

Select Health Care Limited

Victoria Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Our inspection took place on 11 & 12 May 2016 and was unannounced. Our last inspection of the service took place in March 2015 and the provider was rated as Requires Improvement.

Victoria Lodge is registered to provide accommodation and personal care to a maximum of 63 older people who may have a diagnosis of Dementia. At the time of the inspection there were 59 people living at the home.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt there were not enough staff to meet their needs and that they had an extended wait when support was needed. However, we observed that there were sufficient numbers of staff available. We saw that staff had undergone appropriate recruitment processes to ensure they were safe to work and had access to ongoing training and supervision to support them in their role.

We saw that staff had received training in how to give medication and were observed doing this by the registered manager to ensure they remained competent in this. However, we found there were errors in the recording of medication given that meant the provider was unable to evidence these medications had been given as prescribed.

People were given choices by staff and had their rights upheld in line with the Mental Capacity Act 2005. Where people lacked capacity to make decisions, best interests meetings were held to ensure their rights were maintained.

We saw that choices were given at mealtimes but people had expressed that they were not always satisfied with the meals made available to them. We saw that the registered manager was taking action to improve the quality of food.

Staff had a kind and caring approach. People told us they were treated with dignity and we saw that people had access to advocacy services when required. Staff had a good understanding of people's needs and knew their preferences with regards to their care.

People were aware of how to make complaints. We saw that no complaints had been made but the registered manager could explain how any complaints would be managed.

Systems were in place to monitor the quality of the service. Where areas for improvement were identified, these were acted upon by the registered manager. We saw that people and their relatives were given

opportunity to feedback on the service they were provided with and that suggestions made were implemented.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People felt there were not always enough staff available to meet their needs in a timely manner.

There were errors in the recording of medications that meant the provider could not evidence medication had been given as prescribed.

Staff had a good understanding of how to safeguard people from abuse and support people to manage risks.

Is the service effective?

Good ●

The service was effective.

Staff had access to training and supervision to support them in their role.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were given choices at mealtimes and their feedback about meals had been listened too and acted upon.

People had access to healthcare input where required to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

Staff had a caring approach and had friendly relationships with people living at the home. People were treated with dignity.

People were given choices and involved in their care.

People had access to advocacy services where required.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care.

Activities were available for people to take part in and people were supported to access the community.

People had been made aware of how they could make complaints.

Is the service well-led?

Good ●

The service was well led.

People spoke positively about the leadership at the home and staff felt supported by the registered manager.

People were given opportunity to feedback on the service they were provided with and suggestions were acted upon.

Audits were completed to monitor the quality of the service.

Victoria Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 May 2016 and was unannounced. The inspection was carried out by two inspectors.

We reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home.

We spoke with five people living at the home, four relatives, four members of staff, a visiting health professional and the registered manager. As some people were unable to tell us their views of the service, we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's care records, two staff recruitment files and 11 medication records. We also looked at records kept on accidents and incidents, complaints and staff training. We then looked at audits completed to monitor the quality of the service.

Is the service safe?

Our findings

People told us they felt there was not enough staff on duty to meet their needs. One person told us, "There is not enough staff, particularly at night and that worries me". Other people told us that staff did not respond to them in a timely way when they required support. One person told us, "If I need staff, sometimes they come quickly and sometimes they don't. I have heard other people's call alarm going for a long time before". Another person said, "Staff don't come quickly when I press my buzzer, I have to wait". Staff we spoke with also felt there was not enough staff available. One staff member told us, "We could do with one or two more staff. The extra staff could give extra quality to the care we give". Another staff member said, "Most of the time there is not enough staff. It is difficult to get to spend time with people as we have to do care and paperwork". We observed that there were sufficient numbers of staff and that people were responded to in a timely way, however we also saw that staff did not get time with people within the communal areas as all were busy with care tasks. We spoke with the registered manager who told us that they used a dependency tool to assess how many staff were needed on shift. We looked at the dependency tool and saw that the correct number of staff were available as suggested on the tool. The registered manager told us they had staffed the home appropriately but would look at how the staff on duty were deployed to ensure that people did not have an unsuitable wait when they required help.

