Victoria Lodge (Select) Limited

Victoria Lodge

Inspection report

41 Bent Street
Brierley Hill
West Midlands
DY5 1RB

Date of inspection visit:
06 June 2019
07 June 2019

Date of publication:
24 June 2019

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 Lodge is a residential care home that provides care for up to older people, some of whom are living with dementia. 59 people lived at the service when we visited.

People's experience of using this service:
People were supported by staff that were caring, compassionate and treated with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people. Staff were very knowledgeable about people's changing needs and people and their relatives confirmed that changing needs were addressed.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People told us the atmosphere at the home was relaxed and calm.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below.
Rating at last inspection: Good. (Report Published 20 July 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating of good at the last inspection.

Enforcement:

No enforcement action was required.

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

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

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 Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014'.

Inspection team: The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Service and service type: Victoria Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People using the service are older adults, some with dementia or a sensory impairment. At the time of inspection, there were 59 people living at the home.

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.

Notice of inspection:
The inspection was unannounced. We visited the location on the 06 and 07 June 2019.

What we did: We reviewed the records held on the service. This included the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection we looked at four people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, staff supervision activity, staff

training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance and overview information about the service.

We spoke with eight people living at the service and six relatives. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We spoke with three care staff, senior care staff member, housekeeper, kitchen staff member, deputy manager, registered manager and area manager. We also spoke with 3 social care professionals about their experience of the service.

Good

Is the service safe?

Our findings

Safe- this means that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes
• People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
• The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "There are many types of abuse such as financial, physical and institutional. Sometimes abuse can go unnoticed, so we have to be diligent.
• People and their relatives explained to us how the staff maintained their safety. One person told us, "Yes I feel safe" another person told us, "Since I've been here, I could not have had better care." One relative told us, "I think they do their best for [Name]. I come at different times, there is no routine, so they don't know when I'm coming. I don't feel worried when I leave here."

Assessing risk, safety monitoring and management
• The environment and equipment was well maintained. Individual emergency plans were in place to ensure people were supported in the event of a fire.
• Risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risk of harm. For example, a resident's care plan had a skin integrity assessment, it detailed potential risks such as lesions and itchy skin. It contained clear instructions for staff to follow if a number of symptoms were discovered. The care plan also confirmed that the resident was to be checked hourly during the night, we checked the daily notes, and this confirmed that this was taking place.
• Staff understood where people required support to reduce the risk of avoidable harm. One staff member told us, "The risk assessments provide us with the information we need to keep people safe".
• The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective.
• Where people experienced periods of distress or anxiety staff knew how to respond effectively. One staff member said "[Name] can get very distressed at times and will be verbally abusive. I know how to calm them, I will distract [Name] with things I know they like such as music and just reassure [Name] until they are relaxed". Another staff member told us, "When [Name] gets distressed I will offer to do her makeup she likes things like that and this reassures her".

Staffing and recruitment
• There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "Whenever we visit there is always enough staff helping people".
• Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated

regularly as people's individual needs changed.
• Relatives told us people received care in a timely way. One relative told us, "The staff are very attentive, they respond to [Name's] needs in a timely manner."
• Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Baring Service (DBS) checks.

Using medicines safely
• Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
• Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
• Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
• Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these.
• People's medicines were safely received, stored and administered The management team completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff. One audit record showed a medication record had a missing signature, this was raised with the staff member and recorded. The provider's pharmacist had recently completed a medication audit, the pharmacist told us, "I have been working with the home for three years and they have made great progress. The staff are receptive to training and suggested improvements. During my recent medication audit, I scored the home ninety nine percent due to the high standard of medication management and administration".

Preventing and controlling infection
• Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
• People told us staff practiced good infection control measures. People were protected from cross infection. The service was clean and odour free. One relative said, "No issues, whenever we visit the home is clean."
• A Food Agency inspection in February 2019 awarded the service the highest rating of five out of five.

Learning lessons when things go wrong
• Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, following an incident when one person had fallen the person's falls risk assessment had been updated. The resident was moved to a more suitable bedroom that had better access to the communal areas, the room also had a low bed and crash mattress installed.

Good

Is the service effective?

Our findings

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

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.
• People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
• Care was planned, reviewed and delivered in line with people's individual assessments.
• Assessments of people's needs were comprehensive and expected outcomes were identified. People's care plans lacked evidence that regular reviews were taking place with people, relatives and healthcare professionals. We saw care staff did record peoples changing health conditions, and people and relatives we spoke to confirmed they were involved in the development of the service they received. The home had recently undertaken an internal audit and had identified that improvements were required in relation to recording reviews. We saw that the home had started to implement new care planning templates with dedicated sections for reviews to be recorded.
• Staff applied their learning effectively in line with best practice, which led to good outcomes for people. One relative said, "They know how to manage people who have dementia, they ensure that they still have their impendence"

Staff support: induction, training, skills and experience
• People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments. One staff member told us, "I've recently completed Mental Capacity, Dementia Awareness and Safeguarding. We have someone who visits the home to conduct training sessions".
• New staff had completed a comprehensive induction. Their comments included; "If I wanted to, I could have had the induction period extended, management are very supportive. I never felt uncomfortable asking questions, everyone is very helpful".
• New staff were well supported and either had health care qualifications or were completing a nationally recognised qualification, The Care Certificate. This covered all the areas considered mandatory for care staff.

• Staff felt well supported and had regular supervision and an annual appraisal to discuss their future development. One staff member told us, "We have regular supervisions, we can discuss any concerns, our development and extra training. You can approach the deputy or registered manager at any time, you don't have to wait for your supervision". Another staff member told us, "The supervision sessions are very productive, they are not just a tick box, they will ask me how I'm feeling and what my goals are".

Supporting people to eat and drink enough with choice in a balanced diet

• People were supported by staff to maintain good nutrition and hydration.
• People had choice and access to sufficient food and drink throughout the day, food was well presented and people told us they enjoyed it. Their comments included, "The food is excellent. We have a choice. This morning I had cornflakes, and bacon and eggs. They come round and ask you what you want.", "The meals are good. I'm diabetic, so I have yoghurt instead of cake."
• People and their relatives feedback about food was sought regularly by staff asking people and making observations during lunch and dinner times. In addition, people and their relatives completed feedback questionnaires. One relative told us, "The food has improved over the years. Proper meals are cooked. [Name] has pureed meals, and has a bit at a time, she has a good, varied diet."
• Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the persons food and fluid intake and liaising with other professionals. One staff member told us, "Each person has a foods a fluid chart. So we know which residents are diabetic, have allergies or risk of chocking. For example, if someone is at risk of chocking there will always be a staff member assigned to observe and assist them during meal times".

Supporting people to live healthier lives, access healthcare services and support
• People had access to healthcare services and professionals according to their needs. These included their GP, district nurse, dietician and a speech and language therapist (SALT). People could access optician and dental visits.
• Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative told us, "The district nurse comes in regularly." They went on to tell us that their relative had become seriously ill earlier in the year. They gave an example of an occasion when paramedics had been called and that discussions had led to a best interests decision meeting to avoid a hospital admission. They were very happy with this outcome.
• Staff told us they were confident that changes to people's health and well-being were communicated effectively.

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 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. The application procedures for this in care homes and hospitals are 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 were being met.
• Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. DoLS applications had been undertaken and submitted for all service users. This was because people were not free to leave the service unsupervised because they would not be able to keep themselves safe. We checked four people who had a DoLS authorised and staff acted in accordance with this.
• Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
• People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

Adapting service, design, and decoration to meet people's needs

• The premises provided people with choices about where they spent their time.
• The service had considered the impact decorations such as pictures and floor coverings could have on people living with dementia.
• Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
• Corridors were wide and free from clutter.

Good

Is the service caring?

Our findings

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

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 received care from staff who developed positive, caring and compassionate relationships with them. Each person had their life history and individual preferences recorded.
• People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
• Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "These people [Staff] make you feel better. I can't fault them at all.", "The least little thing and they [Staff] are on it. Any problems and before you know where you are there's half a dozen of them.", "I've been treated like royalty. I'm being spoilt today. I was cold so they got me this beautiful shawl.", "The staff and seniors are golden to me. If I need anything, or I need to talk I can let them know. If they see I've been crying they've been comforting", "They are very good to me. I love knitting, and wool just appears in my room. It's very good of them, I do appreciate it."
• Staff were kind and understanding towards people. One relative told us, "[Name] can be challenging at times but they are always patient with her"
• The provider had a religious and cultural policy handbook. This detailed many different religions, beliefs and cultures. When we asked staff members about residents who had religious and cultural needs they were very knowledgeable about these topics. For example, a resident had a religious belief that resulted in them abstaining from particular food items and medical treatment. A staff member told us, "[Name] does not eat [particular food item] due to their religious belief, they also have an advanced directive which has been signed. If they are hospitalised, we need to make the health professionals aware. We have also made arrangements for [Name] to attend her place of worship, we call them to let them know we are coming. We also have continued discussions with [Name's] relatives, we are sensitive to some of the activities we conduct could be against [Name's] religious belief so we always check with the family".

Supporting people to express their views and be involved in making decisions about their care
• Relatives confirmed staff involved them when people need help and support with decision making. People and relatives told us they felt listened to.
• Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids.
• The registered manager has an open-door policy and met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response. A relative told us, "The deputy and manager are always approachable, you can speak to them and they are always willing to listen".

Respecting and promoting people's privacy, dignity and independence

• Staff showed genuine concern for people and ensured people's rights were upheld.
• Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, during personal care covering people with a towel, making sure curtains and doors are closed; respecting when a person needed space.
• People's confidentiality was respected and people's care records were kept securely.
• People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One relative said, "From what I've seen everyone is treated like an individual, they know about people's preferences". A staff member said "People and their relatives should have a say in how the care is provided. People and relatives talk to us all the time so we know if there has been a change to a preference or request".
• People were empowered to have as much control and independence as possible, including developing care and support plans. A relative told us, "We feel involved in decisions.They phone us up and let us know if there are any changes. I can't fault them." Another relative told us, "I'm updated as soon as I come in. And they phone me so that [Name] can talk to me on the phone."
• Staff were knowledgeable about people and their needs.
• Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
• There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. If required care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
• People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.
• People were supported to take part in activities within the home or access the community. During our inspection people were involved in an exercise activity and later in the afternoon a singer visited to entertain the residents. People had the opportunity to participate in games, knitting and singing. An activities board displayed the planned activities for the week. People that were able to do so had the opportunity of accessing the community with the support of staff members, for example going out for a meal, the local pub or theatre. One person told us, "We go out on trips in a minibus, sometimes for a drive and a stop off for a coffee". Another person told us, "We get together and have a sing. We have a bit of fun. Or I can sit here and relax.", A relative told us, "They had a lovely do on Valentine's day. They were giving roses to everyone, and there was singing."

Improving care quality in response to complaints or concerns
• People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management. We reviewed a recently completed relative survey, response were positive, recorded comments included, '[Name] eats well so all is well', 'After three years here I feel so lucky to have found this beautiful home for

her. Incredible staff, fabulous environment'. '[Name] seems happy with the menu selection'. 'The staff that I have met have always been polite and very helpful'.

• People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open.

• People said staff listened to them and resolved any day to day concerns. The provider had a complaints policy and procedure that was on display. We reviewed a concern raised by relatives about the number of people coming into the visitor's room. The relatives were contacted, and a new policy was implemented by the home that only two visitors were allowed in the visitor's room at any one time. This ensured that relatives using the room had privacy when meeting with people. In addition, the home advised relatives that they could also go into resident's bedroom's or use the reception area.

End of life care and support

●The registered manager informed us no one was receiving end of life care at the time of our inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care. If required, they would be able to put these arrangements in place.

Good

Is the service well-led?

Our findings

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

The service was consistently managed and well led. Leaders and the culture they created promoted high quality, person centred care.

Planning and promoting person-centred, high-quality care and support, and understands and acts on duty of candour responsibility.

- People, relatives and staff expressed confidence in the management team. One relative told us, "The management team are very good, they always come you to see how things are going." A staff member told us, "The deputy and manager have great passion about the home and how we support people." A relative told us, "From day one the deputy manager has been understanding and very helpful, listening to any concerns we have and offering us advice".
- Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "I feel comfortable raising concerns". Another staff member said, "The managers and seniors are there for advice or reporting any issues or concerns".
- The registered manager was aware of the legal responsibility to notify us of incidents that occurred at the service. The ethos of the service was to be open, transparent and honest. The registered manager and deputy manager worked alongside staff and led by example.
- The provider had submitted a Provider Information Return (PIR) to us within the timescale we gave, and our findings reflected the information given to us as part of the PIR.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager and staff understood their roles and responsibilities. The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager and staff. There were clear lines of responsibility across the staff team.
- Staff felt respected, valued and supported and that they were fairly treated.
- A training matrix monitored that staff were up to date with training and planned future training needs.
- Staff were required to read policies and procedures, we saw recorded evidence that this had occurred.
- The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

Engaging and involving people using the service, the public and staff.

- People, relatives and advocates feedback was sought through a survey. Responses showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements

could be made to the quality of care and support offered to people.
• Staff reported positively about working for the service and did not identify any areas for improvement.
• Relatives were positive about resident and relative meetings. They found it was a good opportunity to meet others and share their views. Suggestions had been made for a male barber to visit the home. As a result, the home has a arranged for a male barber to regularly visit the home in addition to the female hairdresser.
• The registered manager consulted with staff, at supervision meetings and staff meetings, to get their views and ideas on how the service could be improved. Staff were proud to work for the service, one staff member told us, "I think the best thing about the home is the standard of care and having passion for people". A staff survey showed staff reported positively about working for the service and did not identify any areas for improvement. A staff member said, "The team work is very good, we are all willing to help each other.

Continuous learning and improving care.
• The provider and registered manager used a quality assurance audit system to monitor the quality of the service and this information was shared with staff.
• The provider and registered manager had an ethos of continuous learning and provided regular learning opportunities for staff.
• The registered manager and deputy manager had implemented a task sheet which is given to each staff member before their shift, feedback about the new document was positive. One staff member told us, "I like the task sheet because you know what your tasks are for the day. Everyone knows what they have to do so no tasks are missed during the day".

Working in partnership with others
• The registered manager had a communication network to help the service work in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's. During the inspection we spoke to a nursing health care professional who visits the home on a regular basis, they told us, "I support the home with best practice delivering training and offering guidance. The manager, deputy and staff here have made a real effort to learn and engage with the process. The standard of care and understanding has improved. The home is making real progress and it is a joy to visit the home".