

Victoria Manor Nursing Home Care Home Service

63 Albert Street
Edinburgh
EH7 5LW

Telephone: 0131 553 6868

Type of inspection:

Unannounced

Completed on:

23 July 2018

Service provided by:

HC - One Oval Limited

Service provider number:

SP2016012770

Service no:

CS2016349832

About the service

Victoria Manor was sold to the current owner, HC-One Oval Limited who are national providers of private care services. The home registered with the Care Inspectorate on 17 October 2017 to provide care for up to 118 older people.

During the inspection we used the new Health and Social Care Standards to evaluate the care and support people experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at: <http://www.gov.scot/Publications/2017/06/1327/downloads>

The home is situated in the Leith area of Edinburgh, close to local transport links, amenities and near to the city centre. It is purpose built, consisting of two separate buildings with adjoining corridors/access. Each building has two units, one on the ground floor and one on the first floor. All the rooms have en suite toilet facilities and there are bathrooms, toilets, and a kitchen, dining/lounge area in each unit. Access to outside areas is available on the ground floors, though a key pad preventing freedom of movement. There are communal courtyard gardens with seating and pathways around planted areas.

Balmoral unit is for people with dementia who may also be frail. Windsor, Holyrood and Saxe-Coberg units are for frail older people some of whom may also have dementia. Staffing is provided over 24 hours by a team in each unit consisting of registered nurses and carers with varying degrees of experience and qualifications.

On Victoria Manor's website it states:

"Victoria Manor's Home Manager makes sure that all Residents receive the kindest possible care. Our extensively trained team will deliver all the nursing, specialist care and support services that your loved one requires. Personalised care plans consider not only medical, personal and dietary needs, but also the individual's likes and dislikes, religious preferences, and suggestions from family members that might make their stay with us that little bit more enjoyable"

What people told us

There were 99 people living in the home at the time of the inspection. During our inspection we spoke with 41 residents, 21 relatives or friends and three visiting professionals. We spoke with 39 staff working during the day and at night time, some of whom were agency staff. We also received responses to questionnaires prior to the inspection visit from four relatives and three staff.

We took into account the views of people who had submitted complaints to the Care Inspectorate since January 2018. In addition five complaints were submitted during the time we were inspecting in the home between 9 July and 19 July 2018. We investigated the issues raised in these five complaints and our findings are included within this report. During the inspection we amalgamated the requirements from previous complaints to make it easier for the service to focus on the improvement needed.

Some residents and family were generally happy with the home and the care:

"oh it's wonderful, I've no complaints, only thing is the food is a bit dry-it needs a bit of gravy" (resident)

"They have been wonderful, communication has been great...they were very good at respecting her privacy and independence" (relative)

"The care is exceptional ...I think my mum is happy here but we do miss the activities person" (relative)

However many other relatives and friends commented on the difficult period the home was experiencing, most knew about the sale of the home, though some did not.

Relatives felt worried about their husband, wife, mum or dad because they saw so many different faces. They were concerned by many of the permanent staff leaving, the high usage of agency staff, many who did not know their relative and staff who lacked the necessary skills to care for their relative well. Many expressed frustration, as when issues were raised, they were not adequately addressed and things did not improve.

"There is nobody here now (referring to permanent staff), so nobody is trying to make things better, I'm worried about lack of entertainment, I gave up on the laundry and do my mum's for her now, but it still gets lost and as for the food, there simply isn't enough".

"It's so sad to see him like this, they have lost his shirts, he has no slippers and there's food down his jumper".

"X (name of relatives husband) had no day pads for ages and the night pads don't fit him. He is wearing size 12 shoes and he is size eight".

Other comments are highlighted in the report along with comments from staff that we spoke to.

Because of the concerns raised by people we spoke with other relevant agencies were contacted by us and consequently we extended the time to inspect the service. We are working with the service to support the improvements needed.

Self assessment

We are not asking services to submit a self assessment for this inspection year. During the inspection we discussed areas that required improvement and development.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	1 - Unsatisfactory

Quality of care and support

Findings from the inspection

The quality of care and support was weak. The home was chronically understaffed and had to use large numbers of agency staff. This was impacting significantly upon the quality of care and support resulting in poor experiences for some residents and worried families, who told us:

"The place is falling apartit's their (referring to residents) needs and you can see staff are really toiling, I really feel for them. Changeover at night they have agency staff on and they don't know the residents".

Permanent staff, including agency that were used regularly, tried hard to care and support people. We saw some staff, showing affection, hugging and buying treats for residents to have with their supper because often there were no biscuits and shortages of bread for toast. Some staff came in while on annual leave because they were worried about residents.

Within the dementia unit there were different staff on regularly. During one evening and night all staff were from different agencies, residents didn't know the staff. We evaluated that because staff didn't know residents and had no specific training in dementia care they did not understand how to appropriately care for people. Residents became upset and this in turn upset other residents.

Staff found it difficult to support residents' nutritional and personal care needs. For example one resident, slumped on his bed asleep was left a cooked breakfast that went cold because he was not supported to enjoy it. Relatives were concerned:

"The change over at night (of staff) - agency staff are not properly informed ...and they don't have the gist of dementia care, it really needs specialised care" (relative)

The approach to care was very institutional and task orientated, sometimes because it was the only way they could "get things done" (agency nurse).

Institutional approaches included people's needs being written on boards in the office and staff using room numbers instead of people's names. Private information about residents was collated together on sheets meaning it could not be appropriately filed in residents care notes. One nurse commented:

"I'm unable to give personalised care, it's more task orientated you cannot give the level of care that the residents need, I do care, but you just can't".

Residents were referred to as "the doublers", "the singles", "the machiners" and "the walkers". This terminology lacked dignity or respect to residents. We also observed some staff failing to respond appropriately to direct requests for help from residents.

"Carers sit on their phones and chatting while relatives are visiting and can hear a resident left shouting in the quiet room all afternoon. I've fed back but was told to ignore residents shouting and that it's 'behavioral'. However I find it distressing and would be really angry if they treated my mum that way" (relative).

Because there was not enough staff, and their skills and knowledge were not always appropriate we have required improvements to be made. This includes the need for cultural shifts in the ways that some staff think about and approach care and support for people experiencing care.
(see requirements 1 and 2).

The quality of care and support was also affected by the lack of staff in the laundry and the kitchen. This resulted in residents clothes going missing and poor nutritional experiences for residents. Comments included:

" It's the laundry situation here, all her new M&S clothes are now missing ...and they don't seem to care what they put on her" (relative).

"the staff had to go to the local supermarket at the weekend because there wasn't enough food" (relative).

"they knew the chef was leaving six weeks ago but did nothing about it" (relative).

Residents' experience at mealtimes was poor and often not enough food was available for carers to serve. There was limited choice and residents were served unappetising food. There was a lack of adequate stock ordering particularly of fresh vegetables and salad. In spite of this, staff had managed to support some people with dementia who were very active to maintain their weight.
(see requirement 3).

There was a shortage of appropriate continence products as orders were erratic or often missed. Night staff said that they had to disturb people more often because they had a low absorbency pad on or sometimes no pad at all.

Staff told us "we are struggling to keep residents pressure areas intact because of the lack of the right pads".

Because we were concerned about the lack of appropriate products we have required improvements to be made (see requirement 1 under staffing theme).

Care plans we looked at were lengthy and did not help staff to know how to care for residents. Agency staff told us that they were not given sufficient information about residents needs and how to care for them.

We observed people being left in the lounges with no staff interaction, the television on with no one watching. We saw no activities, people were bored and there was nothing to occupy them or stimulate their interest. Many of the residents liked to walk about, pick up, touch and feel things but there were no objects of interest or things to do.

A relative told us "No day trips for a year since my wife went in there; there's been no entertainment since December 2018".

The manager and provider should consider ways to support residents to maintain their interests and be able to choose to take part in a range of activities that take account of their preferences.

Requirements

Number of requirements: 3

1. In meeting this requirement people will have confidence that their needs are met by the right number of people who have time to support, care and speak to them.

By **31 August 2018** the provider must ensure that:

- a) at all times, suitably qualified and competent persons are working in the care service, and
- b) there are sufficient numbers of staff to meet people's assessed needs and support people's health, welfare and safety.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

The Health and Social Care Standards have been taken into account when making this requirement, in particular:

- 3.15 My needs are met by the right number of people.
- 3.16 People have time to support and care for me and to speak with me.
- 3.17 I am confident that people respond promptly, including when I ask for help.

