

HC-One Limited

Victoria Park (Coventry)

Inspection report

75-83 Brays Lane
Stoke
Coventry
West Midlands
CV2 4DS

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Tel: 02476445514

Website: www.hc-one.co.uk/homes/victoria-park-stoke/

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 Park (Coventry) accommodates up to 32 people in one adapted building. It provides residential care to people over the age of 65. During our visit 25 people lived at the home and two people were in hospital. The home is located in Coventry, West Midlands.

People's experience of using this service:

- People felt safe and were protected from avoidable harm.
- Enough staff were on duty during our visit.
- Staff were recruited safely and received on-going support and training to be effective in their roles.
- Staff knew people well and risk management plans contained clear instructions for staff to follow.
- The environment was clean and staff followed good infection control practices.
- Medicines were managed safely, and people were supported to access healthcare professionals when needed.
- People's needs were assessed before they moved into make sure it was the right place for them to live.
- People received information in a way they could understand and chose how to live their lives.
- People's nutritional and hydration needs were met. Staff understood people's dietary needs.
- Staff cared about people and were responsive to their needs. Care plans supported staff to provide personalised care.
- People were supported to be independent, their privacy was respected, and their dignity was maintained.
- People's end of life wishes were documented to ensure their wishes would be respected at the end stage of life and following their death.
- People were occupied with meaningful activity and had opportunities to maintain positive links with their community.
- People and relatives were happy with the care they received and spoke positively about the leadership of the service.
- Complaints were being managed in line with the provider's procedure.
- Systems to monitor the quality and safety of the service were effective. ● Lessons were learnt when things had gone wrong. The provider shared learning across the organisation to drive continual improvement.
- Feedback from people, their relatives and staff was welcomed to drive forward improvement. Action had been taken in response to the feedback.
- At this inspection we found the evidence supported a rating of 'Good' in all areas. More information in 'Detailed Findings' below.

Rating at last inspection: At our last inspection in May 2017 we rated the service as 'Requires improvement' overall.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

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

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well Led findings below.

Good ●

Victoria Park (Coventry)

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 took place on 30 January 2019 and was carried out by one inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Victoria Park (Coventry) 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.

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 comprehensive inspection was unannounced.

What we did: Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We looked at notifications we had received about events that had happened at the service, which the provider is required to send to us by law, for example about serious injuries. We contacted commissioners to gather their views about the service.

During our inspection, we spoke with eight people who lived at the home and three relatives. We spoke with the registered manager, the deputy manager, the director of governance, the maintenance worker, the wellbeing coordinator, one senior care assistant and four care assistants.

We observed in the communal areas to assess how people were supported by staff. We reviewed a range of

records. This included three people's care records, medicine administration records (MAR) for seven people, compliments and complaints and the provider's quality assurance systems. We also reviewed three staff files to check staff had been recruited safely.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. At our last inspection this key question was rated as 'Requires Improvement'. Known risks had not been managed consistently and sufficient numbers of staff were not on duty. At this inspection improvements had been made. Legal requirements were met.

Staffing and recruitment

- Previously, people did not always receive safe care because staffing levels had been too low. At this inspection staff were available when people needed them. A staff member commented, "Having three staff instead of two is better, we can keep a closer eye on people to make sure they are safe."
- Staff were recruited safely. Staff did not start work at the service until the required checks had been completed.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to protect people from harm. Staff completed safeguarding training and knew how and when to report any concerns. One staff member said, "If I was worried someone was at risk I would tell the manager, they would take action. If they didn't I would take my concerns higher by informing head office."
- The registered manager had referred safeguarding concerns to the local authority when people had been placed at risk. Allegations of abuse had been investigated to keep people as safe as possible.

Assessing risk, safety monitoring and management

- People felt safe. One person said, "I feel safe. I have everything I want." A relative commented, "I think (person) is very safe here because the care is so good."
- Previously, risk assessments did not always inform staff of the actions they needed to take to keep people safe. At this visit risk management plans contained clear instructions for staff to follow, such as, how to reduce the risk of falls. Staff followed the instructions during or visit.
- An up to date emergency plan was in place to keep people safe in the event of an emergency, for example a fire. The provider's evacuation procedure was on display in communal areas.
- Previously equipment such as, falls sensor mats had not been checked to make sure they were working correctly. During this visit improvement had been made. Regular checks were carried out to ensure the building and equipment was safe for people.

Using medicines safely

- People received their medicines when they needed them, and the service looked for opportunities to promote peoples' independence in managing their medicines.
- Medicine administration records (MARs) gave an accurate account of the medicines administered and the amount in stock.
- Medicines including controlled drugs were stored in line with best practice guidance.

- Protocols for medicines given 'when required,' detailed information as to how to determine when a person might need their 'when required' medicine.

