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: 11 February 2014

Date of Publication: March 2014

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

Care and welfare of people who use services	✖ Action needed
Staffing	✖ Action needed

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

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

- Care and welfare of people who use services
- Staffing

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 11 February 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We visited Victoria Mews on 26 September 2013 and found the provider was not meeting all the required standards we would expect care services to provide. This was because care was not always planned and delivered in a way that was intended to ensure people's safety and welfare. We set a compliance action that let the provider know they needed to improve. In October 2013 we received a report from the provider that told us what they had done and what they planned to do to improve the service provided. In January 2014 we received information of concern about staffing within the home.

We visited the service on 11 February 2014 to check the actions taken by the provider to correct the issues we had identified in September 2013. We also looked at the organisation of staffing on the day of our visit.

People living at Victoria Mews had dementia care needs. We spent time observing the care and support they received. We spoke with two visiting relatives, six members of staff, the manager of the home and the quality assurance manager.

We found the provider had made improvements in care records and there were care plans in place to support people's identified needs. We saw staff were friendly and approachable to people and in supporting them. However, from our observations and from talking to staff we found staffing arrangements were not effective in the morning. We found staff were often rushed and spent their time recording information rather than supporting people.

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

What we have told the provider to do

We have asked the provider to send us a report by 25 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that met people's care and welfare needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

When we visited in September 2013 we found care records did not always evidence that identified care needs had been responded to and did not always address risks to the health and welfare of people.

At this visit we looked at the care records for four people who lived at Victoria Mews. We saw people had an assessment of their needs prior to moving to the home. One visiting relative told us how their family member had gone to the home under an emergency placement. They told us the service had dealt with it "brilliantly" and went on to say, "They are happy to work with the family and take on suggestions."

Where needs had been identified in areas such as continence, eating and drinking and mobilisation there were individual care plans in place to support those needs. We saw risk assessments had been completed to identify and manage risks relating to people's care. One person was at risk of developing pressure ulcers. There was detailed information in their care plans to show how this risk was managed and minimised. We visited the person in their room and saw pressure relieving equipment was in use and repositioning charts were being maintained. The person was to be repositioned every two hours to prevent skin breakdown. On the day of our visit it had been recorded they had been repositioned at 12.30pm. At 3.15pm there was no record to confirm they had been repositioned since that time. This meant we could not be sure they had been repositioned in accordance with their care needs.

We saw care plans contained information about people's preferences regarding daily routines. There was also information about people's backgrounds and interests. This information supported staff in providing individual care in a way people preferred.

We found some information in care records was duplicated and where care needs had changed the information was not consistently updated. Some people's care needs had changed completely from when the care plan had been written which was reflected in regular reviews. For example, in one person's care records the most recent review of their mobility stated they were immobile. However, their health profile stated they were mobile and enjoyed walking around the home. This made it difficult to get a clear picture of the person's current needs to make sure they were receiving the right support.

Records demonstrated the service consulted external health professionals if there was a change in people's health needs. One relative told us, "If things happen they ring up and tell us. They always tell us what is going on."

We saw people had received support to maintain their personal appearance and hygiene. A visiting relative said, "X always seems to be clean and tidy."

We were told there was a range of activities available to people including movement to music and fitness activities. However, during our visit we did not see any social activities taking place within the home.

We spent time in the lounges and dining room closely observing people's experiences of the service. We looked at their mood, how they spent their time and how staff interacted with them. We did not see much staff interaction in relation to activities with people. People were not provided with the opportunity to engage in therapeutic activities either individually or in groups. Apart from a single item, we did not see any other resources for sensory stimulation or to promote the engagement of people with dementia care needs.

We observed staff spent much of their time in the lounges completing records rather than supporting people. For example, one person was shouting out which was causing anxiety and annoyance to other people around them. Care staff did not respond to provide assurance and manage this person's behaviour. This resulted in heated exchanges and cross words between people making them feel uncomfortable. Staff did not respond to the person's individual dementia needs which impacted on other people with dementia who lived together as a group.

Staff we spoke with told us they felt pressured to do paperwork but wanted to spend more time with people. One member of staff told us, "There isn't much time. There is too much to do. You can't interact with them as you should do." We asked one staff member if they had time to sit and talk with people. They responded, "No, we try and do it sometimes but it is hard because of all the paperwork and everything." Another member of staff said, "It is getting daunting for the staff. There is too much paperwork."

During this visit we observed people having breakfast. We found this was not a relaxed experience for people because staff were engaged in other tasks and could not be responsive to all people's needs. For example, some staff were busy getting people up and providing personal care. We saw one person say they were cold but staff did not notice. We saw another burst into tears. They were getting agitated by another person shouting out. Staff were not able to spend the time needed with the person to calm them.

