

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: 29 July 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	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

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 29 July 2013, 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 staff and talked with commissioners of services.

What people told us and what we found

We visited Victoria Nursing home and talked with people who used the service, a new member of staff and the management team. We found that people liked living at Victoria nursing home. We were told: "We're alright."

We found systems in place for people who used the service to give appropriate consent to their care and treatment. People who used the service said they were asked for their permission in relation to care and treatment and were able to do what they liked. We were told: "I can do what I want."

Food and nutritional needs were met and people who used the service were provided with the food they liked. One person told us: "The food's not bad, if you don't like it you can have something else."

People who used the service felt safe at Victoria Nursing home. We were told: "The staff are outstanding." Another person told us: "We're alright, everyone's nice."

We found that care and support promoted people's wellbeing and met their individual needs.

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

We found systems in place to monitor and improve the quality of the service provided at Victoria nursing home.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We talked with people who used the service about whether they gave consent to their care and treatment. We were told: "They're brilliant if there's any problem they try to help in a way that suits me." Another person said: "They said I could look after my own medicines but I gave permission (for staff to manage medication). I prefer that they manage my medication."

We looked through the care files and plans for three people who used the service. We saw that assessments and care files were written in a way which demonstrated that people who used the service had been involved in designing their risk assessments and plans of care. Comments written by care staff about the support required were written from the point of view of the person who used the service, for example "I request that..." and "I like..." This meant people had information about the support being offered and so gave informed consent when this was relevant.

We saw some documents had spaces for people to sign and give written consent to certain elements of care and support. We saw that one out of the three documents had been signed. This meant people's rights were protected because systems were in place for people to give formal consent as required. The provider might want to consider writing an explanation about why a person had not signed the consent part of a form as this would show that the system had not been overlooked.

We observed staff interaction with people who used the service. We saw that before commencing any task staff asked permission or gave people time to cooperate willingly. This meant staff gave people the opportunity to give or withdraw consent to the care and support offered.

We talked with a recently recruited support worker about consent. They told us the provider had implemented guidance about how to treat people with dignity and respect. This included listening to what people said, respecting people's point of view and knowing

how to approach people as individuals.

We were told: "We treat each service user as individuals with what they want to do, personal dress, routines in the home, the care plans and general rules are easy to follow."

This meant people's rights were promoted because staff had information about how to ensure people gave consent to the support provided.

We discussed the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) with the registered manager and looked at an application that had been made. The (DoLS) are part of the MCA 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. We saw the rights of people at Victoria nursing home had been protected because the proper processes had been completed and the Care Quality Commission (CQC) had been informed as required.

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

People who used the services at Victoria nursing home were being supported to access treatment and care from a wide range of community health services as their needs required. All were registered with a local GP and were also provided with treatment and support from local community mental health services and social workers.

We looked at the care records of three people who used the service. They contained documentation regarding the referral and assessment of people before admission. We saw risk assessments and care plans had been put in place to address these needs. We found that care records were person centred to the individual person. The information showed that people who used the service and their representatives had been involved planning and reviewing the care and support provided. This meant people who used the service were supported to achieve the lifestyle they wanted and their needs were met in a manner most suitable for them. This was because staff were provided with individualised guidance about meeting assessed needs.

People who lived at Victoria nursing home told us the quality of care provided was good. We were told: "They make sure my eyesight is alright and checked every six months, I'm due to go to the dentist and I get a taxi. Here I think the staff have actually saved my life." Another person told us: "If I don't feel well I stay in my room and sometimes they get the doctor. But I usually go for tests and things like that. They tell me what I need so I seem ok. My social worker comes sometimes as well and I tell them what's what."

We observed the interaction between staff and people who used the service. We saw that staff were attentive and responded to people in a way that met their needs. We heard discussions taking place and staff offered advice and guidance in a manner that was person centred. Staff were always respectful and responded in a positive and friendly manner to what people said. This meant a peaceful and low stress atmosphere was promoted. This was because staff knew how to approach people in way that was non-threatening and so prompted a calm response if people who used the service were upset.

We saw from the training record that all staff had completed first aid training in 2013, we also noted that the service had protocols in place that staff would follow in the event of different types of emergencies including medical emergencies and missing persons. This

meant people's wellbeing was protected because staff were equipped with skills and information for dealing with emergencies that might occur.

We saw that the service promoted people's independence, successful access and relationships with the local community. We saw that people were supported to protect themselves from being stigmatised. This was because we saw that people were encouraged to achieve a good level of personal grooming, clothes were well laundered and fitted people well. We saw that people had their own individualised styles, but were also advised about dressing appropriately depending on the circumstance.

We saw that a programme of social and leisure activities were provided for people who lived at Victoria nursing home. People who used the service participated in a wide range of group and individual leisure activities including arts and crafts and recreational activities in the local and wider community. We saw that a programme of monthly outings had been planned and pictures confirmed that these had taken place. This meant people's mental wellbeing was promoted because people were able to join in with a variety of new and familiar activities and so protected from the effects of boredom.