People told us they were happy with how their medication was managed. One person told us, "The staff help me with my medication. I always get this on time unless there is an emergency". We saw staff support people with their medication and saw that this was given in a safe way. We observed a member of staff tell one person it was time to take their medication and stayed with them whilst this was taken. We saw that some people had medication on an 'as and when required' basis. For these people, there were protocols in place informing people of when these medications should be given. We looked at medication records and saw that for six of these records, there were unexplained gaps in recording and the amount of tablets available did not match the amount recorded. There were further missing signatures in the records kept for controlled drugs. Controlled drugs require the signature of two staff to ensure these are given safely but there were occasions where only one staff had signed the records. The errors in the recording of medication meant that staff could not evidence that medication had been given as prescribed. We saw that audits had been completed and had identified the errors in recording. We saw that action had been taken to address this and reduce the risk of these reoccurring. We looked at where medication was stored and saw that there was a large amount of medication stored in one cabinet. We spoke with the unit manager who informed us they were aware that the medication was not stored in a safe way and had already made arrangements to get a larger cabinet.

People told us they felt safe at the home. One person told us, "I like it here, I feel safe". Another person said, "Yes I do feel safe". Relatives we spoke with also felt their family member was safe at the home. One relative told us, "Yes, [Person's name] is safe here because of the things they have in place such as key codes. The staff are diligent".

Staff we spoke with understood how to recognise signs of abuse and had received training in this. Staff knew the procedure to follow if they suspected someone was at risk of harm and how to report concerns. We saw

that safeguarding concerns had been reported appropriately and that where these occurred, a record was kept of actions taken in response to the concern.

Staff we spoke with knew the risks posed to people and how to manage these. One staff member told us how they managed risks for a person who had mobility problems. The staff member said, "We would do a risk assessment for them and look at the extra care support they need and any equipment required [to keep them safe]". We saw that staff had an awareness of the risks posed to people and supported them to manage these. For example, we saw that staff ensured that people had easy access to their walking aids at all times. We saw that where accidents occurred at the service, action was taken to reduce the risks of these reoccurring. Actions taken following accidents included; arranging staff meetings to discuss strategies, implementing falls prevention strategies and putting equipment such as sensor mats in place for people.

Staff told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed. The (DBS) helps employers prevent unsuitable people from being employed. Records that we looked at confirmed these checks took place.

Is the service effective?

Our findings

People told us that they felt staff had the skills and knowledge to support them with their care needs. One person told us, "All of my needs really are met [by staff]". Relatives we spoke with shared this view. One relative told us, "The staff are just brilliant".

Staff told us that before they started work they completed an induction. This induction included completing training and shadowing another more experienced member of staff. One staff member told us, "The first week I was shadowing someone who told me all about people's likes and dislikes and then the second week I did shadowing of personal care and completed training. The staff were supportive in helping me learn the role". Records we looked at confirmed that an induction took place and that newly recruited staff were being enrolled on the new Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily life. Staff told us they were able to complete training on an ongoing basis to support them in their role. One staff member told us, "There is training available pretty much every month" and another member of staff said "I feel I have enough training to do the job". Records we looked at showed that staff received training that was relevant to their role. We saw that further training was available to staff based on people's specific care needs.

Staff told us they had supervisions with their manager in which they could discuss their role and any training needs. One staff member told us, "I have supervision every two months. They are helpful as I then know how to improve the job I am doing. It helps to increase the quality of care". Records we looked at confirmed these supervisions took place.

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. 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. People told us that staff sought their permission before supporting them. One person told us, "I get choices and can make my own decisions. I am not restricted". A relative we spoke with said, "Staff talk to [person's name] as an adult and include them in decision making". Staff we spoke with told us they had received training in the MCA and demonstrated a good understanding of how to gain consent from people. One staff member told us, "People can choose what they want; we keep trying to give people choices. If I was concerned about someone's capacity, I would report it to a senior member of staff". We saw that staff supported people to make their own decisions and gave people choices. People we spoke with told us they made their own decisions and we saw that staff supported people to do this. One person told us they decided things such as; what time they went to bed and got up each morning, what clothes they wore and what they would like to eat. We saw that one person was being considered to receive their medication covertly. Covert medication is

medication given with food. We saw that the registered manager had arranged for a best interests meeting to be held to ensure that if this action were to go ahead, this was done in the persons best interests.

The registered manager told us that no person at the home currently had a DoLS authorisation in place but we saw that staff understood when DoLS would be needed and had received training in this. We saw that where people were being considered for a DoLS, this information had been passed over to staff in staff meetings.

