of daily care provided by staff. These showed staff were providing this care as required. This showed people were supported according to their assessed needs and care was provided according to their care plan.

We observed care being delivered throughout the day of our inspection. We found staff to be caring and attentive to people's needs. We saw a group of people taking part in a movement to music session. They appeared to enjoy the activity and were supported and encouraged by staff to join in. People were offered fluids throughout the day, and we observed staff kindly and calmly assisting people to move around the home. We spoke with three people using the service who were all happy with the care they received. One person said "I'm very lucky to live here". Another person told us "I can't speak highly enough of the place" adding "I'm very lucky to live here". All the people we spoke with were complimentary about the level of care they received. We spoke with two relatives of people living in the home. They told us they were satisfied with the care their relatives received. One relative told us "they are excellent; we are very happy with it". Another said "they are caring in every sense of the word".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's risks were assessed and appropriate measures put in place to ensure the risk was reduced. For example, we saw some people had been assessed as at risk of malnutrition and / or dehydration due to poor appetite. Food and fluid charts were in place for these persons. We looked at records which were completed in full and showed people were receiving adequate amounts of food and drink. Weight

charts were also used to monitor people's weight loss or gain. These showed people were maintaining their weight appropriately and indicated sufficient food and fluids were being taken.

We also found people who had been assessed as needing specific equipment had this in place. Several people had been assessed as in need of pressure relieving mattresses. We checked the settings of these and found they had been set at the appropriate pressure for the person's needs. We talked with two staff about the needs of people living in the home. Staff were aware of people's individual needs and how to care for them. For example, staff told us, due to their dementia and physical frailties, one person's ability to move around the home varied from day to day, and sometimes from hour to hour. They told us they would always see how this person was feeling before attempting to support them to move around the home. They would then assess how much assistance the person required. This showed staff cared for people's needs and supported them with their welfare and safety in mind.

There were arrangements in place to deal with foreseeable emergencies. We saw the room temperature for every person's room was recorded. The manager told us this was to ensure adequate heat was provided in each room. A supply of stand-alone heaters was kept in case extra heat was needed, or in the event of a failure of the heating system. The temperature records were also kept in the summer to ensure no person became too hot. Staff told us frequent fluids and electric fans were used to cool people down in extreme weather. This meant people could be cared for effectively in the event of foreseeable emergencies.

Cleanliness and infection control ✖ Action needed

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

Cleaning procedures were in place and most areas of the home were effectively cleaned. However, cleaning of toilets was not always carried out effectively. People were therefore not protected from the spread of infection.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider employed two domestic staff covering every day of the week. An infection control policy was in place and the manager was designated as the infection control lead. All staff had completed infection control training and we saw certificates of training within staff files. We looked at all communal areas of the home which were clean and hygienic. Daily schedules of cleaning tasks were in place and we saw these had been completed by domestic staff. Hand sanitizer gel was available throughout the home and in all the communal bathrooms and toilets as well as poster displays of effective hand-washing procedures. We observed there were ample supplies of personal protective equipment, such as, disposable gloves and aprons and we saw staff using these throughout the day of our inspection.

Domestic staff used colour-coded cleaning equipment to ensure the risk of cross-contamination was reduced. For example, mops and buckets used to clean toilets were not used in kitchens or other areas. Clinical waste bags were in use to ensure these items were disposed of hygienically. Red disposable bags were used to collect any linen that was soiled. These bags dissolved in the washing machine which meant the risk of infection was reduced. A sluice room was in use with clear instructions how to use the machine.

We spoke with the domestic staff on duty on the day of our inspection. They told us they carried out a 'deep clean' on one room each day. This included removing everything from the room, cleaning the carpet and curtains, and ensuring all areas of the room were disinfected. Rooms were also deep cleaned when the room became vacant or when anyone spent time in hospital. This meant a procedure was in place to ensure people's rooms were kept in a hygienic state. We spoke with two relatives of people living in the home. They told us they had no concerns about the cleanliness of the home.

We looked at eleven of the 21 rooms. The bedroom areas were all clean. However, we found the en-suite toilets were not always completely clean. In six of the eleven rooms we found cleaning of the toilets had not been effective and some areas were dirty. Some of

the adapted toilet seats were stained. One toilet frame had been taped to improve the fit around the toilet. The tape could not be cleaned and was stained brown. The person who used the en-suite bathroom told us "I'm not happy about that. I like it to be clean and that brown won't come off". One toilet frame was rusting and therefore could not be cleaned effectively. An infection control audit was in use; however, this had not identified the areas that could not be cleaned to an appropriate standard. This meant people were not protected from the risk and spread of infection because cleaning was not carried out effectively.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. An ongoing programme of training ensured staff had the skills needed to care for people living in the home.

Reasons for our judgement

There were effective recruitment and selection processes in place. The service followed their recruitment policy which was appropriate to the service. We looked at three staff files. These contained application forms and notes from interviews. These showed appropriate topics were discussed at interview which demonstrated whether prospective staff were suitable for care work. For example, we saw dignity and respect were discussed, as well as respecting people's rights and choices and what to do if a person refused personal care.

Appropriate checks were undertaken before staff began work. We saw checks with the Disclosure and Barring Service (DBS) and two references were received before staff commenced employment. This showed the service ensured staff were subject to necessary checks.

An induction training schedule was in place for all new staff. This covered training such as safeguarding vulnerable adults, manual handling and health and safety. A checklist was in place to ensure all new staff had been assessed as competent in providing personal care to people. Staff followed a programme of continuing development including training in the specific needs of people living within the home, such as dementia awareness, end of life care and understanding Parkinson's disease. Staff that did not have a care qualification were encouraged to enrol in the diploma in care course, and we saw new staff were currently taking this qualification. This meant the provider ensured staff had the skills and knowledge to care for people living in the home.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and concerns people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. An appropriate complaints and concerns policy was in place. Information on how to complain was also made available to people in the guide to the service which was kept in each person's room. We also saw a 'how to complain' poster was displayed in public areas along with information on how to access support to complain through an advocacy service. No written complaints had been received for several years.

We spoke with three people who used the service. They told us they knew how to complain. One person told us "if something was wrong I would tell the manager". Another person said "we have meetings were we can tell them if we are not happy about something and they take note". All of the people we spoke with expressed confidence that the manager would "sort out" any concerns they had.

One person told us of a concern they had raised with the manager recently. They said "[the manager] sorted it out and now things are much better". We spoke with two relatives of people living in the home. They told us they had no complaints and that the manager always responded well to any concerns or comments they made. One relative told us "they are always quick to respond" to their suggestions or concerns. Another relative said "I've no concerns at all". This showed the service took complaints and concerns seriously and responded positively to ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: The provider failed to ensure people were protected from the risk of infection because they failed to maintain appropriate standards of cleanliness and hygiene. Regulation 12(1)(a), and 12(2)(c)(i) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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