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

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Date of Inspection: 10 March 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control ✓ 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 in Ryde on the Isle of Wight. It provides care for a maximum of 22 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Victoria House had taken action to meet the following essential standards:

- Cleanliness and infection control

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 10 March 2014, observed how people were being cared for, talked with people who use the service and talked with staff.

We looked at cleaning and infection control records.

What people told us and what we found

At our last visit in on 23 December 2013 we found cleaning procedures were in place and most areas of the home were effectively cleaned. However, cleaning of toilets was not always carried out thoroughly. People were therefore not adequately protected from the risk and spread of infection.

At this inspection we found more efficient auditing of infection control procedures. New systems were in place and these were being used to ensure people were protected from the risk and spread of infection. We looked at all communal bathrooms and toilets and fivel en suite facilities. These were all clean.

We spoke with one person who used the service. They told us, "it's very clean here. The cleaners are lovely and can do anything". We spoke with one of the two cleaning staff who demonstrated a good knowledge of infection control procedures.

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

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

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

At our last inspection on 23 December 2013 cleaning procedures were in place and most areas of the home were clean. However, the cleaning of toilets was not always carried out thoroughly. People were therefore not adequately protected from the risk, and spread, of infection.

At this inspection, we found the manager had reviewed, and improved their systems to reduce the risk and spread of infection. The manager had implemented audits which were carried out daily and weekly. We looked at the records of these and found them to be comprehensive. Actions identified following the audits were recorded and cleaning staff signed to say they had completed the task. A quarterly audit was also in place using the Infection Prevention and Control Audit for use in Care Homes tool. We looked at the audit carried out in January 2014. This used a traffic light coding system which indicated the urgency of the task to be carried out. We saw tasks coded red included the replacement of equipment, such as toilet frames and commodes. This had been done, as well as all other tasks coded amber or red. This meant the audit system was effectively used to ensure the home was kept clean and infection free.

More detailed cleaning schedules had been put in place. These identified what to do, when to do it and how to do it. We saw cleaning staff using these schedules on the day of our inspection. The manager told us they carried out spot checks every day on a sample of rooms. These were documented and records showed where concerns had been identified. These were then transferred to the cleaning schedule for staff to complete. This showed an effective system was in place to identify and rectify infection control concerns.

We looked at all communal toilets and bathrooms and five en suite facilities. We found these to be clean. New equipment, such as toilet frames or commodes, was in place and clean. The member of the cleaning staff we spoke with explained the colour coded equipment they used when cleaning. This ensured the risk of cross-infection was reduced because, for example, equipment used in toilets was not used to clean other areas. They also explained to us how they cleaned and stored their equipment to ensure risk of

infection was reduced. Therefore, the systems in place were effectively protecting people who used the service from the risk of infection.

We spoke with one person who used the service. They told us, "it's very clean here. The cleaners are lovely and can do anything", adding, "it's up to my standard, and beyond".

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

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