Some people we spoke with told us they were happy with the food they were provided with and were given choices at mealtimes. One person told us, "The food is alright, they come around and you get two choices". Another person said, "The food is ok". However some people told us they were not satisfied with the meals they were provided with. One person told us, "The food is dreadful. I am not eating much as I don't like it". Another person said, "The food is up and down. Some days it is nice and some days it's not". People who were unhappy with the meals told us that they had reported this to the registered manager and that action was being taken to improve the quality of the food. One person told us, "They have listened to me and they have got a new cook". We saw that the registered manager had supported people to suggest meals they would like to see on the menu in response to feedback and employed a new cook who was able to prepare the meals people had requested. We spoke with staff who were working in the kitchen. The staff had been provided with a list of people's dietary requirements to ensure that people received meals according to their specific dietary needs. We saw that people were given a choice of meals each morning and that this information was then given to the cook. We saw that mealtime on the first floor dining area was relaxed and that people appeared to be enjoying the lunchtime experience. However the ground floor dining room appeared unorganised and some people were waiting for their food for a long period of time. We spoke with the registered manager about this who informed us they would try new systems so that people were provided with meals in a timely way. We saw staff attempt a different system on the second day and saw that mealtimes were much more relaxed for people.

People were supported to maintain their health and wellbeing by accessing health care services where required. One person told us, "I have had a cold and they [the staff] got the doctor out for me". Staff we spoke with understood the action to take if they felt someone was unwell. We saw one person report to staff that they felt unwell and saw that staff supported this person appropriately. People told us they were supported to access regular health checks. One person told us, "I have just had my eyes tested and the chiropodist comes for my feet". Records we looked at indicated that people had been supported to access a range of services including dieticians, opticians and community nurses.

Is the service caring?

Our findings

People told us that staff were kind and caring in their approach. One person told us, "Most of the staff are kind, we have a joke and they can't do enough for you". Another person said, "[The staff] treat me very well. They are good fun and do care about you". Relatives we spoke with were also positive about the caring nature of staff. One relative told us, "The staff are brilliant with [person's name], I can't praise them enough". Another relative said, "The staff support me as well as [person's name] and I will always be in their debt". Staff we spoke with spoke about people in a caring way and we saw that they displayed warmth and friendliness when supporting people. People appeared happy and relaxed in staff's company.

People told us they were involved in their care. One person told us, "I do feel involved. [Staff member's name] sits and makes sure I am ok". Another person said, "You can have a chat with someone about your care if you want to". We saw that people were given choices and were involved in making decisions about the care they receive. We saw that staff would ask people where they wanted to sit, if they wanted support to visit the bathroom or if they wanted to join in activities going on in other areas of the home. Relatives we spoke with also told us they were involved in their family members care. One relative told us, "The staff don't take it upon themselves to do anything without mine or [person's name] permission". All the relatives we spoke with confirmed that staff informed them if there were any issues relating to their family members care. One relative said, "The staff ring me if there is anything I need to know". We saw that resident and relative meetings were held on a monthly basis so that people could be involved in decisions regarding the home. We saw that people had made suggestions regarding food and activities in the home and that these had been listened to and acted on by the registered manager.

People told us they were treated with dignity by staff. One person told us, "Staff treat me with dignity at all times and I appreciate that". A relative we spoke with said, "The staff treat [relative's name] with respect, they make sure people have drinks, look comfortable and they come and sit with her when she looks down to console her and cheer her up. I have seen them do this with other people too". Staff told us they had signed up to be 'Dignity Champions.' The 'Dignity Champion' initiative encourages people to challenge poor care and act as good role models in providing compassionate, person centred care. We asked the staff member to give us an example of what being a dignity champion meant to them. The staff member said, "For my role, I try to make note if people have got messy and go and help them to change clothes so they feel smart again". We saw that staff treated people with dignity. We saw that where staff offered to support people to the bathroom, they did this discreetly so that other people couldn't hear. We saw that where people had requested privacy, this was respected by staff.

The registered manager told us they had supported a person living at the home to access advocacy services. The registered manager told us how they did this and showed a good understanding of the circumstances in which people may require the assistance of an advocate.

Is the service responsive?

Our findings

People told us that prior to moving into the home, they were involved in an assessment to discuss their needs and how they would like their care delivered. One person told us, "When I first came here, they made a folder with what I like and don't like". Another person said, "When I moved in, my daughter went through everything with them for me". Relatives we spoke with confirmed that an assessment took place. One relative told us, "When [person's name] came here, they found out about what she likes and doesn't like". Another relative said, "I have been involved in completing the care plan". Records we looked at showed that these assessments took place prior to the person moving into the home.

