

Victoria Manor Nursing Home Care Home Service

63 Albert Street
Edinburgh
EH7 5LW

Telephone: 01315 536 868

Type of inspection:
Unannounced

Completed on:
25 March 2024

Service provided by:
HC-One No. 1 Limited

Service provider number:
SP2016012770

Service no:
CS2016349832

About the service

Victoria Manor Nursing Home is a care home for older people, provided by HC - One No.1 Limited and is registered for up to 118 places.

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. Each building has two units, one on the ground floor and one on the first floor. All the rooms have en-suite toilet facilities. Each unit has dining and lounge areas with a kitchen along with communal bathrooms and toilets. Access to outside areas is available on the ground floors. There is a communal courtyard garden with seating.

About the inspection

This was an inspection to follow up two requirements which took place on 20 March 2024 between 9pm and 10:45pm and 21 March 2023 between 9:45am and 4.15pm. The inspection was carried out by two inspectors from the Care Inspectorate. At the time of our visit the service was supporting 116 people.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and two of their family members.
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- We observed people being supported in a kind and compassionate way.
- Record keeping had improved. There were improved quality assurance systems in place to identify actions required in relation to record keeping.
- Incidents of harm and potential harm had been acted upon and referred to appropriate agencies.
- Staff had participated in development sessions to improve their knowledge skills in relation to record keeping, continence care and adult support and protection legislation.

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

Requirements

Requirement 1

By 29 January 2024, the provider must ensure that written information is accurate and up-to-date to support positive outcomes for people experiencing care.

To do this, the provider must, at a minimum ensure:

- a) staff can demonstrate in their practice an ability to maintain accurate records;
- b) support plans contain detailed information on how people are to be supported with continence care;
- c) care records contain detailed and accurate information on how people have been supported with continence care;
- d) when there are concerns about people's health and wellbeing there is a system in place to monitor and record people's condition and observations;
- e) ensure when people's care needs change, or when people's health deteriorates, appropriate health professionals are contacted and records detail this information, decisions made and follow up actions. If actions are identified these should be implemented with appropriate records kept.

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

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 15 November 2023.

Action taken on previous requirement

This requirement was made following a visit to the service in relation to a complaint investigation which took place 31 October 2023. The provider submitted an action plan which detailed how the requirement would be met to ensure positive outcomes for people experiencing care. We previously visited the service on 30 January 2024, the requirement was extended until 18 March 2024 to allow further time for improvement.

The manager and senior managers told us that work had been completed with the staff team in relation to the importance of record keeping. We could see evidence of supervision and meetings with staff covering the importance of record keeping and accountability. Record keeping had improved and we were able to see how people had been supported. Staff we spoke with understood the importance of record keeping and told us how this had improved.

Managers told us that continence care plans had been updated to detail people's needs. We could see evidence that care plans had been updated and contained information on how people were to be supported with their continence needs. There was evidence that staff had completed training in relation to continence care. Staff told us how this had a positive impact on their practice. We were reassured that there was ongoing sessions with staff to make further improvements in this area.

There was evidence that the service was contacting appropriate professionals when there were concerns about people's health and wellbeing. Records detailed what action was agreed. A relative told us they were confident staff took actions to address any health concerns and kept them updated.

We observed a daily meeting which provided an opportunity to discuss any concerns about people's health and agree appropriate actions. There were systems in place to check actions agreed had been implemented.

There were improved quality assurance systems in place to review records. We were reassured that if there were gaps in record keeping that this was addressed quickly. It is important that these quality assurance systems remain in place to support ongoing improvement.

Met - outwith timescales

Requirement 2

By 29 January 2024, the provider must improve the recording and reporting of incidents and protection concerns to ensure people are safeguarded from harm.

To do this, the provider must, at a minimum:

- a) ensure staff recognise and report incidences of harm or potential harm;
- b) ensure staff complete accurate records of harm or potential harm without delay, including details of any injuries identified;
- c) ensure other agencies and regulatory bodies are notified of harm or potential harm, in accordance with local and national reporting requirements and timescales;
- d) as appropriate, ensure people and/or their representative are provided with accurate information about harm or potential harm, and the actions taken to safeguard people;
- e) ensure incidences of harm or potential harm are fully investigated to identify possible root causes, contributing factors and the actions needed to safeguard people.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 15 November 2023.

Action taken on previous requirement

This requirement was made following a visit to the service in relation to a complaint investigation which took place 31 October 2023. The provider submitted an action plan which detailed how the requirement would be met to ensure positive outcomes for people experiencing care. We previously visited the service on 30 January 2024, the requirement was extended until 18 March 2024 to allow further time for improvement.

Additional learning had been completed with staff on adult support and protection legislation. We were reassured that staff had an improved understanding of this legislation. Staff were able to tell us how they would escalate concerns to ensure people were protected from harm and potential harm.

We reviewed incidents which had taken place and could see that referrals had been made to the appropriate agencies. We could see evidence of the service considering actions to reduce risk of reoccurrence and support positive outcomes for people.

A relative we spoke with told us that staff always contacted them if any concerns arose. We could see evidence that people's representatives had been updated appropriately.

We saw evidence of improved quality assurance processes in place to review incidents of harm and potential harm. There was improved management oversight to ensure appropriate action was taken in relation to any incidents that had occurred. We observed a daily meeting where incidents and any concerns could be discussed to determine what actions were required to protect people from harm.

Met - outwith timescales

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

To support people's safety, the provider should ensure that people are supported with appropriate moving and handling techniques in line with best practice. This includes, but is not limited to, assessing staff practice and competency and ensuring care and support plans contain detailed information as to how a person is to be supported with moving and handling.

This is to ensure care and support is consistent 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.

This area for improvement was made on 27 June 2022.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 2

People's choices and preferences should be recorded in their personal care and support plan. This would give guidance to staff what should be offered and encouraged.

This is to ensure care and support is consistent with Health and Social Care Standard 2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me.

This area for improvement was made on 21 November 2022.

Action taken since then

Personal care and support plans contained information on people's choices and preferences. We were reassured that care plans had been updated and there was quality assurance systems in place to review how people had been supported with personal care.

Previous area for improvement 3

The service should review the locking mechanisms on the bedroom doors and for staff to have access to rooms at all times. Risk assessments should be immediately undertaken, which would ensure people were kept safe.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This area for improvement was made on 21 November 2022.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 4

People's wishes and preferences at end of life care should be discussed with the person and their family, to ensure key information is recorded in an anticipatory care and support plan, and provides guidance to staff as to people's wishes.

This is to ensure care and support is consistent with Health and Social Care Standard 2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me.

This area for improvement was made on 21 November 2022.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 5

New wounds/lacerations should be regularly assessed for signs of inflammation and infection.

This is to ensure care and support is consistent 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.

This area for improvement was made on 21 November 2022.

Action taken since then

Records showed that wounds had been assessed regularly and referred to appropriate agencies. There was quality assurance processes in place to ensure appropriate wound care was provided. Regular meetings allowed for wounds to be discussed to determine what actions were required to support people's health and wellbeing.

Previous area for improvement 6

To provide clear oversight of auditing and actions, the service should use a tool providing details of all audits and specific, measurable, achievable and a time framed action plans from these.

This is to ensure care and support is consistent with Health and Social Care Standard 4:19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems.

This area for improvement was made on 27 March 2023.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 7

The service should ensure that topical medications are stored appropriately with names and the date of opening recorded on them and records made when applied.

This is to ensure care and support is consistent with Health and Social Care Standard 1:19: My care and support meets my needs and is right for me.

This area for improvement was made on 27 March 2023.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 8

The service should put a system in place to ensure that locks on rooms, cupboards and trolleys used to store medication are in working order and are being used.

This is to ensure care and support is consistent with Health and Social Care Standard 5:17: My environment is secure and safe.

This area for improvement was made on 27 March 2023.

Action taken since then

This area for improvement has not been assessed and remains in place.

Complaints

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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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