We found the lunch time was much calmer than at our previous visit. Most people ate in the dining room, while a few people ate their meals at dining tables in the lounges. People had a choice of fish or beef cobbler for their meal. One person did not understand the choice. The chef sat down beside them and explained what beef cobbler was. We

observed staff assisting people with their meals in a supportive manner. One relative we spoke with about the food told us, "There is always plenty of choice with staff sat at every table." They explained their relative could be difficult with their diet and fluids and said, "They will make her alternative food if she does not like it."

Staffing ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

There were not always enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were 26 people living at Victoria Mews on the day of our visit. All the people at the home were living with dementia. The manager told us people had varying levels of need. For example, four or five people required assistance with eating while others required a lot of prompting. Half the people who lived in the home required support to mobilise out of a chair and around 16 people were doubly incontinent and required support with incontinence products. One person was being cared for in bed.

People and relatives we spoke with were positive about the staff providing their care. We saw staff were friendly and approachable to people and in supporting them. One person told us, "They are very good here." Another person said, "The staff are good." A visiting relative described the staff as "always friendly" and went on to say, "The attitude of staff is the best I have seen, they are never negative, they (the people) are all treated as individuals." Another relative told us, "The staff are very nice and friendly. Always ready to help if they are needed."

The manager told us the usual staffing complement for the home was one senior care worker and four care workers on duty between 8.00am and 8.00pm and one senior care worker and two care workers from 8.00pm to 8.00am. On the day of our visit there was no senior care worker on the rota. The manager was going to "work the floor" to support the care workers and administer medication. This meant the manager was not available to attend to management duties. We saw as the morning progressed, the manager requested a senior care worker to work at Victoria Mews from another home within the provider group. This was so she could attend to her managerial commitments.

We saw Victoria Mews accommodation was on a single level. There was a large dining room and people could choose between three different lounges to sit in. We were told the staff were organised so there was one care worker present in each lounge with the fourth care worker being available to support where necessary.

During the morning we saw care staff assisted people to get up and escorted them in and

out of the dining room. This included those people who required the support of two members of care staff when mobilising around the home. Care staff and a kitchen assistant checked what people wanted for breakfast and this was communicated to the cook who served it from a trolley. Care staff and the kitchen assistant gave people their choice of breakfast. They then assisted and prompted people with eating. We observed staff were rushed to complete their tasks but did not rush people when assisting them to eat. Staff took time to support people to eat at a pace that suited the person. However, this meant if a person took a long time to eat, there was one staff member less to assist with other tasks.

During the course of breakfast, the senior care worker from the other home administered the morning medication. Whilst this care worker knew the home's medication procedure, they were not familiar with the people who lived in the home. We saw they required assistance from permanent care staff to identify who people were before they administered the medication. We saw some people were kept waiting for their medication. For example, one person came into the dining room at 8.10am saying they were in pain. They were told, "She hasn't come round with the medication yet X." They were kept waiting for their medicine. Another person took their medicines in their porridge. They did not receive their breakfast or medication until 9.00am despite them being in the dining room waiting. One person did not receive their morning medicines until 11.15am due to the time it took for the medication round to be completed.

From our observations and talking to staff we found staffing arrangements were not effective in the morning. One staff member told us that eight or ten people required support when eating. They told us, "If you put the food in front of them it would just go cold. They can't feed themselves." Another member of staff told us, "The only problem is in the morning at this time. It is a challenge." One staff member said, "It is hard because you have to go from one to another. We do need more staff definitely." Another staff member explained how the medication round started before breakfast and "some days it could go on up to 10.30am or 11.30am."

We saw that whilst people benefited from a spacious environment with choices of where they wanted to be, it was a challenge for staff to consistently monitor all the communal areas. We observed a number of people walking up and down areas of the home where there was no staff presence. At one point we observed a member of staff supporting one person into the dining room. At the other end of the corridor another person was calling for assistance. As both people required support and reassurance when mobilising, it was clear the staff member was torn over which person to assist.

Staff told us that when they were in one of the lounges they had to summon another staff member if a person wanted personal care support. One staff member told us, "If you have to give support to someone who needs two staff you have to call someone to try and cover the lounge. I never leave the lounge until I have found someone to cover the lounge because that would leave the residents at risk." This meant people were dependent on staff availability before their needs could be met.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered provider did not plan and deliver care in such a way as to ensure the welfare of people using the service. Regulation 9(1)(b)(i) and (ii).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: There were not always sufficient numbers of suitably qualified, skilled and experienced staff to meet the health and welfare needs of people using the service. Regulation 22.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will

This section is primarily information for the provider

report on our judgements.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk