

*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: 12 October 2012

Date of Publication:  
November 2012

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

<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard
<b>Requirements where the service provider is an individual or partnership</b>	✓ Met this standard

## Details about this location

Registered Provider	Homesend Limited
Registered Manager	Mr. Tony McVitty
Overview of the service	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. There is a car park.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## 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'.*

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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:

- Safeguarding people who use services from abuse
- Safety, availability and suitability of equipment
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records
- Requirements where the service provider is an individual or partnership

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, reviewed information sent to us by other organisations, carried out a visit on 12 October 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, 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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We conducted this compliance inspection in October 2012 as follow-up to a previous inspection in May 2012. At the May inspection we found the provider needed to make improvements in seven standards. The provider sent us an improvement plan detailing the actions they were going to take to improve the service.

At this October 2012 visit we checked whether the service had improved in the seven standards identified.

At the previous compliance inspection in May 2012 we found that people at Victoria nursing home enjoyed living there, although one person told us they felt unsettled. During this October 2012 inspection visit we spoke again with the person who had felt unsettled. They told us:

"I feel more settled now that everyone (additional staff employed in response to an event in the home) has gone, and I now feel safer."

At this October 2012 visit we found improvements in all the standards because the provider now had effective systems in place to identify, assess, and manage risks to health, safety, and welfare.

We also found that the registered provider and manager dealt with safeguarding issues in keeping with the requirements of the Health and Social Care Act 2008.

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

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

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### Our judgement

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify abuse, prevent abuse from happening and report abuse if it occurred.

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### Reasons for our judgement

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The person we spoke with said they felt safe living at Victoria nursing home. We were told: "They tell me to treat it like home. I feel safe here and I can tell the staff if there's anything wrong towards me and they take action. They give me advice and talk to the other person."

We looked at the records held by the home concerning safeguarding and other incident reports sent to the Care Quality Commission (CQC). We talked to staff working at Victoria nursing home to check their practical knowledge about recognising and reporting safeguarding concerns. We checked the training records to find out whether safeguarding training had been provided. We discussed safeguarding issues with the registered manager and registered provider.

We saw training records, certificates, and completed safeguarding workbooks which confirmed that all staff had completed safeguarding training since working at Victoria nursing home, and most had completed updated training since 2011 and during 2012.

We saw there was a rolling programme of safeguarding training provided to ensure that staff continued to be updated.

We looked at the safeguarding training questionnaire, and saw that staff were prepared for dealing with safeguarding situations that could happen at Victoria nursing home because questions related to incidents between people using the service.

We talked with staff working at Victoria nursing home and found they knew the correct actions to take in relation to safeguarding vulnerable adults.

At the previous inspection in May 2012 we found that the registered manager and registered provider did not always deal with safeguarding concerns in keeping with their responsibilities under Manchester statutory services safeguarding guidelines and the Health and Social Care Act 2008.

We looked for improvement in managing safeguarding concerns during this October 2012 inspection visit.

We talked with the management team and found they were clear about what needed to be treated as a safeguarding issue and why. The management team told us they had discussed safeguarding with Manchester City Council safeguarding team and had come to an agreement about what needed to be reported according to the needs of the individuals.

We looked at the records kept at Victoria nursing home about safeguarding and other incidents. We found that the managers now informed CQC correctly about safeguarding and other incidents at Victoria nursing home. We saw records confirming that the Manchester contact centre had been alerted to safeguarding incidents.

We did not see any delays between an incident occurring and safeguarding alert being sent to the Manchester social services contact team.

These improvements meant that people using the service were now better protected because the provider was now correctly informing us and the Manchester City Council safeguarding team. This meant we were now able to monitor and ensure appropriate action was taken in relation to safeguarding concerns.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment because the provider ensured staff received training to use moving and handling equipment.

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**Reasons for our judgement**

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We spoke to people using the services but their feedback did not relate to this standard.

At the previous compliance visit in May 2012 we could not confirm that staff had received moving and handling training, and so they may not have known how to carry out moving and handling tasks safely.

At this visit in October 2012 we saw certificates confirming that all staff had received moving and handling training from a member of staff who had completed the specialist 'Train the Trainer' moving and handling course in January 2012.

The certificates for this training did not have a date confirming when the training had been provided. Staff we spoke with confirmed they had received recent moving and handling training. We did not see any actions indicating that people were at risk in this area. We brought this to the attention of the provider who agreed to take action and reissue dated certificates to staff who had completed this training.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

Appropriate systems were in place to confirm the identify of staff who were on duty in the home.

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### Reasons for our judgement

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People receiving a service from Victoria nursing home told us they liked the staff.

At the previous inspection in May 2012 we found that the management team had not followed-up the outcome relating to staff that had issues 'pending' on Criminal record bureau checks (CRB). During our visit in October 2012 we found that this issue had been resolved and the management team had taken advice and were satisfied that suitable staff were working in the home.

