

Victoria House Care Home Care Home Service

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Blantyre
Glasgow
G72 0AS

Telephone: 01698 338855

Type of inspection:

Unannounced

Completed on:

22 August 2018

Service provided by:

RAM 217 Limited

Service provider number:

SP2013012163

Service no:

CS2013320586

About the service

Victoria House Care Home is a purpose built care home situated In Blantyre close to local shops and amenities.

The accommodation was built in 1999 and has 50 en-suite rooms all on one level.

The service is provided and managed by RAM 217 Ltd and is registered to provide support to 50 older people with physical/sensory impairment and/or memory impairment or dementia. Three of the spaces may be used for people who require a respite placement.

The aims and objectives of the home state they shall "aim to provide the people we care for a secure, relaxed, calm, peaceful and homely environment in which their best interests and comfort are maintained and where their mental health needs can be met with dignity. We also recognise nor will we attempt to replace the homes that the people may have lost coming to live in Victoria House. This is why we will always encourage to make every living space as personalised as practicable."

What people told us

We spoke with residents during inspection who told us:

- "food is good and enough of it"
- "oh yes I am well looked after"
- "I like the company"
- "I go on outings on a Wednesday now and I have been out, local places, been to transport museum"
- "staff are nice, staff are good, fine"
- "manager is good, can talk to her if not happy about something"

We also spoke with visiting relatives who told us:

- "happy with the care"
- "activities are a problem"
- "food not great"
- "mum looks well, well presented, they phone me if any issues concerns"

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staffing?	not assessed
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

Staff should demonstrate the principles of the health and social care standards in their day-to-day practice however staff we spoke to did not know about these. (Area for improvement)

We observed warm relationships between residents and staff; staff treated them with dignity and respect and offered choices. However, when we observed staff support residents to walk around they were leading residents by the hand which is poor practice.

People have the right to choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. This is important as a stimulating environment promotes positive health and wellbeing. We found a lack of activities as we observed some residents asleep in armchairs and residents we spoke with told us "nothing much happening here". We expected an activity programme that reflected resident's personal interests and hobbies to encourage them to take part. This would maintain their individuality and increase socialisation. The activity co-ordinator did not have training in delivering activities. This would support them to offer person centred activities to meet resident's individual needs. (requirement)

Residents with communication difficulties did not have a clear care plan to ensure they had opportunities to participate and be involved in the home. Example was a resident who was blind and had guidance to ensure staff knew how to approach and engage with her but this was not always being followed. We asked the service to raise awareness of sensory impairment and how to support these residents. (Area for improvement)

We looked at covert medication and found poor recordings or no covert pathway in place. This was addressed during inspection. We were assured these would be discussed and reviewed by the GP the following day. Covert medication should be reviewed regularly to ensure it continues to be appropriate. (area for improvement)

Minutes of residents meetings noted residents were unhappy with some foods but did not say what foods they would prefer. A resident we spoke with told us "food is good usually but sometimes not to my liking". We have asked the chef be more involved in meetings to gather resident's views. We have also asked audits of the dining experience are carried out.

Requirements

1. The provider must ensure there is a stimulating environment. In particular you must ensure:

- there is evidence residents are involved in the development of an activity plan that takes into account their interests and hobbies
- activities are evaluated to ask residents if they enjoyed it or wanted to make changes
- all residents have the opportunity to go out if they wish
- the activity co-ordinator has training in delivering meaningful activities

This is to comply with Health and Social Care Standard 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like and
Regulation 4 (1)(a) of the Social Work Improvement Scotland (Requirements for Care Services)

Timescales: by 31 January 2019.

Areas for improvement

1. Staff should be familiar with the new Health and Social Care Standards.

This is to comply with Health and Social Care Standard 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

2. Staff should support residents with sensory impairments in an appropriate manner.

This is to comply with Health and Social Care Standards 1.19 My care and support meets my needs and is right for me.

3. Recording and review of covert medication should be improved.

This is to comply with Health and Social Care Standard 1.19 My care and support meets my needs and is right for me.

How good is our leadership?

4 - Good

Audits of all areas of the home were carried out with action plans developed for any issues identified. This gave the manager an overview of the service and meant any issues could be dealt with quickly. However it was unclear if identified actions had been completed as they were not being signed off as concluded.

Supervision records were poorly recorded with only a few lines written. The use of reflective practice would give staff an opportunity to discuss any training and development needs.

We were told of issues between staff at different levels and then staff in different departments and we discussed this at feedback. We have asked the management team to consider team building and ways to bring staff together.

Staff did not have name badges. This could make it difficult for residents and relatives to identify who was on shift particularly if they wanted to make a complaint or compliment about one of the staff.

We looked at complaints made to the service. There was an overview of complaints and actions taken and evidence of the manager's responses. However some recordings of complaints were missing and just had the manager's response and outcome. Improved recording of complaints and a better organised complaints folder would show how many complaints were made each month and be easier to monitor.

Two recommendations were repeated from the previous inspection:

- issues raised in team meetings should be dealt with and
- staff who work with residents should be trained to dementia skilled level.

Areas for improvement

1. Issues raised in team meetings should be dealt with.

Health and Social Care Standard 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisations codes.

2. Staff who work closely with residents should be trained to dementia skilled level

Health and Social Care Standard 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisations codes.

How good is our staff team?

This key question was not assessed.

How good is our setting?

4 - Good

The home was clean with no malodours. However we found improvements needed to some areas of the environment in particular the quiet lounge. The blinds were filthy and either needed cleaned or replaced, the wooden unit was chipped with a missing handle, tables were poorly set at breakfast with just a spoon on the table and we observed people eating toast from saucers.

This lounge does not feel homely and would benefit from improvements. There was a large window area with two broken window locks which we were assured would be fixed promptly.

In the assisted bathroom there was a mattress and a gazebo. This does not encourage residents to use this room as it is cluttered and messy. Area for improvement.

Areas for improvement

1. Improvements should be made to the identified areas.

This is to comply with Health and Social Care Standard I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

How well is our care and support planned?

3 - Adequate

There was a new care plan format and staff were in the process of transferring information from the old format to the new. The care plans had some good person centred information to guide staff to support residents in a consistent way. Consistency is important for residents especially if they are living with dementia.

However we did not find stress and distress plans in care plans we looked at. We would expect to find any identified triggers and strategies to guide staff to support the person safely. We also found care plans were not always updated when resident's needs changed and we discussed particular issues at feedback.

We found continence was managed and not promoted and we have asked the manager to explore how to improve this. This would promote dignity and has the potential to reduce falls and prevent skin breakdown leading to positive outcomes for residents.

This new format was outcome focused. This meant it identified how the support offered made a difference to the person's life. However the outcomes identified were not outcomes but tasks. There may be training needs around how to write in an outcome focused way and also how to complete the new care plan format.

Nurses were responsible for writing care plans which was difficult time wise. Nurses were meeting with carers to gather information about how residents preferred their care to be carried out and then writing the care plan. We have asked the management team to consider seniors and carers being involved in writing parts of the care plans as they work closely with residents and know their support needs.

Minutes of six monthly reviews remained an area for improvement. Minutes did not note if the resident was there or reasons why they did not attend. We expect minutes to provide a clear picture of the resident's life over the last six months and actions to be taken to maintain their care and support but this was inconsistent. (requirement)

Requirements

1. The provider must ensure that all resident's personal plans set out how their health, welfare and safety needs are to be met and these are fully implemented at all times. In particular you must:

- stress and distress care plans are in place
- covert medication pathways are fully completed and reviewed within guidelines issued by the Mental welfare Commission
- care plans are updated to reflect changes in resident's health and wellbeing
- continence care plans promote continence rather than manage it

- minutes of six monthly reviews clearly show if the resident has attended or not and give a clear picture of their life over the last six months including their views on the support they receive.

This is to comply with Health and Social Care Standards 1.15 my personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices. Regulation 5 (1) and (2)(b)(ii) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: by 31 January 2019.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The level of information in care plans should be improved to promote consistency and encourage independence. Care plans should be signed by the resident or their representative to show they have been discussed and agreed.

This area for improvement was made on 31 August 2017.

Action taken since then

New care plan format is person centred and identifies outcomes. However outcomes identified are not outcomes.

We still found a lack of signatures in care plans.

This is part of the requirement under 5.1 How good is our care planning.

Previous area for improvement 2

Minutes of six monthly meetings should include actions to be taken to ensure the service continues to meet residents needs.

This area for improvement was made on 31 August 2017.

Action taken since then

Review documentation still needs to be improved. We looked at a resident who had asked for more activities at his previous review and also the most recent review yet no actions were identified for meaningful activities for this resident. The document does not say if the resident was there or not and there were no records of discussions around episodes of anxiety.

This is part of the requirement under 5.1 how good is our care planning.

Previous area for improvement 3

Residents should have opportunities to access their local community if they wish.

This area for improvement was made on 31 August 2017.

Action taken since then

Residents now had opportunities to go out each Wednesday and we observed a resident out for 1-1 to get new clothes. However this remains part of the requirement around a stimulating environment as there was no clear evidence everyone had an opportunity to go out.

Previous area for improvement 4

The service should evidence new staff are competent before they work on their own with residents.

This area for improvement was made on 31 August 2017.

Action taken since then

The service had introduced a mentoring system for new staff. This meant they worked with them and the mentor guided them to ensure they put their training into practice. We looked at induction paperwork and could see new staff were signed off as competent.

This recommendation has been met.

Previous area for improvement 5

All staff who work closely with residents should be trained to dementia skilled level.

This area for improvement was made on 31 August 2017.

Action taken since then

Staff had not yet received this training. We have asked the service to start this as a matter of urgency.

This recommendation is repeated.

Previous area for improvement 6

Issues raised in team meetings should be developed into an action plan, with identified staff to deal with the issues within timescales.

This area for improvement was made on 31 August 2017.

Action taken since then

Issues raised in team meetings had action plans but these were not always signed off as completed.

This recommendation is repeated.

Previous area for improvement 7

The home should develop an improvement plan.

This area for improvement was made on 31 August 2017.

Action taken since then

An improvement plan had been developed. This was very detailed and identified areas for improvement.

This recommendation is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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