We also spoke with a contracts officer from Manchester social services contracts team. We found that there were no new issues of concern in relation to the care and welfare of people who used the service at Victoria nursing home.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We saw that the diet and meals at Victoria nursing home met the needs of people who used the service. People said they were happy with the quality and choice of the food served. We were told: "Yes I like the food, my favourite meal is steak and chips." "I'm not joking it's better than The Ritz, lovely food, really, really good." Another person told us: "The meals are alright, my favourite meal is Sunday lunch. If I don't like something I can have something else."

We looked at plans of care and found that nutritional needs were fully assessed using an approved assessment tool. We saw that people who required special diets such as diabetic diets, soft diet or thickened fluids were fully catered for in a manner which promoted their continued wellbeing. We saw that people were weighed regularly and if concerns were identified appropriate action taken to prevent the person's health deteriorating. Such steps included referral to the GP and dietician, revision of the care plans relating to nutrition and checking that the intervention had the desired effect. This meant people experienced sufficient support to receive the food and fluids to promote good health by keeping a good weight and remaining well hydrated.

We looked at the menu choices. We saw that choices were varied and included a choice of meals which included fresh fruit, vegetables and fish. We saw however these menus had not been updated since 2009. We discussed this with the management team. We were told that the menus were under review however people were able to choose whatever meals they liked. The provider may want to make the review of the menus a priority so they can be certain that menu choices reflect the taste and expectations of people who lived at Victoria nursing home.

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

Our judgement

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.

Reasons for our judgement

The people we spoke with said they felt safe living at Victoria nursing home. They told us: "The staff are brilliant absolutely marvellous, I feel alright here."
"We can talk about what we want and I would talk to Viv (the owner) about any problems."

And

"I don't worry, if I report anything they'll take it up."

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 there was a rolling programme of safeguarding training provided to ensure that staff continued to be updated and so knew what actions to take to promote the wellbeing of people who used the service.

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 who used the service. We were also aware that staff had raised safeguarding concerns and appropriate action had been taken by the management team.

We talked with a new member of staff who confirmed they had received safeguarding vulnerable adults training as a part of their induction training at Victoria Nursing home. They told us: "If I had any concerns I would go straight to my supervisor or manager and if I felt nothing was being done I would contact social services." This meant people were safeguarded because staff were confident about the actions they would take to protect people from harm.

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 continued to inform CQC about safeguarding and other incidents at Victoria nursing home. We saw records which confirmed that the Manchester contact centre had been alerted to safeguarding incidents. We did not see any delays between the occurrence of an incident and the Manchester contact team being informed.

These actions meant people who used the service were protected from abuse because CQC and the local authority were able to ensure appropriate action was taken and also monitor incidence in relation to safeguarding concerns.

At the time of this inspection there was one safeguarding enquiry outstanding for this service and this was now being handled through the criminal justice system.

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

Our judgement

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.

Reasons for our judgement

People who used the service liked the staff and felt they were good at their jobs. We were told: "The staff are outstanding, they talk with us, go out, they clean up and they wash our clothes and everything."

Another person said: "I like the staff, they're helpful and you can have a joke."

We discussed staff support and supervision with the management team. They told us that staff had received additional training in recognising volatile situations and recognising triggers that could result in aggression. We saw that this training had influenced the behaviour management observations and assessments for people who used the service. The management team also said this training had a positive impact on the quality of the service because there had been a marked reduction in the number of arguments and altercations between people who used the service.

The management team also stated that they had changed the way staff were managed, so that each trained nurse acted as mentor or special advisor to a group of care staff. Individual qualified nurses had also been allocated particular topics in which they took the lead in gathering the latest information. They then shared this with the management team and others as appropriate. This meant people received effective support because care staff received regular supervision to carry out their role.

We looked at the supervision records for a number of staff. We saw that supervision was used as a means of supporting staff to become confident in their role. We saw that learning needs were recognised and steps taken to provide staff with the practical support and additional training as required.

We reviewed the training record and saw that people who used the service were supported by appropriately trained staff. This was because staff had completed a number of courses relevant to their role and people's needs. These courses included: safeguarding vulnerable adults; diabetic care; dignity in practice and emergency first aid.

We talked with a new member of staff. We were told: "I've completed on-line training, DVD's and filled in questions about the training I've completed. I've also shadowed staff and watched how they work with people on different situations."

These findings showed that staff received training to develop the skills needed to meet the needs of people who used the service.

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 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.

Reasons for our judgement

We spoke with people who used the service and they told us they were able to discuss their concerns with the owner. We were told: "I can talk to Viv (the owner) or Tony (the registered manager) about anything." Another person said: "We have residents meetings and I say what I want such as outings or other things."

At our previous visit in October 2012 we saw that new systems had been put in place. At this visit we looked at how these systems had been progressed. We saw that the service continued to audit and evaluate the quality and effectiveness of the service. They did this through checking the systems in place that enabled staff to provide care and support such as risk assessments and care plans, the frequency and types of incidence, medication management, and the effectiveness of training.

We saw that modifications and changes were made in response to individual events and more general changes were made in response to any patterns which emerged over a period of monitoring. This meant people were provided with a service in which the quality could be improved because the effectiveness of the service was monitored and changes made to ensure safety and continued improvements.

We contacted Manchester social service commissioning team to discuss the quality of the service with a partnership agency. We were told that the commissioning team had not visited Victoria nursing home recently but they had no on-going concerns about people who used the service.

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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