Preventing and controlling infection

- The building was clean.
- Staff completed training in the control and prevention of infection and understood their responsibilities in relation to this. Staff wore personal protective equipment, such as gloves and aprons, when necessary which protected people from the risks of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any patterns or trends, so appropriate action could be taken to reduce reoccurrence.
- Lessons were learnt when things had gone wrong. The provider shared learning across the organisation to drive continual improvement.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our inspection in May 2017 this key question was rated, 'Requires Improvement' because some staff had not completed the training they needed and the system to ensure people consumed sufficient amounts of food or fluid to maintain their health was ineffective. At this inspection improvements had been made. Legal requirements were met.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work at the service. One staff member said, "My induction was good. I did two days of training followed by two weeks of shadowing shifts to get to know people and what I had to do."
- Previously staff training was not up to date. During this visit staff told us their training was up to date. Records confirmed this.
- Staff felt supported because they received individual support through regular one to one meetings to help guide them with their work.
- Staff felt valued. One explained they had been awarded a 'kindness in care' award which had made them feel proud to work at Victoria Park.

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

- Previously, the system to monitor if people had consumed sufficient food or fluid to maintain their health was ineffective. During this visit people's nutritional and hydration needs were met and the system to monitor nutritional intake had been reviewed and improved.
- People continued to have mixed views about the quality of the food provided. One person said, "We get four meals a day. My favourite is fish and chips." Another told us, "You get a sandwich but there's nothing in it. Just two small bits of bread."
- The lunchtime experience in dining rooms were positive. People chose who they sat with, music played, and dining tables were laid with flowers, table cloths, cutlery and condiments.
- Staff were supportive and observant. For example, they helped people to cut up their meals, so they could eat independently. One person needed encouragement to eat. A staff member gave the person a glass of wine to drink with their meal. The staff member told us, "(Person) enjoys their wine and it encourages them to eat."
- Staff knew what people liked to eat and drink and specific dietary requirements were catered for. For example, where people required soft or a vegetarian diet, these were prepared and served in accordance with people's needs and preferences.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when needed. One person told us they wanted their toes nails cut. We saw a chiropodist visited them to complete this task.

- Staff worked closely with health and social care professionals such as, a GP who visited the home weekly.
- Staff monitored people's health and understood their responsibility to obtain further advice or support if they noticed any changes or signs of illness.

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

- People's needs were assessed before they moved into Victoria Park (Coventry). People had contributed to their assessment which included their mobility, health and lifestyle choices.
- People's needs were under constant review to make sure their needs continued to be 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.

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.

- The service was compliant with the MCA. The registered manager had made referrals to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way. DoLS were in place for some people to keep them safe from harm and conditions were met.
- People were empowered to make their own decisions and were provided with the information they needed to support decision making.
- Where people had been assessed as not having capacity to make their own decisions, their relatives had the legal authority to make decisions on their behalf.
- Staff understood the principles of the MCA and sought people's consent before they provided assistance.

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

- Victoria Park (Coventry) is a purpose-built care home. The environment met people's needs. For example, people used a passenger lift to access different floors of the building.
- People had been encouraged to bring their personal items when they moved in which they told us had made them feel 'welcomed' and 'at home'.
- The décor was continually reviewed and updated. For example, five bedrooms had recently been repainted.
- People were involved in deciding how the environment was decorated. A new seating area was being developed with a 'world theme'. The well-being co-ordinator explained this area would include a map of the world to show different countries people had visited.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. At our inspection in May 2017 this key question was rated, 'Requires Improvement' because people's privacy and dignity had not always been maintained. At this inspection improvements had been made. Legal requirements were met.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. One person said, "I like to stay in my room, it's my wish, its honoured."
- Staff described how they upheld people's privacy and dignity. One said, "When I am helping someone to shower I pull the shower curtain across, so they can wash in private. It's really important to maintain dignity."
- People were supported to be independent. People's care plans included information on things they could do for themselves and those that they needed staff support with. One person said, "Carers walk alongside me and tell me 'you can do it'. They want me to keep mobile, so I don't have to go in a wheelchair. I don't want that."

Ensuring people are well treated and supported

- People and relatives were complimentary about the level of care shown by staff. A relative told us, "The care is very good. I would give it 10/10. They (staff) are a terrific team."
- Staff cared about people. One said, "I love all of our residents."
- Staff knew people well. For example, we saw a staff member quickly noticed when a person became anxious because music being played in a communal lounge was loud. The person was supported to move to a quieter area at their request.
- People had keyworkers. One person said, "I like my keyworker. We have a cup of tea together and they check that I am okay."
- Individuality and diversity was recognised. Staff completed equality and diversity training and through discussion demonstrated they ensured people's rights were upheld.
- Detailed communication care plans were in place that provided information including the languages people chose to speak. We overheard staff spoke with people in a variety of languages including Hindi and Punjabi.
- People confirmed their friends and family were welcome to visit at any time.

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

- People were offered daily choices such as, what they wanted to eat and drink.
- People planned and reviewed their care in partnership with the staff. One person said, "They (staff) come and ask me, we sometimes have a chat to talk about my care."

- People were referred to advocacy services if they required advice and support to express their views and make decisions.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. At our last inspection in May 2017 this key question was rated, 'