Victoria House (IOW) Limited

Victoria House

Inspection report

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Tel: 01983614515

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Victoria House is a residential care home providing personal care to 20 people aged 65 and over at the time of the inspection. The service can support up to 22 people. Victoria House provides all single bedrooms with ensuite facilities, suitable communal areas and access to an enclosed garden.

People's experience of using this service and what we found
People told us they were happy and felt safe living at Victoria House. People told us they felt staff were caring. Family members confirmed this view. Staff were observed to treat people with kindness and compassion.

People were supported to be as independent as possible. Their rights to dignity and privacy were maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

External health and social care professionals were very positive about the care and support provided by the staff and management team. Staff worked with other external professionals to ensure people received effective care.

Staff knew how to keep people safe from harm. Infection prevention and control measures were in place and followed by staff. People received their medicines safely and as prescribed.

Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs were met. Staff had received appropriate training and support to enable them to carry out their role effectively.

Risk assessments were completed for people and the home environment to help ensure safety.
People and staff were positive about the management of the service who were described as approachable and supportive. Any concerns or worries from people, family members or staff were listened to, addressed and used as an opportunity to make improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 27 December 2019 and this is the first inspection. The last rating for the service under the previous provider (Venetian Healthcare Limited) was Good, published on 28 March 2019.

Why we inspected
This was a planned inspection based on the length of time since registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Victoria House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Victoria House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by one inspector.

Victoria House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was on a period of planned extended leave. Therefore, deputy manager was temporarily managing the service and will be described in this report as the manager.

Notice of inspection
We gave a short period of notice for the inspection because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection
Before the inspection we reviewed the information, we had about the service, including previous inspection reports, registration reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who lived at Victoria House and four family members about their experience of the care provided. We spoke with one housekeeper, two care staff, the activities coordinator and one catering staff member. We also spoke with the manager and head of care. We carried out observations of people's experiences throughout the inspection.

We viewed the environment, looked at medicines management systems and records, recruitment records for three staff and assessed how the home was managing infection prevention and control. We looked at five people's care plans, individual risk assessments and daily records of care that had been provided for people.

After the inspection
We continued to seek clarification to validate evidence found. We reviewed additional information provided by the manager. This included a variety of records relating to the management of the service, including accident and incident records and policies and procedures, audits and information about staff training and support were reviewed.

We spoke with a further four care staff and with five health and social care professionals. We spoke with the providers nominated individual, the registered manager and clarified further information with the manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed, which protected people from the risk of abuse.
- People and their relatives said they felt safe using the service. A person told us "It's very safe here, the staff are all really kind. Day and night, they keep popping in [to my bedroom] to check I'm all right." A family member said, "I've no worries the girls [care staff] are all lovely."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the actions they would take if they witnessed or suspected abuse may have occurred. They told us, "If I had concerns, I'd go to [deputy manager] or [registered manager]. I could go higher in the company or to you [CQC] if needed."
- The manager understood the actions they should take should they have a safeguarding concern. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team. The local safeguarding team confirmed that safeguarding concerns had been reported to them and investigated appropriately with the service.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage foreseeable risks within the service, meaning people were effectively protected from the risk of harm.
- The management team [manager and head of care] told us they had identified there was a need to further develop the care planning, including risk assessments. For example, they had not completed risk assessments for people receiving blood thinning medicines, however these were completed during the inspection. We reviewed these and they showed risks were fully assessed to promote people's independence, whilst taking relevant action to mitigate risks of bleeding.
- Risks had been assessed and recorded, along with action staff needed to take to mitigate the risk. For example, risk assessments were in place for people at risk of falling,
medicines management, skin integrity, nutrition, dehydration and mobility. Daily records of care showed staff were following risk mitigation measures. Risks were managed in a way to ensure people were able to be as independent as possible and could enjoy activities they liked doing.
- Equipment was monitored and maintained according to a schedule. In addition, gas, electricity and electrical appliances were checked and serviced regularly.
- Fire safety risks and risks posed by asbestos and from water systems, had been assessed by a specialist and where necessary action taken to ensure the environment was safe.
- Fire detection systems were checked weekly. Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in an emergency. Staff confirmed they had received fire awareness training and understood the actions they should take should a

fire occur.

Staffing and recruitment

● Staffing levels were appropriate to meet people's needs and there were sufficient numbers of skilled and experienced staff deployed to keep people safe.

● During the inspection, we observed staff were available to people and responsive to their requests for support. There was a relaxed atmosphere in the home and staff had time to chat to people and support them in a calm and unhurried way. A person told us they felt there were enough staff and said, "Yes, I think there seems to be enough, always someone around."

● Staffing levels were determined by the number of people using the service and the level of care they required. The management team kept staffing levels under review and said the provider was happy for staffing numbers to be increased if required, such as if a person was receiving end of life care and required more individual support so as not to be alone. Staff told us they felt there was enough of them to meet people's needs and provide people with the support they required.

● People were supported by consistent staff. Short term staff absences were covered by a member of the management team or existing staff members undertaking additional hours. This meant people were cared for by staff who knew them and how they should be cared for.

● There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references, health questionnaire and investigating any previous gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

● Suitable arrangements were in place for obtaining, storing, administering, recording, disposing safely of unused medicines and auditing of medicines systems. Staff monitored fridge and room temperatures where medicines were kept, checking medicines were stored within safe temperature ranges.

● People confirmed they received their medicines as prescribed and they could request 'as required' (PRN) medicines when needed. Guidance was in place to help staff understand when to give them and in what dose. A person said, "Yes, the staff always remember my pills." Systems were in place to ensure that when additional medicines such as antibiotics were prescribed, these were obtained promptly meaning there were no delays in commencement of administration.

● Staff had been trained to administer medicines and had been assessed as competent to do so safely. The provider's procedure ensured this was reassessed at least yearly using a formal approach.

● There were effective systems in place to help ensure topical medicines were used as prescribed. The date topical creams had been opened was recorded, to help ensure they were not used beyond their 'use by' date. Care staff confirmed they had received training to ensure they understood how to correctly apply topical creams.

● Audits of medicines were undertaken to identify any discrepancies with stock levels and ensure records of administration were fully completed.

Preventing and controlling infection

● Appropriate arrangements were in place to control the risk of infection.

● Staff had been trained in infection control techniques and had access to personal protective equipment [PPE], including disposable masks, gloves and aprons, which we saw they used whenever needed. An external professional said, "Staff are always wearing masks and appear to be following COVID-19 procedures."

● We were assured that the provider was accessing testing for people using the service and staff. People told us staff supported them to complete regular tests for COVID-19. Staff told us they were tested several times a

week.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises and housekeeping staff completed regular cleaning in accordance with set schedules

● We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The provider's policies and procedures reflected current best practice guidelines.

● We were assured that the provider was preventing visitors from catching and spreading infections. Systems were in place to enable people to receive visitors who had undertaken a COVID-19 test and who were supported to use PPE correctly. All relatives we spoke with confirmed they were able to visit and that safe procedures were in place. Similar systems were also in place for any professional visitors who additionally had to provide evidence of vaccination prior to entry. One visiting professional said, "They [care staff] always check my temperature and that I've done my test [lateral flow test]. They check that I have received all my vaccines and I am given a mask."

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

Learning lessons when things go wrong

● There was a robust process in place to monitor incidents, accidents and near misses. This ensured all accidents or incidents were individually reviewed and prompt action could be taken should this be required. For example, when a person had had several falls, the GP was requested to visit and the person's blood pressure medication was reviewed.

● Staff told us they were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed before people moved to the home. This included where appropriate, consultation with other professionals involved in the person's care and family members. Care plans were then developed to include people's identified needs and the choices they had made about the care and support they wished to receive.
- Staff followed best practice guidance, which led to good outcomes for people. For example, they used recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Each person had an oral care plan in place and staff supported people in accordance with the latest best practice guidance on oral care.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Their diverse needs were detailed in their care plans, including gender preferences for staff support.
- The service made appropriate use of technology to support people. An electronic system allowed people to call for assistance when needed and movement-activated alarms were used to alert staff when some people moved to unsafe positions. Care staff used radios [walkie-talkies] to keep in contact with each other. They identified this helped ensure they met people's needs promptly and people received appropriate support in emergency situations.

Staff support: induction, training, skills and experience

- Staff who were new to care were not undertaking the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The manager told us the external training provider the service used no longer offered the Care Certificate, but commenced new staff immediately on a care diploma, which provided similar training. However, this could take up to a year to complete and during that time staff may not have a basic knowledge of all necessary aspects of care. We discussed this with the manager who undertook to explore options for staff to complete an introduction to care course as part of their induction at the home. Staff also completed a range of additional training to meet people's needs, which was refreshed and updated from time to time.
- New staff completed a period of shadowing more experienced members of staff.
- People were confident in the care staff's ability to support them. A person told us, "They [staff] know what they are doing and how to do it, I have confidence in them."
- Our observations of staff and discussions with them, indicated that they followed training provided when caring for people. For example, staff described how they supported a person who was cared for in bed. Their responses indicated they knew what care was provided and how this should be completed safely.
- Staff felt supported in their roles and received one-to-one sessions of supervision. These provided an

opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Records of such meetings showed a formal supportive approach was in use.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to eat a varied and nutritious diet based on their individual preferences. People were complimentary about the food, were provided with a choice of meals including snacks and told us they had enough to eat and drink. Comments from people included, "The food is very good, and you get a choice" and "There's plenty to eat".

● Individual dietary requirements and people's likes and dislikes were recorded in people's care plans and staff knew how to support people effectively.

● Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. External professionals were involved where required, to support people and staff and ensure people received meals in a suitable format to reduce any risks of choking.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

● People and relatives told us they were supported to access local healthcare services such as doctors or community nurses when required. This was confirmed in care files viewed. A family member told us, "I was contacted to let me know they had asked the doctor to visit and what the doctor had said."

● People's health needs were recorded in their care plans and contained information from health care professionals. A health professional told us they were consulted appropriately if staff had new concerns about people.

● Staff worked together to ensure people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff told us they received a handover of all necessary information and could access care plans should they wish to confirm any information.

● If a person was admitted to hospital, staff ensured key information about the person was sent with them, which was in an accessible file. This helped ensure the person's needs continued to be understood and met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● MCA assessments had been completed and showed where people did not have capacity to make decisions, such as for personal care and receiving medicines, decision specific records were made. These included consultation with those close to the person and decisions had been made in the best interests of the person. The manager recognised records needed to be improved to evidence the MCA was followed and said they were now completing similar assessments for others who may not be able to make all decisions

themselves.
● Where people had capacity to make decisions, we saw they consented with the proposed care and support. Care staff were following people's documented wishes.
● Staff were clear about the need to seek verbal consent from people before providing care or support. People's right to decline care was understood. Care staff said that, should people decline care or medicines, they would return a short while later to offer assistance again. Should people continue to decline they would encourage but respect the person's decisions and inform the management team.
● Where necessary, applications had been made to the relevant authority and nobody was being unlawfully deprived of their liberty. There were systems in place to ensure that renewal applications were submitted in a timely way prior to existing DoLS becoming out of date.

Adapting service, design, decoration to meet people's needs
● The home was suitable to meet the needs of older people with reduced mobility. Adaptations had been made within the structural limitations of the building. A passenger lift was provided to enable people to access all areas of the home. Suitable toilets and bathing facilities were provided.
● Bedrooms were all used for individual occupancy. Two larger rooms could be used as twin rooms should people specifically request this. People were supported to bring in items of their own furniture and personal fixtures and fittings should they wish to do so.
● There was access to an enclosed rear garden which we were told people enjoyed using in warmer weather. A garden room had been provided to facilitate safer visiting.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their family members described staff as, "friendly" and "caring". When asked about the staff a person said, "They are all wonderful, could not ask for better girls [care staff]." A family member told us, "They [care staff] all seem lovely, always cheerful and pleasant when they take me up to [relatives] room."
- Staff were willing to place people's safety above their own needs. In May 2020 when COVID – 19 was presenting a significant risk to older people, the registered manager and a team of staff moved into the home, some sleeping in tents in the garden, for approximately two months. This meant staff could not see their own families and worked long hours to keep people safe by preventing any unnecessary contact with potential sources of infection. This showed genuine warmth and care for people and a desire to do whatever was necessary to keep them safe.
- All external professionals felt staff were caring. One told us, "The staff seem caring, I've got no worries about them." Another external professional said, "The staff seem to know residents well and the residents have not said anything negative about the staff to me."
- We observed positive interactions between people and staff. Staff supported people in a friendly, calm and patient way. They consistently treated people with respect and spoke about them with affection. For example, we saw staff supporting people to walk to the dining room at lunch time. Staff were encouraging and ensured people did not feel the need to rush, supporting them at a pace suitable for each person.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Staff gave examples of how they had recognised people's diverse needs and respected their individual lifestyle choices.
- People were supported to follow their faith. The staff also put religious services on the television for the people who wished to participate in a service. Special religious days were celebrated. The home was supporting visits from local religious leaders where requested by people.

Supporting people to express their views and be involved in making decisions about their care

- People received personalised care and had the opportunity to be in control of their lives. People told us they felt their views were sought, listened to and respected. One person said, "Anything you want and the staff go and get it there and then."
- People were regularly involved in discussions and kept informed about any planned events at the home. The minutes of a recent residents meeting showed people were asked their views on topics such as menus, activities and anything else they would like to improve or change about the home.
- People were supported to maintain and develop relationships with those close to them. One family member said, "I have always been kept informed about anything like doctor's visits and have been able to

visit each week. When we couldn't visit last year [due to national visiting restrictions in place] I was able to see [my relative] through a window and talk with them on the phone at the same time."

● The manager was aware of how to request the services of independent advocates, if needed. Advocates can be used when people have been assessed to lack capacity under the Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

● Care was provided in a way that respected people's privacy and dignity. People were supported to be as independent as possible.

● When asked if staff respected their privacy and dignity a person said, "Yes, always." A staff member said they, "Would always keep people covered up as much as possible" when providing personal care. Care staff told us they used 'do not disturb' signs on doors when providing personal care, to help ensure privacy was maintained. All bedrooms were for single occupancy, meaning personal care would be provided in privacy.

● People had been asked if they had a gender preference regarding staff who might be providing personal care support. Care staff confirmed they knew who preferred personal care to be provided by staff of a specific gender. A family member told us their relative wished to have only female staff for personal care and this was always met. Respecting people's choices about the gender of staff, helped ensure people's privacy and dignity was met.

● Staff encouraged people to be as independent as possible. For example, the manager had recently updated a person's care plan to include individual detail as to what a person could do for themselves and what they required staff to support them with.

● Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. Information held on the computer was password protected. This demonstrated people's confidential information had been stored appropriately in accordance with legislation.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their needs were met consistently and this was confirmed by family members and external professionals.
- Care plans had been developed for each person. Although existing care plans detailed people's needs, the manager had identified areas they could make them more person centred. They were reviewing and updating care plans at the time of this inspection. Updated parts of care plans seen provided detailed information to enable staff to support people in a personalised way.
- Staff understood people's needs, wishes and preferences and could explain them to us. For example, they described in detail how they supported a person who was cared for in bed due to medical needs.
- People were empowered to make their own decisions and choices and people confirmed they could make choices in relation to their day to day lives; for example, what time they liked to get up or go to bed, what they ate and where they spent their time.
- Staff were clear that they were led by the person's wishes. For example, a staff member told us, "We always ask what [people] would like to do."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us staff listened to them. One person said, "I can always talk to them [staff] if I need to." They added, "The masks [PPE] make it hard for me to understand sometimes because I'm a bit deaf, but they keep trying."
- People's communication needs were identified and recorded in their care plans within a communication section. This included information such as any vision or hearing loss and how this may affect the person.
- We observed the manager and staff interacting with people. It was evident that staff understood the best way to present information or choices to people, so that they could understand and respond appropriately.
- The manager confirmed that information could be given to people in a variety of formats, including large print if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities available to people, providing physical and mental stimulation.
- An activities coordinator was employed covering four days a week. They described how individual and

group activities were provided. Special cultural days were celebrated and a range of themed days had been organised. This was a whole home approach with activities, decorations and food related to the named country.

● Individual assessments and care plans included information about people's life histories and leisure activity interests. This helped care staff to be aware of topics the person may wish to talk about or things they may be interested in.

● Internet access via WIFI was available throughout the home meaning people could use this to keep in contact with family members who could not visit regularly. Family members confirmed they had been supported to keep in contact with their relatives when visiting had been restricted due to COVID -19. The home was following all relevant government guidance to support safe visiting.

End of life care and support

● Although no-one was receiving end of life care at the time of this inspection, the manager spoke positively about their desire to provide people with high quality care at the end of their lives. This helped ensure they experienced a comfortable, dignified and pain free death.

● People's end of life wishes were discussed with them and their families and recorded in their care plans. This included information as to where people would like to be cared for and if they would wish to be admitted to hospital.

● The manager shared thankyou cards received from relatives of people who had received end of life care at the home in 2021. These included comments including, 'You have looked after her with such compassion, care and kindness and it has given us such peace of mind to know she has been well looked after' and, 'Your dedication and commitment is truly inspirational.'

● Some staff had received specific end of life care training. The manager had links with the local hospice and was aware of how to access additional training and support should this be required.

Improving care quality in response to complaints or concerns

● People's views about the service were welcomed by the manager.

● People were given information about how to complain or make comments about the service. This information was available for people along with other relevant information in the entrance hall of the home. Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a response provided to the person who made the complaint.

● People told us they had not had reason to complain but knew how to if necessary. A family member said, "I've got no worries but I would feel able to say something to [name of manager]." People and other family members said they would not hesitate to speak to the staff or the manager if needed.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were extremely happy with the service provided at Victoria House and felt it was well managed. One person told us, "I like it here, It's not the same as home but it's next best." A family member said, "I can only say that I remain impressed with the care given to my relative and would have no hesitation recommending them."
- A person told us they were aware of who the manager was and would feel comfortable speaking to them about anything. Relatives also confirmed they knew who the manager was. External professionals said they felt the management team were responsive and they felt confident to raise any concerns to them.
- People, relatives and external professionals all said they would recommend the home as a place to live.
- The manager explained they had an open-door policy and an inclusive culture to ensure staff or people/relatives could raise concerns or make suggestions. Throughout the inspection they demonstrated a good knowledge of the people living at Victoria House, showing they had taken time to get to know them all individually.
- Staff were proud of the service. All said they would recommend the home as a place to work and would be happy if a family member received care there.
- The management team ensured all people and staff were treated fairly and were not discriminated against due to any protected characteristics.
- The provider said their goal was to, "Provide the best possible service and for people to be safe." Our observations and discussions with staff demonstrated that these values were embedded in the culture of the service and were adhered to by staff. The registered manager said they were proud of how the whole staff team had responded and was continuing to respond to the challenges faced at this time in a positive way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Registered persons are required to notify CQC of a range of events which occur within services. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and significant events as required.
- The manager was aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

● There was a clear management structure in place which included the nominated individual, the registered manager, a deputy manager and a head of care. The nominated individual is responsible for supervising the management of the service on behalf of the provider. At the time of this inspection the registered manager was on a period of planned extended leave but was in regular contact with the provider and manager. The manager and head of care had detailed knowledge about people living at the service and made sure they kept staff updated about any changes to people's needs. All members of the management team had clearly defined roles and responsibilities and were actively involved in the running of the service.

● There were quality assurance procedures in place, which included audits of care plans, infection control, medicines, the environment and accidents and incidents. These were completed by the manager or head of care and then reviewed and approved by the nominated individual.

● Policies and procedures were in place to aid the smooth running of the service. The provider had a range of policies, procedures as well as audit and monitoring tools which were updated whenever required by changes in best practice guidance. These were then amended, if necessary, to reflect the procedures in place within the home. Processes were in place to ensure these policies and procedures were available to and understood by staff.

● There was a consistent staff team and staff worked well together. Staff understood their roles and were provided with clear guidance of what was expected of them at each shift. Staff communicated well between themselves to help ensure people's needs were met. Care staff told us appropriate and relevant information was provided to them before the commencement of each shift.

● The previous performance rating was prominently displayed in the entrance area of the home and on the provider's website.

● The provider had high expectations about standards of care the service provided. People, relatives and staff confirmed this was achieved. Staff were motivated and committed to providing a person focused service.

Working in partnership with others

● The manager and staff had links to resources in the community to support people's needs and preferences. This included links with local voluntary groups and local statutory services. These were accessed where appropriate, to meet people's individual needs.

● The manager was clear about how they could access support, should they require this. This included from social services or health providers. They demonstrated an "open" attitude to seeking support. For example, they described how they had followed the advice of a deprivation of liberties assessor in relation to improving the way the home implemented the Mental Capacity Act. This showed they were willing to listen to, learn and take action to make improvements where necessary.

● An external health professional told us they were contacted appropriately and that the management team and staff followed their guidance and suggestions.