Inspection Report

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

Victoria Mews

487-493 Binley Road, Binley, Coventry, CV3 2DP

Tel: 02476651818

Date of Inspection: 04 September 2014

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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
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	HC-One Limited
Registered Managers	Ms Zoe Bradbrook-Henry Mrs Jean Sybil Rogers
Overview of the service	Victoria Mews is registered to provide accommodation for up to 30 older people who require personal care. This care home provides a service for people with dementia care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

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 4 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, talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

This inspection was completed by two inspectors and an expert by experience. During our visit we spoke with the registered manager and five care staff.

We found there were 30 people living in the home at the time of our inspection. We were able to speak with three people and four visiting relatives about their experiences of the care and support they received at Victoria Mews.

We carried out observations of care throughout the home. The evidence we collected helped us to answer five key questions: Is the service safe, effective, caring, responsive and well led?

Below is a summary of what we found. The summary described what we observed, the records we looked at and what people using the service, staff and visiting relatives told us.

If you want to see the evidence that supports our summary, please read the full report.

Is the service safe?

We found staffing levels at the home met the needs of the people. The manager told us they had recently increased staffing numbers by one care staff member in the morning and one at night. Staff we spoke with told us this increase in staffing had helped. One staff member told us, "They gave us an extra staff member in the morning. It has definitely helped."

We found people received their medicines as prescribed. There were arrangements in place to protect people against the unsafe use and management of their medicines.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and hospitals. The manager was aware of their responsibilities under the legislation and the potential impact of a recent court judgement in relation to DoLS. One person had a DoLS in place at the time of our inspection.

Is the service effective?

During our visit we spent time speaking with people who used the service and their relatives. People were happy with the care provided. One person said, "It's nice here, the staff are all kind, I like them." A relative told us, "I think she is quite happy here, they seem to look after her care needs. She is always clean and tidy, she seems so happy here. All the family are happy with her care."

Care plans provided staff with the information they needed to meet people's individual needs. Risk assessments had been completed to look at the risks associated with the care needs of each person and informed staff how they were to deliver care to reduce those risks. Care plans and risk assessments were evaluated regularly and reflective of the care provided. Staff we spoke with had a good knowledge about people's individual care needs and the support they required.

Is the service caring?

During our visit we saw staff were respectful towards people and always spoke to them by name. This meant people had a sense of identity and belonging within the home. One person told us, "I've been here quite a while, it's nice here, the staff look after me, I feel safe. They all use my Christian name, they all know me. The staff are respectful to me, never not nice."

Staff were patient with people and did not rush them when supporting them with care.

Is the service responsive?

We saw staff reassured people when they became agitated, concerned or distressed.

Since our last inspection in February 2014, we found the environment had been developed to make it more friendly to people with dementia. During our visit we saw staff engage people in conversations about their likes and histories. One person told us, "We have a garden which I go into sometimes; we have sing songs as well. They sit with me sometimes and we go through books, I would like to do it more." Another person said, "I do some of the activities like the quiz and bingo, but not many. Mostly I just sit around, I prefer that."

Is the service well led?

We saw the service maintained a system of audits and reports which identified areas where improvements were needed to ensure the service provided was safe and effective.

A recent analysis of falls within the home had identified that there were a higher number of falls in the evening. As a result there had been a change in a shift so there was an extra member of staff on duty during the risk period. This meant learning from incidents took place and appropriate changes were implemented.

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

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.

Reasons for our judgement

During our visit we spent time speaking with people who used the service and their relatives. People were happy with the care provided. One person said, "It's nice here, the staff are all kind, I like them." A relative told us, "I think she is quite happy here, they seem to look after her care needs. She is always clean and tidy, she seems so happy here. All the family are happy with her care." Another person said, "The care is very good here, couldn't be better."

During our visit we saw staff were respectful towards people and always spoke to them by name. This meant people had a sense of identity and belonging within the home. One person told us, "I've been here quite a while, it's nice here, the staff look after me, I feel safe. They all use my Christian name, they all know me. The staff are respectful to me, never not nice." A relative said, "They always use her Christian name which she prefers. The carers always talk to her respectfully. I hear them talking to other residents in the same way." Another relative told us, "I've no complaints on how they talk to her, very respectful. I've never heard them talking to anyone here disrespectfully."

We saw one person was sitting in the lounge in their nightdress. Throughout the morning we observed various staff ask them if they were ready to get dressed, then respecting their wishes when they refused. Staff made sure the person was warm and comfortable and told us, "It's her home, we will support her with getting dressed when she is ready."

Staff reassured people when they became agitated, concerned or distressed. For example, one person became increasingly concerned when their relative went to speak with our expert by experience. The staff member in the lounge reassured the person and then took the person to join their relative.

At our last inspection in February 2014 we found there were limited resources for sensory stimulation or to promote the engagement of people with dementia care needs. At this inspection we found the environment had been developed to make it more friendly to people with dementia. There were rummage drawers in lounge areas which contained

objects of different shapes and textures to provide sensory stimulation. There were items to support people in being orientated to time such as pictorial calendars which showed the day, month, year and season. There were quiet seating areas which provided a space where people could sit quietly or share some privacy with their relatives. Items of interest had been introduced to corridors to engage people as they explored their home.

During our visit we saw staff engaged people in conversations about their likes and histories. For example, we saw one staff member sitting with a person and looking at old photographs of the person's children. We saw another staff member working with a person sewing soft toys which were then put on sale in the entrance hall to raise funds for the activities programme. Another person requested to watch a specific DVD which the activities co-ordinator put on for them in a quiet lounge. One person told us, "We have a garden which I go into sometimes; we have sing songs as well. They sit with me sometimes and we go through books, I would like to do it more." A relative told us, "There seems to be lots of activities here. They had a seaside day in the garden with water in a pool and sand. The staff all dressed up, they really work hard at these things." Another person said, "I do some of the activities like the quiz and bingo, but not many. Mostly I just sit around, I prefer that." A relative said, "I haven't seen much in the way of activities. I saw them doing music and movement once."

In February 2014 we found breakfast time was not a relaxed experience for people as staff were engaged in other tasks and could not be responsive to all people's needs. We arrived for this inspection at 8.30am. Fourteen people were sitting in the dining room having their breakfast. Tables were laid nicely with tablecloths, napkins, cutlery and glasses. The radio was playing and there was a very calm atmosphere. As people arrived in the dining room they were greeted by name and asked where they wanted to sit. We saw people given choices about what they wanted to drink and what they wanted to eat. We saw staff supported people to eat with lots of smiles and encouragement. We found it was a much more relaxed environment with people engaging with each other and the staff who supported them.

We looked at four people's care records to see if they provided staff with information to meet people's individual needs safely and consistently. We found each record had an initial assessment of the person's needs. Care plans provided a detailed assessment of each area of identified need and how staff were to meet those needs. Risk assessments had been completed to look at the risks associated with the care needs of each person and informed staff how they were to deliver care to reduce those risks.

We looked at one person's care plan who was at high risk of choking. They required their food pureed to a custard like consistency and their fluids thickened to the same consistency. During the day we saw their drinks being thickened. At lunchtime we saw they were given a pureed meal but we were unable to determine how the meal had been presented as it had all been mixed together by the member of staff supporting the person to eat. The manager assured us the meal had been presented as separately pureed items so the person could appreciate each individual food taste. The manager told us they would address this with the staff member. We saw a pureed meal provided for another person was presented as separately pureed items.

We looked at the care records for a person who could sometimes present challenging behaviours. We saw care plans in place which described the potential behaviours, how and when staff should intervene and measures to be taken to help the person through periods of difficulty or potential risk. This person was also at risk of falls. We saw a falls risk assessment in place which described the person's 'vulnerable' time for falls and the

steps and measure to be used at these times to reduce the risk.

We found care plans and risk assessments were evaluated regularly and reflective of the care being provided. Staff we spoke with had a good knowledge about people's individual care needs and the support they required.