People told us that where they were involved in reviews of their care. One person told us, "I had a form to fill in yesterday. They [the staff] sat with me and asked about my preferences". Relatives we spoke with confirmed they were involved when changes were made to people's care. One relative said, "Anything that goes on, they will call and tell me so I don't feel I need to go to a formal review". Another relative said, "Staff will call me and ask for permission for care decisions and changes to the care plan". Records we looked at confirmed that reviews of people's care took place and that records held accurate information about people's care needs.

People told us that staff knew them and their preferences well. One person told us how staff adapted the support they gave based on his preferences. The person told us, "Staff know that I don't like to use the call bell so they come up a bit more and check on me instead". Another person told us how staff ensured their door was always left open as this is how they liked it. Relatives we spoke with also felt that staff knew people well and had been asked to give staff personalised information about their family member. One relative told us, "We had a folder called 'About me' and they asked me for information about [person's name]". The staff we spoke with demonstrated a good knowledge of people's likes and dislikes and how people like their care to be delivered. One staff member told us about a person's life history; including the work they did when the person was younger and how this affected how they wanted to be supported. Records we looked at held personalised information about people's preferences including their preferred time to get up each day, whether they like to wear make-up or perfume and their interests and hobbies.

People told us they were supported to take part in activities. One person told us, "I have been to the safari park, Cadbury World and Blackpool. It's all pretty good". Another person said, "There are two new activity staff who are very nice". Relatives we spoke with told us they had seen activities made available for people. We spoke with staff that were responsible for activities. One staff member told us they had plans to introduce more activities outside of the home for people to access and had clear plans on the activities they wished to implement within the home in the future. We saw there were a variety of activities available for people including; exercises, a trip to the local pub and an entertainer singing for people. We saw that people visibly enjoyed these activities and engaged with these throughout.

People told us they knew how to make a complaint. One person told us, "I would speak to a senior carer if I had a problem. If it was serious I would go to [registered manager's name]". Another person said, "If I want to complain, I would start with who was in charge on the floor. If that didn't work I know the manager would

come and see me". Relatives told us that they knew who to go to to complain. One relative told us, "If there are any problems or if I am worried, I go to [registered manager's name]". Staff we spoke with understood how to support people to make complaints. We looked at records kept about complaints and saw that no complaints had been made.

Is the service well-led?

Our findings

People told us they knew who the manager was and felt the home was well led. One person told us, "The [registered] manager, she's alright, she is very good". Relatives also spoke positively about the leadership of the home. One relative told us, "I find the management to be open and honest". We saw that the registered manager was visible around the home and had friendly relationships with people. We saw that people knew who the registered manager was and were relaxed in her company.

Staff told us and records we looked at confirmed that staff were able to provide feedback and get updates on the home through regular staff meetings. One staff member told us, "We are able to give ideas in meetings. The manager likes to get our input on things like reducing paperwork so we can have more care time". Staff we spoke with felt supported by the registered manager. One member of staff said, "The manager is especially approachable. I've gone to them before with a problem and they have sorted it out quickly". Staff we spoke with were aware of how to whistleblow if required. We saw that there was a management structure in place and that people understood their responsibilities. The registered manager told us they were supported by the provider and had access to the resources they required to manage the home.

We checked the notifications received by the provider. Notifications are forms that the provider is required to send to us to notify us of incidents that occur at the home. We saw that the registered manager had notified us of incidents appropriately.

We saw that the registered manager sought feedback on the service through resident and relative meetings. We saw that people were given opportunity to make suggestions and that where these were made; the registered manager had acted to make improvements. We saw that the registered manager then fed back to people at the next meeting about how their suggestions worked. For example, following the complaints made about food, the registered manager discussed this at a meeting and then kept people up to date with their progress on improving mealtimes at subsequent meetings. We saw that people and their relatives were given questionnaires to complete about their experience of the service. We saw that the feedback received was analysed and displayed in the reception area so that people could see what action the registered manager had taken in response to this.

We saw that the registered manager had completed audits to monitor the quality of the service. These audits were completed on the environment, health and safety, documentation and medication. We saw that where areas for improvement had been identified, the registered manager had taken action to address this. For example, we saw an audit identified that not all people were given choice at mealtimes and the registered manager had an action plan for this. Our observations showed that this action plan had been implemented and that people living at the home were being given choices at mealtimes. We saw that medication audits completed had identified the errors in medication records and that actions had been identified to address this.

The provider had received a ratings inspection in March 2015. It is a requirement that providers display their

most recent ratings within their home and on any website ran about the home. We checked to see that the previous ratings had been displayed and saw that they had.

The registered manager had clear plans for the future of the home and the improvements they planned to make. This included working towards becoming a Dementia specialist service and further improving the daily activities offered to people.