

Review of compliance

Homesend Limited Victoria Nursing Home	
Region:	North West
Location address:	9 Anson Road Victoria Park Manchester Greater Manchester M14 5BY
Type of service:	Care home service with nursing
Date of Publication:	March 2012
Overview of the service:	<p>Victoria Nursing Home is a nursing home for people with mental ill health. The 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 facilities.</p> <p>The service is registered to accommodate a maximum of 21 service users at Victoria Nursing Home.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Victoria Nursing Home was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Victoria Nursing Home had made improvements in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 10 - Safety and suitability of premises
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

During our visit people told us they liked living at Victoria Nursing Home and felt the staff cared well for them. Some people living in the home were not able to express their opinions about the care and support they received.

Comments people made included:

"Its not a matter of providing good care; they provide brilliant care."

"The nurses are very good. I have been here for four years and they are all very good and I am treated with dignity and respect" and another person said "We're all respected here."

"I love this place. It took me two or three months to settle in and now I feel happy. I have no complaints whatsoever."

"I don't want to move anywhere else. I love playing the guitar and they encourage it."

What we found about the standards we reviewed and how well Victoria Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who used the service are able to be involved in and influence decisions about their care and support. Their privacy, dignity and independence are respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People using this service receive safe and appropriate care that meets their needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The home has procedures in place and a staff training programme which helps to ensure people are protected from abuse.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People who use the service are in safe, accessible surroundings that promote their wellbeing.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People using the service have their health and welfare needs met by competent staff. Improvements to training and development are in place.

Outcome 15: The service must tell us about what kinds of services it provides

The provider has complied with the regulations by having a statement of purpose that includes the necessary information. The provider has kept their statement of purpose under review, has let us know about the changes to their statement of purpose and given a copy to us.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Effective management helps ensure that people receive safe, effective care.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People spoken to during this visit told us they felt involved in their care and told us the staff treated them with dignity and respect. Two people we spoke with were aware they had a care plan but not everybody wanted to have a copy. One person told us, "I am doing my care plan now with a member of staff. I like going to the cinema and going swimming and this is in there [the care plan]."

When asked about whether the care home provided good care, one person told us, "Its not a matter of providing good care; they provide brilliant care."

Other comments made included;

"The nurses are very good. I have been here for four years and they are all very good and I am treated with dignity and respect."

"We're all respected here."

Some people were not able to tell us what they thought about their care and did not appear to understand questions asked of them about the quality of care and involvement.

Other evidence

We identified moderate concerns in relation to this outcome at our previous review of the home. During the previous review we found that people did not always have the opportunity to be involved in their own care planning and have the opportunity to say what was important to them. There were some gaps in promoting the dignity of people who lived at Victoria Nursing Home.

During this review we looked at a sample of care plans that showed where people using the service had been asked to sign to show they were involved in their care needs. Where people had refused to sign, this had been recorded by staff.

Staff were observed talking with people in a kind and respectful way. We observed staff taking action to ensure one person's dignity was protected and they engaged appropriately with them whilst supporting them.

Care plans had started to be reviewed and rewritten. One care plan we looked at included a mini mental capacity assessment to see whether the person using the service understood and agreed to the needs identified. The most recent care plans were found to be detailed with a number of needs identified (see outcome 4). The manager told us they planned to review all the care plans within the next 3 months.

On the last visit to Victoria Nursing Home, we had concerns about terms of endearment used when staff were speaking to people who use the service as these terms did not always sound appropriate. We were assured action had been taken with the staff involved. During the day of our visit we did not hear any such terms being used. We saw staff speaking to residents with dignity and respect. Staff were observed to have a good rapport with the people who were using the service.

On the last visit we were concerned about peoples privacy because although there was frosted glass, there were no blinds in the bathroom windows. The care home had put blinds up in the bathrooms in response to the concerns raised.

On the last visit, we had concerns that the care home may not be helping to arrange for people to have independent mental capacity advocacy input when required. An independent mental capacity advocate (IMCA) helps people who lack capacity to make major health and social care decisions when they have no family or friends. The manager told us he had contacted the IMCA service and staff now have a better understanding of the types of circumstances when an IMCA may be needed, for example, serious medical treatment and accommodation changes). Other advocacy services the service may contact was available to all staff

On the last visit, we looked at the community meeting records and although issues were raised there was no record of any action taken. We did receive reassurance that action had been taken but not recorded. We looked at the community meeting records again and found that this had improved for more recent meetings. The minutes of the meetings now state what action can or will be taken. This can be a useful tool to demonstrate how people who use the service influence how the service is run and in how they were given opportunities to take part in the decision making.

Our judgement

People who used the service are able to be involved in and influence decisions about their care and support. Their privacy, dignity and independence are respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with some people who use the service and asked them whether they felt their care and welfare needs were being met. Those people who were able to speak with us told us they felt well cared for and well supported.

Comments in relation to care and welfare included: "I love this place. It took me two or three months to settle in and now I feel happy. I have no complaints whatsoever"

"I don't want to move anywhere else. I love playing the guitar and they encourage it."

We also heard from several people who used the service and they praised and valued the work of the activities co-ordinator, in particular: "There are lots of things to do – I can go out on my own as long as I tell staff. I like doing art with [member of staff]". "I do art with [activities co-ordinator]", "I like watching the football with the staff and painting and art with the artist."

"It is so much better than [acute mental health unit]. I am very happy here."

When asked whether the care home provided good care, one person state "'it's not a matter of providing good care; they provide brilliant care.

I have been here two years. I am satisfied with it – so very much. I'm well cared for and the staff are nice and friendly."

Other evidence

We identified moderate concerns in relation to this outcome at our previous review of Victoria Nursing Home in October 2011. During the previous review we found that people were at risk of not receiving the care they needed because their needs were not

always properly assessed and planned for.

During this visit we spoke to the manager, the general manager and two registered nurses. Staff confirmed that a number of the care plans had been reviewed and rewritten. The manager told us he was continuing to work with the nurses to review and rewrite the remainder and he had a plan in place for this.

On the last visit we had concerns about the care plan of one person who spoke a foreign language. This person's care plan had been reviewed and was much improved, it included this person's communication needs, some basic tools for communication in the mother tongue and included the role of relatives. We discussed including an independent professional interpreter if major decisions were needed. This was not included in the care plan but we were reassured this would occur and has occurred in the past for this person.

Three of the care plans looked at had been reviewed since our last visit. We were concerned last time about whether people were being properly assessed and their care being planned properly. The care plans reviewed had been redesigned and we found them to be much improved.

The reviewed care plans were found to be detailed with a number of needs identified this included mental and physical health needs. The care plans were more individualised and included health needs, nutrition, mobility needs, risks, social care needs such as interest and other needs.

A psychiatrist visits the home to review people as required to review people's mental health. We checked the care records and plans for one person who was showing signs of side effects from taking mental health medication for long periods of time. This had been picked up in the care reviews, the person had seen the psychiatrist and the side effects were being addressed. We spoke with staff who had a good understanding of the needs of the people in their care. The nursing staff had a strong ethos of ensuring that people were on optimum, but not excessive, treatment for their mental health and this was reflected in the small sample of Medication Assessment Record charts (MAR charts) we looked at. The records showed people who use the service were having their mental health needs assessed regularly when they need it and were being prescribed treatment to manage their condition.

We observed staff interacting with people who were using the service throughout the visit. We saw staff speaking with people showing dignity and respect. Staff had good professional relations and a good rapport with the people who were using the service. We saw one person who was supported during their lunchtime meal by a staff member and they provided support which was focused on the activity and the person in their care. We saw two people being escorted out of the care home for leisure activities and there were some activities occurring in the day areas.

We also heard from several people who used the service and they praised and valued the work of the activities co-coordinator. We saw art work around the home that people who use the service had produced.

Our judgement

People using this service receive safe and appropriate care that meets their needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke with some people who use the service and asked them whether they felt safe and asked questions to look at whether they are protected from abuse. Those people who were able to speak with us told us that they felt generally safe. However two people told us they had been subject to inappropriate touching by another person using the service who lacked capacity to fully understand what they were doing. Another person stated they felt threatened by another person using the service. In both these cases, the people who use the service felt staff had tried to keep them safe.

Comments made included; "Staff give me £10 a day – they talked to me about this and I am happy with this arrangement otherwise I would spend it all at once."

"I feel safe most of the time but I have been threatened by [another service user]. I feel really safe when [male nursing staff] is on duty."

We also asked people if they had any concerns or complaints about the care they received at Victoria Nursing Home and could they raise concerns with staff if they did. People said there were no complaints and they were extremely positive and complimentary about the care they received.

Other evidence

We looked at this outcome during our last review of Victoria Nursing Home in October 2011. During that review we had major concerns that people were not effectively protected from poor care and treatment and there were gaps in the home's arrangements to ensure people were protected from abuse.

During our visit we had concerns that staff were not reporting safeguarding incidents to the Local Authority for scrutiny and investigation. The Local Authority are currently in the process of carrying out reviews of people living at Victoria Nursing Home, the managers are co-operating fully with the external agencies involved. The care home has also begun to provide notifications of safeguarding incidents to the Local Authority and to the Care Quality Commission.

We were told that all except four staff have attended the Local Authority safeguarding training programme. Plans were in place for the other four staff members to attend this training and the management team have plans to complete the management of safeguarding programme. We saw confirmation of the training programme and staff we spoke to confirmed that either they had attended or were due to attend. We spoke with a number of staff who had a better understanding of safeguarding on this occasion and appeared to understand what to do should they see or hear about abuse occurring.

Information on the local safeguarding procedure were available for staff, however this was out of date. Since our visit we have been told the updated version has been made available for staff.

When we spoke with people who use the service, two women reported inappropriate touching by another person using the service. Both people stated that they felt that staff had done all they could to keep them safe and were aware of what they needed to do to report it. The care home has been working with the local safeguarding team and the people concerned have been subject to safeguarding multi-disciplinary strategy meetings. The care home needs to continue to be vigilant to ensure that people who use the service are not subject to inappropriate behaviour. The managers' actions need to continue to include risk management plans, appropriate staffing, observations and other preventative measures such as providing activities to keep people occupied. They need to consider and plan for events which take account of whether it is appropriate for individuals who present such risks to continue to be cared for in mixed gender accommodation, if the risks cannot be managed.

