

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

Victoria Mews

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Date of Inspection: 15 February 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	HC-One Limited
Registered Manager	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

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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 15 February 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 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

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of this inspection. Their name appears because they were still a Registered Manager on our register at the time.

We met with 17 of the 24 people using the service at the time of our inspection. We also spoke with the deputy manager, four care staff and the area quality manager who was visiting the care home at the time of our inspection.

People were treated respectfully. We saw staff addressing people by their preferred names. Personal care was carried out in private and staff were discreet when asking about care needs. We observed that staff were kind, caring and attentive towards people using the service. We saw that staff explained what they were doing at a level and pace the person could understand.

We were concerned that care plans were not always available to address risks to the health and welfare of people using the service. This meant timely action might not have been taken to minimise the risks.

We found that the care home was clean and hygienic. Arrangements were in place to minimise the risk of infection.

We saw evidence that satisfactory pre-employment checks were made before staff started working with people who used the service.

We found that records relating to the day to day running of the service were accurately and

securely maintained.

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 22 March 2013, 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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People using the service at Victoria Mews had dementia care needs and gave limited responses to some of the questions we asked. We therefore spent a period of time observing people in the lounge and dining areas to see what it was like for people living there.

We saw staff addressing people by their preferred names. Personal care was carried out in private and staff were discreet when asking about care needs.

We saw some sensitive staff interactions with people using the service. We observed staff spending time talking with people and giving sensitive responses at a pace and level appropriate for the person.

Staff were knowledgeable about people's preferences and lifestyle choices. Staff spoken with told us about the needs of people. Staff knew what people could do for themselves and what they needed support with. We saw that staff knew about the significant relationships and events in the lives of people using the service because we saw and heard staff chatting with people about their experiences.

We saw that people made use of the several communal areas in the care home. We observed friendship groups where people chose to spend their day together.

We observed several incidents when care staff responded to people who were distressed or agitated. On each occasion care staff sensitively interpreted what the person was trying to say. We saw from people's responses that they felt relieved and reassured.

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

Our judgement

The provider was not meeting this standard.

People's personal care needs were met.

Care plans were not always available to address risks to the health and welfare of people using the service. This meant timely action might not have been taken to minimise the risks.

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

We saw that people were supported to maintain their personal appearance. Their skin looked clean and their hair was clean and brushed. People had been supported to choose clothing that reflected their personal preferences and lifestyle choices. Their clothes and shoes looked clean. We saw that people were not left unattended for extended lengths of times. There was a staff presence in communal areas and we noticed that staff made efforts to engage with the people using the service. Staff were kind, caring and attentive towards people.

We spoke with the relatives of two people who told us they were pleased with the care their loved ones received.

We looked at the care records for two people.

The provider had introduced a new care planning system and we saw evidence that care records were in the process of being replaced. It was evident that staff were continuing to complete the 'old' paperwork as well as the new. This meant records were duplicated because there were two systems in use.

We found that care plans did not always contain information about the actions staff needed to take to support people effectively. This meant staff relied on verbal communication between themselves about what they needed to do to support people. This put people at risk of not getting the care and treatment they required.

For example, we looked at the care file of one person with an ongoing weight loss. Staff told us the person was weighed weekly and food and fluid intake charts were used to monitor their nutrition. These actions were not included in the person's care plan. The person's care records showed that the GP had prescribed a food supplement five weeks

ago. There was no evidence that the prescribed supplements had been given. Staff showed us the electronic medicine administration records which confirmed the prescribed supplement had never been given to the person.

We looked at the care records for a person who had been identified as having a high risk of developing pressure sores. There was no evidence of a care plan to minimise the risk and evidence was documented in the person's file that they had developed a pressure sore. This meant the person may not have received the care they required to reduce the risk of developing a pressure sore. We visited the person in their room and saw that pressure relieving equipment was in use and repositioning charts were being maintained. None of the strategies were recorded in a care plan. This meant there were no clear instructions for staff to follow to meet the person's needs effectively.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We toured the communal areas and looked at three bedrooms. Everywhere was clean and there were no unpleasant odours. We noted that the lounges, dining areas and corridors been refurbished. We saw that furniture had been replaced and each lounge area had a different colour theme. This meant people using the service had a clean and comfortable environment to live in.

The communal bathroom, shower room and toilets were clean. There were facilities for people to wash their hands effectively, including soap, paper towels and alcohol gel.

We observed that protective clothing for staff, such as plastic gloves and aprons, was readily available. We saw that staff used protective clothing appropriately.

The equipment in the laundry room was adequate for the service. There was a 'sluice cycle' on the washing machine to cope with soiled laundry. We saw evidence of a system that kept dirty and clean laundry separate. This meant the risk of cross contamination was minimised.

There were arrangements in place for the safe disposal of household and clinical waste.

We were told there were domestic (cleaning and laundry) staff on duty every day of the week. This meant care workers spent minimal time undertaking non-caring tasks.

We saw the certificate from the most recent local authority Environmental Health Officer's report which assessed the standards of food hygiene as "very good", awarding a maximum 'five star' score.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the personnel files of two recently employed staff.

Each file contained evidence that satisfactory pre-employment checks such as Criminal Record Bureau (CRB), Independent Safeguarding Authority (ISA) - now known as the Disclosure and Barring Service, and references were obtained before staff started working with people who used the service.

A photo and proof of the staff member's identity were available in each file.

Information in staff files and discussion with staff evidenced that a staff induction programme was in place, which included shadowing an experienced worker until the care worker was deemed competent. Staff spoken with described the training they attended. They said the training equipped them with the knowledge and skills they needed to support people effectively and safely.

Records showed that individual supervision sessions for staff, including observed practice, had been taking place.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Victoria Mews had a dedicated manager's office with access to telephones and computers holding records relating to the running of the home. This meant people using the service could be confident that any discussions about their personal affairs were kept confidential.

Care records were stored in a locked cabinet. This meant people using the service could be confident their personal information was maintained securely.

Other sensitive personal information, such as staff records, was secure in the manager's office or the administrator's office.

The records we looked at relevant to the management of the service, such as staff duty rotas, were accurate and fit for purpose.

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 assess, plan and deliver care in such a way as to ensure the welfare and safety of people using the service. Regulation 9(1)(a)(b)

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 22 March 2013.

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 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 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.

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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