At the previous inspection in May 2012 we saw that staff working in the home could not always be identified because we saw a number of agency staff were not wearing identity badges. On this follow-up visit we saw that regular staff, well known to people using the service did not wear badges. The person we talked with who used the service told us they preferred that staff known to them did not wear badges.

We discussed this with the management team and we were told:

"It's a care home not a hospital. We don't think we need to wear badges. We did when we had agency staff here but not anymore."

The management team also told us that agency staff who worked at the home were generally known to them because they only used one agency. We saw that the agency staff working on the day of the inspection was known to the manager and also wore an identity badge.

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

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were provided with training and support to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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The person we talked with who used services told us that staff were able to meet their needs. We were told: "I get on well with staff, I get on with my named nurse, and I talk to other nurses."

At the previous inspection visit in May 2012 we found that some staff training was not up to date. We found however that the majority of staff had obtained a qualification in social care. During this follow-up visit, October 2012, we looked at the training records made available to us, we looked at the certificates in staff files, and we talked with staff.

We found that the management team had contacted different training agencies to arrange professional training for the minority of staff who did not have a care qualification. This included applying for government funding.

We saw that all staff had been enrolled on an intensive health and safety training course and on completion would be qualified to level 2 or 3 in health and safety.

We talked with a member of staff. This person was very complementary about working at Victoria nursing home and said they felt that the management team gave sufficient support for them to provide a good service to people at Victoria nursing home.

The member of staff told us about the training they had received in 2012. This included seminars from opticians, infection control updates, and medication training.

We were told:

"There's lots of training, there's always a talk or something on a monthly basis."

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had effective systems to regularly assess and monitor the quality of service and, there was evidence that learning from incidents and investigations occurred and, appropriate changes were made.

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### Reasons for our judgement

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We spoke to people using the services but their feedback did not relate to this standard.

At the previous inspection in May 2012 we found that systems for auditing the services delivered at Victoria nursing home were not fully developed.

We reassessed this during this October 2012 follow-up visit.

We found an improvement in this outcome area. We saw that audits and evaluations of record keeping such as care plans, incidents, and safeguarding referrals were now in place and used to make changes in the management of these areas.

We saw that the provider had sent out questionnaires about the service provided at Victoria nursing home. Different questionnaires had been sent to relatives of people using the service and visiting professionals such as general practitioners and nurses. The questions requested people's opinions about how people using the service were treated, the environment, the abilities and attitude of staff and dealing with concerns.

We saw that those who replied were satisfied with the service. We found that general practitioners and health professionals in their responses said assessed staff as competent at their work, able to follow instructions and professional in their manner.

At the previous inspection in May 2012 we found that Manchester City Council and Manchester NHS healthcare commissioning were monitoring the quality of care and support provided to people living at Victoria nursing home. For this October 2012 inspection we invited Manchester social services and Manchester NHS to comment about the quality of care provided at Victoria nursing since the previous inspection.

At the time of preparing this report we had not received a response from Manchester City Council social services department or safeguarding team.

We received a response from Manchester NHS healthcare commissioning. They told us that they had recently carried out an audit of the care provided at Victoria nursing home

and they were satisfied that changes made since May 2012 meant the service was providing care and support to a standard that met the expectations of Manchester NHS.

## 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

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The provider was meeting this standard.

Records were kept securely and could be located promptly when needed.

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### Reasons for our judgement

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At the previous inspection in May 2012 we found that some records and forms were incomplete and that information about different people was written on the same pages of record books. This meant that confidentiality would be compromised whenever information for only one person was required.

At the follow-up visit in October 2012 we looked at care files and records for three people using the service and found that the systems for recording and storing information ensured that records were available and kept the confidentiality of people using the service.

We saw that forms relating to people using the service were completed in full. We saw that all information about people who used the service was recorded individually and held in individual files.

We found that information about care and support was readily accessible when requested.

## Requirements where the service provider is an individual or partnership

✓ Met this standard

Services must be provided by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job

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### Our judgement

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The provider was meeting this standard.

The registered person at Victoria nursing home understood how to safeguard people who used the service.

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### Reasons for our judgement

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At the previous compliance inspection in May 2012 we found there were concerns about the manner in which the provider dealt with statutory services and shared information; we found significant delays in statutory services being informed of incidents that had occurred in the home and we were not confident that the provider would take the action required to become compliant in the areas where shortfalls had been identified.

At the follow-up visit in October 2012 we found significant improvements and evidence that the provider had worked hard to support staff and put systems in place to promote the wellbeing of people using the service at Victoria nursing home.

We discussed the overall management needs of Victoria nursing home with the registered provider.

The registered provider produced evidence including the audit plans, changes in the way notification and safeguarding incidents were managed and changes in the management of recording and sharing information. We found therefore that effective management systems that would safeguard people using the service were now in place.

We saw that the provider continued to steer improvements and we were informed that members of the senior management team were part way through completing a diploma in social and health care management.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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