People living at Victoria Nursing Home were having assessments to check that they were not being deprived of their liberty (known as DoLs safeguards). The care home should notify us when they apply for a DoLs authorisation (outcome 20). We were not notified of an application however the manager has since told us this information will be forwarded to CQC. We have now received this.

Our judgement

The home has procedures in place and a staff training programme which helps to ensure people are protected from abuse.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We did not speak with people about this outcome.

Other evidence

We looked at this outcome during our last review of Victoria Nursing Home in October 2011 and had moderate concerns. People who used the service lived in surroundings that had some risks to their safety and were not always well maintained.

Since the review in October 2011 we received an action plan from the service detailing that considerable internal maintenance work had been completed, this has included: extensive floor replacements, redecoration of the ground and first floor and nurse call system. The bathroom window had restraints replaced and a blind fitted to increase privacy for people.

During this visit we carried out a partial tour of the premises and we found that improvements had been made as stated in their action plan. The general manager told us that plans to make the garden area more pleasant for people was part of an external project in the near future.

Our judgement

People who use the service are in safe, accessible surroundings that promote their wellbeing.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not ask people who use the service about their experience of this outcome.

Other evidence

We looked at this outcome during our last review of Victoria in October 2011 and had major concerns. During our visit at that time we found that some staff had not received appropriate levels of training, supervision and development.

The care home provides care for people with mental health needs, some of the people who use the service also present challenging behaviour.

Since the review in October 2011 we received an action plan from the service detailing that a staff member was undergoing training for 'Train the Trainer' in moving and handling. During this visit, we were told this staff member had completed the training; was now in the process of reviewing risk assessments and training for the staff, and will provide the training in health and safety and moving and handling.

Following recent safeguarding investigations, we have been told that the service is waiting to hear about an appropriate de-escalation training course for the staff to attend to support them to care for people with challenging behaviour.

Records showed there had been more training provided since our last visit. We observed how people were cared for. Staff appeared competent to carry out their role. From discussions with management about the training programme and information provided in the action plan, it was evident improvements have been made for staff

training. Staff we spoke to confirmed they had attended training and found this positive.

We spoke with some staff who gave us details of the supervision arrangements and records showed this was taking place.

We heard from the registered manager about the staff meetings that now regularly occur and provide a better opportunity to discuss consistent care and reflect on practice. Staff confirmed these meetings had improved communication between staff.

We looked at two staff member's training records. One person's file did show they had received an appraisal recently and issues for improvements had been addressed.

Our judgement

People using the service have their health and welfare needs met by competent staff. Improvements to training and development are in place.

Outcome 15: Statement of purpose

What the outcome says

This is what people who use services should expect.

People who use services:

* Will benefit from the knowledge that the Care Quality Commission is informed of services being provided.

What we found

Our judgement

The provider is compliant with Outcome 15: Statement of purpose

Our findings

What people who use the service experienced and told us

We did not ask the people who use the service to comment on this outcome.

Other evidence

The care home had recently revised their statement of purpose and provided a copy to us. The statement of purpose tells us and the public about the aims and objectives of the service, the kind of services the care home is providing and other essential information about the care home. On this inspection, we looked at the most recent statement of purpose to see whether it met the Health and Social Care Act (2008) regulations. The manager had included the relevant information in the statement of purpose.

Our judgement

The provider has complied with the regulations by having a statement of purpose that includes the necessary information. The provider has kept their statement of purpose under review, has let us know about the changes to their statement of purpose and given a copy to us.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People using the service at Victoria Nursing Home told us they were asked their views about the service and told us they did attend residents meetings.

Other evidence

We looked at this outcome during our last review of Victoria Nursing Home in October 2011 and had major concerns. We found that people who used the service were put at risk by ineffective management, assessment and quality monitoring systems.

Since the review in October 2011, we received an action plan from the service which detailed that they believed their monitoring of allegations of abuse, accidents and incidents had improved considerably. We were told Manchester City Council were monitoring their action plan following the reviews of people under adult safeguarding.

During this visit we found the manager had reported all incidents and allegations of abuse to Manchester City Council safeguarding. A system had been introduced to monitor these for themes and trends. The manager told us that they will use this information and learn from it. They told us they are discussing incidents during staff meetings on a regular basis to improve outcomes for people.

During our visit in October, we found there was no formal structure in place to monitor the quality of care. Since this visit a formal system to monitor the quality of care has been introduced. The action plan we received in November 2011 detailed that a quality questionnaire was due to be reissued in two weeks. We were told this is now being

addressed. Staff confirmed the management have an 'open door policy', they felt they were listened to and any concerns were acted upon.

During this review we identified a number of improvements in relation to this outcome. We consider the service needs time to benefit fully from the new systems they have developed to monitor the quality of care.

Our judgement

Effective management helps ensure that people receive safe, effective care.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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