

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

## Victoria Nursing Home

9 Anson Road, Victoria Park, Manchester, M14  
5BY

Tel: 01612240302

Date of Inspection: 05 September 2014

Date of Publication: October  
2014

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

### Records



Met this standard

## Details about this location

Registered Provider	Homesend Limited
Registered Manager	Mr Tony McVitty
Overview of the service	<p>Victoria Nursing Home is situated in the Victoria Park area of Central Manchester close to local shops, public houses, Manchester Royal Infirmary and a range of social and leisure amenities. The home offers accommodation on three floors with all communal spaces being on the ground floor. The home provides personal and nursing care to a maximum of 20 adults with mental ill health and/or people living with dementia. Off road car parking is available at the front of the home.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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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

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### Why we carried out this inspection

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

- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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This unannounced inspection was carried out by one inspector to check what improvements had been made to care records since our last visit in April 2014.

As part of this inspection we spoke with one person who used the service, the registered manager, the provider and a member of the support staff. We also reviewed records relating to the management of the home which included a care plan and daily care records.

Below is a summary of what we found. The summary describes what people using the service and the staff told us, what we observed and the records we looked at. Please read the full report for the evidence supporting our summary.

The registered manager sent us an action plan in July 2014, telling us what improvements they would make to care records in order to safeguard the health, welfare and safety of people admitted to the home.

When we inspected the service in April 2014 we found that a person had been living in the home for two months, with no care plan in place. This meant that support staff did not have written guidance on what they should do to support the person in a safe and consistent manner.

During this visit, we saw that improvements had been made by making sure people had care plans in place at the point of admission. One person had been admitted to the home since our last visit. We saw that their needs had been thoroughly assessed and care plans, risk assessments and risk management guidelines were all in place.

A member of the support team confirmed that they had been given sufficient information to safely meet the person's needs when they moved into the home. They said they had read the care records and had also been given verbal information from the nurse in charge

when they passed on details about people's care and support needs at each shift change.

The action taken to implement care plans and risk assessments at the point of admission, meant that support staff had the appropriate information to provide people with safe and consistent care and support.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

When we last inspected this service in April 2014 we found that one person had lived in the home for two months without a care plan in place. This meant that support staff did not have written guidance on how to provide consistent and safe care and support. This placed people at risk of receiving inappropriate and unsafe care and support. We asked the registered manager what action they were going to take to make the required improvements in this area. On 7 July the provider sent us an action plan stating that basic care plans would be drawn up from a person's assessment of needs prior to their admission.

During this visit we looked at the care plan belonging to a person who had been admitted to the home since our last inspection. We saw that a thorough assessment of the person's needs had been conducted prior to their admission. This included an assessment of their capacity to make decisions about where they lived and to consent to care and treatment. It was determined that the person lacked the capacity to make these decisions so an appropriate application was made for an urgent authorisation under the Deprivation of Liberty Safeguards (DoLS). These safeguards are in place, under the Mental Capacity Act 2005, to protect the rights of people who lack the capacity to consent to treatment or care, which is recognised by others as being in their best interests. In this instance the DoLS authorisation was given to deprive the person of their liberty by admitting them to a care home, where they could receive the care and treatment, which was in their best interests.

The assessment of needs identified the risks associated with providing care and support. We saw each risk had been assessed and clear guidance written down to inform support staff what they must do to keep the person safe from harm. A review of the person's needs had taken place since their admission and it was noted that the level of risk had been reduced. For example, prior to admission the person was at risk of self neglect and malnutrition. Daily records and a recent review showed the person was now able to manage their own personal care with prompting and with the relevant support from staff they were eating a healthy diet and had put weight on.

A care plan had been developed for each of the person's assessed needs and daily records provided evidence of the support provided by staff. It was evident that the person had contributed information to their care plan and needs assessment wherever possible, because their choices and personal preferences had been written down.

The person was not able to give us direct feedback on the service they received, but we sat and talked with them during our visit. We observed them to be happy and relaxed. They chatted to us about what they liked to do during the day and told us what food they preferred. We saw that some of the things the person told us had been included in their care plan.

We asked a member of staff if they had sufficient written information in place when the person moved into the care home. They told us that they had been asked to read the person's care plan and also the nurse in charge had discussed how the person was to be supported when they did the handover sessions between shifts. The member of staff had a good understanding of the person's needs and the level of support they should provide.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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