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. One person was currently on a DoLS at the time of our inspection. We spoke with the manager about a recent court judgement in relation to DoLS. The manager told us they were considering making applications to the local authority for some people who used the service where the judgement potentially impacted on their rights to freedom.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our visit we looked to see if people were receiving their medicines when they needed them and in a safe way.

Medicines were securely locked in a medicine trolley which was kept in a secure medication store room when not in use. The keys to the medicine trolley were held by the person in charge of medication administration on each shift. We found medicine storage was neat and tidy with each person having their own section within the medication trolley. This made it easy to find people's prescribed medicines. There was a refrigerator in the store room for any medicines that needed to be kept at a lower temperature. Daily temperature records for the medicine store room and medicine refrigerator showed temperatures were within the recommended storage range of medicines. This meant arrangements were in place for the safe and secure storage of people's medicines.

Each person had their own section within the medication administration folder. We saw there was a photograph on the front of their records to reduce the chances of medication being administered to the wrong person. There was also information about any allergies they may have, how they preferred their medicines to be given and any administration difficulties.

Where people had been prescribed medicines on an "as required" basis, there were guidelines in place to guide staff as to when they should be administered. The guidelines ensured these medicines were administered consistently and appropriately.

We checked three people's medicine administration records (MAR). We found in all but one case the MARs had been signed to confirm administration or a reason had been documented to explain why a medicine had not been given. In the case where the MAR had not been signed, a running total of medicines in stock evidenced that the medicine had been given as prescribed. Apart from one medicine where the records stated the amount in stock was 53 and there were actually 54, we found medication left in packets and boxes tallied with the stock amounts recorded on the MAR.

Due to the high potential for errors when MARS are handwritten by staff, it is essential that all entries are signed and then checked for accuracy and countersigned by a second

appropriately trained member of staff. We found handwritten entries or amendments had been signed by a second member of staff to confirm they were accurate.

Controlled Drugs (CDs) are medicines that require extra checks and special storage arrangements. We found CDs were stored and administered in accordance with safe legal requirements.

We checked medicines that had a shortened expiry date once opened. The provider may find it useful to note that while most of these medicines had the date of opening recorded on them, one person's eye drops did not. It is important the date of opening is always recorded to ensure the medicine is not used beyond any stated expiry period.

A daily system of medicine checks was in place. These checks helped to identify any issues quickly. There were also regular monthly audits. We saw any issues identified in the audits had subsequently been discussed at senior staff meetings.

People's medicine requirements were reviewed on a regular basis. For example, the service had arranged a review by the GP of one person's medicine when it had been identified they no longer required it. This showed the service identified people's changing health care requirements in order to ensure they received the right treatment.

Staff who administered medication received appropriate training. Staff who administered medicines told us they had regular assessments to ensure they remained competent. We saw records were maintained of the competency assessments. There had recently been a medication error within the home. We saw the service had taken appropriate action to ensure the risk of further errors had been minimised. All staff who administered medication had undertaken further medication training from the pharmacy. Staff who made any errors had further competency assessments and supervision before being allowed to administer medication again. This meant the service responded appropriately to ensure people received their medicines safely.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

In February 2014 we identified some concerns around the effectiveness of staffing arrangements within the home.

At this visit we found that steps had been taken to ensure that sufficient numbers of staff were available to meet people's individual needs. The manager told us the number of staff on duty in the morning and at night had been increased following our last inspection. Staffing levels were now six care staff on duty in the morning, five care staff in the afternoon and four at night. The manager was supernumerary. There were also kitchen staff, domestic staff, an activities co-ordinator, an administrator and a maintenance man.

During our visit we found a staff presence was maintained in the two main lounges. We saw staff were in the vicinity of people and attentive to their needs. There was no evidence staff were rushed or that people had to wait for long periods for assistance.