2. In meeting this requirement people experiencing care will be treated with respect and dignity and their needs will be staffs' main concern.

By **31 August 2018** the provider must:

- a) Ensure staff respond to people's requests for help and make attending to people's needs their priority.
- b) Ensure staff speak to and about people using their preferred name.
- c) Ensure staff practice the values of dignity and respect as detailed in the Health and Social Care Standards.

and by **1 October 2018** the provider must:

- d) Ensure any written information and care plans refer to people by their preferred name and not by the room number that they reside in.

This is in order to comply with:

Regulations 4(1a) and 4(1b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The Health and Social Care standards have been taken account of in making this requirement, in particular:

- 3.1 I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.
- 3.16 People have time to support and care for me and to speak with me.
- 3.17 I am confident that people respond promptly, including when I ask for help.
- 3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This is also consistent with the NMC (Nursing & Midwifery Council) code of conduct which states: "You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to".

3. In meeting this requirement people experiencing care will be provided with a balanced, healthy and nutritious diet that meets their nutritional needs and preferences.

By **31 August 2018** the provider must:

- a) Ensure systems are established for the ordering of sufficient food.
- b) Ensure that food is sufficient to provide a balanced healthy diet and includes fresh vegetables.
- c) Ensure there are adequate kitchen staff that are trained to prepare a balanced diet.

and by **1 October 2018** the provider must:

- d) Ensure that the menu choices have been nutritionally assessed to meet the nutritional needs of people including those on a special diet.
- e) Ensure that people's views and experience of meals is gained and is used to improve both the quality and the menu choice.

This is in order to comply with:

Regulations 4(1a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The Health and Social Care Standards, in particular standard 1.33, have been taken account of in making this requirement which states: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning".

Recommendations

Number of recommendations: 0

Grade: 2 – weak

Quality of environment

Findings from the inspection

The home had lovely gardens and was set out in units which had the potential to be very homely, however the environment was weak. The environment should promote residents' rights and freedom, but this was not happening. Residents were unable to freely move about. The units were locked and people felt "locked in". Residents commented:

"If I want to go out I have to kick up a fuss before they will take me. It's not their fault, but I should be able to come and go as I please shouldn't I".

"I'm here under duress, I'd rather not be here, the staff try hard but they are short and cannot cope, we are herded into the sitting room".

"I'd dearly love to be closer to my wife, but the staff have to take me and they simply don't have the time".

Despite people being "locked in" there was a recent incident of someone going outside and staff being unaware of them being out of the unit. There are ways to support people to get out more, make contact with their community and pursue hobbies (see the Care Inspectorate Hub @ www.careinspectorate.com). We evaluated that the shortage of staff impacted on this, but when resolved the staff should consider technological support and/or enabling residents to access additional support that facilitates more independence to make the most of the environment.

In Balmoral all residents' rooms were also locked unless they were in bed to prevent residents from entering rooms other than their own. This meant residents were not able to access their own personal space freely and independently. Residents were forced to remain in the lounge area which became very crowded and busy adding to some residents' distress. Useful information and guidance is available in a Mental Welfare Commission publication – Rights, Risks and Limits to Freedom: [www.mwscot.org.uk/media/125247/](http://www.mwscot.org.uk/media/125247/rights_risks_2013_edition_web_version.pdf)
[rights_risks_2013_edition_web_version.pdf](http://www.mwscot.org.uk/media/125247/rights_risks_2013_edition_web_version.pdf)

The home and in particular the kitchens were untidy. The cleanliness of the main kitchen and the unit kitchens was very concerning. Stock control was not happening, for example we saw bread that was over four weeks old and cream left out rather than refrigerated. During the inspection we spoke to Environmental Health who visited the service and they are corresponding with management about required improvements to the environment.

The general décor was in need of some attention, for example wallpaper hanging off the wall. However, the strengths of the environment were not being maximised because staff had no time to support people – for example to go outside and enjoy the lovely gardens. The priority improvements needed are reflected in the requirements made in other themes. However, once staffing, training and care planning has improved the manager and provider should consider ways to support residents to keep connected to the community, go outside and enjoy freedom to access the gardens and their own rooms.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

As seen in the quality of care and support, there were not enough staff with the right training and skills. This included shortages in housekeeping, laundry and kitchen staff. While we acknowledged the recruitment drive to fill vacancies, staffing was weak.

Nurses and carers were undertaking inappropriate duties detrimentally affecting residents care and support experiences.

"Housekeeping is a real issue, so many different staff having left, only getting housekeeping staff for half a day so end up doing the dishes, mopping and sweeping the floor" (care staff).

We saw some staff who genuinely cared for residents and when speaking with them were concerned that they were not able to give the residents the care that they needed. Many relatives held the permanent staff in high regard and were worried that staff who they felt were good were leaving.

"I did nothing but drugs all day long, but I had to keep locking up the trolley to answer the phone, see to something for a carer, talk to a relative, speak to the community nurse, help a carer. I didn't get a chance to nurse people or supervise the carers" (agency nurse's first shift in the home).

Staff were feeling exhausted and demoralised.

"Honestly I'm thinking of leaving, not enough staff...it feels like a 24 hour shift and not a 12 hour , I feel constantly drained, it's horrible" (staff).

We saw many lovely and positive interactions but conversely we also observed many instances where staff did not have the skills to support residents. Staff have not had any training since October 2017. New staff were starting to care for residents with the minimum of shadowing and felt that they had been "thrown in at the deep end". (care staff recently started)

The majority of agency staff who we spoke with had no dementia training and the permanent staff felt unskilled. Staff were keen to learn more about how to care well for people with dementia and looked forward to support to do so. Promoting Excellence in Dementia Care is a free resource and can be found at:

<http://www.sssc.uk.com/workforcedevelopment/supporting-your-development/promoting-excellence-in-dementia-care>

Staff who did not know the residents were not supported to deliver care because care plans were cumbersome and inaccessible. The plans also lacked sufficient detailed information about how to care well for people. (see requirement 1 under the previous requirements section at the end of the report).

We observed instances of poor movement and handling practices that could pose a risk of injury to both the resident and staff.

Providing and supporting staff with training and developing their skills in practice could improve care, improve the residents' quality of life and reduce symptoms of stress and distress. (see requirement 1).

Requirements

Number of requirements: 1

1. In meeting this requirement people will have confidence in staff because they are trained, competent and skilled and follow their professional and organisational codes.

By **31 October 2018**, the provider must ensure that staff employed to work in the care service are trained to carry out their duties. In order to achieve this, the provider must:

- a) Review the training needs of staff now and every six months and record the findings.
- b) Ensure there is a mandatory training programme that addresses the review of training needs, induction of new staff and taking account of any client specific training.

This to include but need not be limited to training in the following areas:

- i. the values and principles that underpin the Health and Social Care Standards
- ii. dementia care
- iii. support for people who experience stress and distress
- iv. skin care, skin integrity, assessing risk and prevention of pressure ulcers
- v. nutrition and hydration
- vi. food hygiene
- vii. manual handling
- viii. adult support and protection
- ix. continence care, including the assessment for and procurement of containment products
- x. infection control

- c) Ensure that records are maintained detailing which training events have been attended and by whom.
- d) Develop a system to ensure that learning from training is implemented in practice and skills and competencies are achieved and maintained.
- f) Evaluate the training, which should include seeking feedback from people experiencing care about how well staff are caring and supporting them.

This is in order to comply with:

Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The Health and Social Care Standards, in particular standard 3.14 have been taken account of in making this requirement which state "I have confidence in the people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The management of the home was unsatisfactory.

There was a lack of effective leadership and management at all levels. While we recognised that the manager tried to share leadership with unit managers, the manager and senior team did not have an overview of the operational situation and care practices in the home.

There was a lack of planning for anticipated situations which would minimise the impact for residents and the staff teams. The management approach was reactive although management did not always recognise when situations needed addressed or take responsibility to resolve them. For example, the management team were unaware of the impact the shortage of kitchen and housekeeping staff was having on the quality of experiences residents had in relation to care and support, the environment and their nutritional needs.

Relatives felt that when issues were raised with the manager either directly or in meetings nothing changed and things did not improve. One relative said the manager's excuses were:

"oh it's the laundry, oh it's the kitchen".

Another relative said:

"..... there isn't a culture of continuous improvement and welcoming feedback to improve the service ...what you see is what you get ...no ownership to resolve issues".

The system for planning, communicating, recording and updating staffing duty rotas was ineffective. We found three different duty rotas in use within one unit listing who would be working on any given day and none of them matched each other. Thus staff were unsure as to who would be working and how many staff they would have for a shift.

There was a similar situation with the booking and deployment of agency staff. Units experienced many different agency staff rather than the same staff being booked for the same units. Booked staff cancelled at short notice or agency staff simply not turning up. Unit staff very often did not know if any agency staff had been booked until they arrived on the unit.

During the inspection the manager and support manager took steps to address the problems associated with agency staff bookings and some improvement was commented upon by staff.

However, staff did not feel supported and management did not provide adequate leadership, guidance, supervision and support to the nurse unit managers to ensure high standards of care and practice.

We advised the manager and management team to use the requirements from this report, the Health and Social Care Standards and professional codes to prioritise areas that must be improved to bring the service up to an adequate level. Thereafter the management team must develop an improvement plan for the coming year that starts to include residents and their families so that they can influence future improvements that matter to them.

(See requirement 1)

Requirements

Number of requirements: 1

1. In meeting this requirement people can be confident that they use a service that is well led and managed and that people are involved in influencing quality assurance processes.

By **31 October 2018** the provider must put into place effective systems for assessing and monitoring the quality of all aspects of the service, and ensure that:

- a) Management have a detailed operational plan for all areas of the home and prioritise issues and risks that require immediate managerial leadership and action.
- b) Management address identified issues and risks and implement an action plan detailing delegated responsibilities and timescales.
- c) Staff of all levels within the home are involved in promoting care practices that reflect best practice.
- d) A range of audits, checks and observation assurance, is used to gather information about the performance of the service, and this information is made easily available to the unit managers.
- e) Where these audits or checks are delegated, the manager has systems in place to monitor the quality of the work to ensure that it is of an expected standard.
- f) Following all audits and checks, there is a clear record of what areas for improvement were identified, what actions are to be taken to address those areas for improvement identified, timescales for the actions to be completed, and the person with overall responsibility for ensuring the necessary improvements are achieved.
- g) Information from individual checks or audits is analysed to identify patterns or trends which might indicate that further action is necessary to improve the service.
- h) Involve people using the service and their carers in determining improvements and evaluating actions taken.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 3 - a regulation regarding the principles of the Act.

The Health and Social Care Standards, in particular standards 4.23 and 4.19 have been taken account of in making this requirement which state "I use a service and organisation that are well led and managed" and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

The Nursing and Midwifery Council Code of Conduct has also been taken into account, in particular section 25.1 which states "identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first"

The new quality framework for care homes for older people has six key questions based on a quality assurance model. This may be useful for the home to inform their improvement plan and can be found at: www.careinspectorate.com/index.php/inspections/new-inspections

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

In order to ensure that the needs of the service users are met in a person centred way and reflect the individual needs and preferences of service users, the provider must ensure that:

- the assessed needs of service users in relation to care, including, for example, weight management, hydration, positioning, sleep preferences and activities are met
- personal plans and associated documents are completed accurately and timeously to reflect that care needs are being met and that evaluation and implementation of effective care is being carried out
- all staff are aware of the needs of service users and are able to competently provide information about these needs to colleagues at staff handover.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 1.51 which states ' My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' and HSCS 1.19, which states 'My care and support meets my needs and is right for me'. It is also necessary to comply with Regulation 4(1)(a) (welfare of service users) And regulation 5 (2)(b)(ii) (requirement about personal plans) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: For completion by 01 July 2018.

This requirement was made on 1 June 2018.

Action taken on previous requirement

We have incorporated aspects of this requirement into the requirements made in this report

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should ensure that the views and preferences of people who use the care service are reflected in the activities that are available.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' HSCS 1.23.

This recommendation was made on 1 June 2018.

Action taken on previous recommendation

The manager has submitted an action plan, however no progress has been made as during the inspection we saw no activities.

This recommendation is: **Not met**

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

This service does not have any prior inspection history or grades.

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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