Most of the staff we spoke with felt the changes in staffing levels had improved the level of care they were able to provide. One staff member told us, "It's alright, not too bad, it has it's moments. It's a lot better now we're up on the staffing. It went up a couple of months ago. It's a lot easier to respond to people now because there's always one to stay in the lounges." Another staff member confirmed staffing levels had recently been increased. They went on to say, "The levels allow us to respond to people promptly." Another staff member told us, "They gave us an extra staff member in the morning. It has definitely helped." They went on to say, "To be here for 12 hours and to keep on top of it is very difficult." One staff member explained, "Consideration is given to staff, for example, if you are on a long day in one lounge and then on a long day the following day, you will be working in a different lounge so that you are not subjected to the same pressures and behaviours from people."

In February 2014 we found breakfast was not a pleasant experience for people as staff were very rushed. At this inspection we found all the staff in the home supported people at breakfast time. This included the housekeeper, kitchen assistant, administrator and maintenance man. This enabled care staff to support people with personal care without rushing. We found the deployment of staff at breakfast time meant people could enjoy breakfast in a calm and unrushed environment.

People and their relatives told us staff responded promptly to requests for assistance. One person told us, "I have a call bell in my room. I used it once, they came very quickly." A relative said, "He has a call bell in his room and round his neck. I pressed it by accident once. They came very quickly. More than one carer came." Another relative said, "There is an alarm mat on the floor. Once we set it off by accident. They came within two or three minutes. Whenever we ask for anything the staff are very good at getting it." One person said, "I've used my call bell a couple of times, they come quite quickly. The staff are very good, I asked to go to the shops and they took me." Another person told us, "I've only rung the call bell once since I've been here. They were pretty prompt. If I ask for a drink, they always get me one."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We were told the service regularly held meetings for people and their relatives where they could raise any concerns or make suggestions about the service provided. We saw the dates of these meetings were displayed on a noticeboard in a communal area. Many of the people and relatives we spoke with told us they did not feel the need to attend the meetings. One person told us, "We have residents meetings sometimes, not many go, but I do. There's nothing I would change, it's all fine." A relative said, "They have a notice on the door about relatives meetings. I don't have the need to go to them." Another resident said, "They have residents meetings; they ask me if I want to go. I say no."

The manager confirmed that some of the meetings were not well attended. They were therefore trying to encourage the involvement of people and their family and friends through social events within the home. A quiz had recently been held and there were plans to hold a cheese and wine evening. They hoped this would encourage people to provide feedback and make suggestions in a relaxed environment.

The provider sent out annual surveys to ask people and their relatives about their views of the service provided. We were told new survey forms were currently being produced and would be sent out in the next few months. The manager explained they were also developing a survey form which would assist in obtaining feedback from people with dementia who used the service.

We found the service carried out a range of checks and audits to monitor the quality of the service. Each morning the manager carried out a walk around of the service to identify any areas that required attention. There were also regular audits in areas such as health and safety, infection control and medications. The checks and audits identified areas of concern so they could be addressed.

We found all accidents and incidents were recorded in detail. The information was then put on a risk management computer system called Datix. This meant the accidents and incidents could be monitored to identify any trends or patterns so appropriate action could be taken to reduce the risk of them occurring again. The manager explained that any minor incidents were investigated within the service. Any moderate or major incidents were

investigated at provider level.

The manager told us a recent analysis of falls within the home had identified that there were a higher number of falls in the evening. As a result there had been a change in a shift so there was an extra member of staff on duty during the risk period. This meant learning from incidents took place and appropriate changes were implemented.

We saw there were regular staff meetings within the home. These included meetings for care staff and separate meetings for senior staff. We looked at a selection of minutes from those meetings. We saw the senior meetings provided senor staff with an opportunity to make suggestions. We looked at the minutes of care staff meetings. The provider may find it useful to note instructions were given to staff to complete tasks, but no comments by staff had been recorded. This meant we could not be sure staff were routinely asked their views about the service provided.

People and their relatives told us they would raise any concerns with the staff or the manager. One person told us, "I've never needed to complaint, some do, but not me. If I had a problem I would speak to the manager." One relative said, "I have not complained yet. if I needed, I would speak to the manager. Usually if there is a problem, they ring me." This meant people felt able to give their opinion of the service provided.

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.

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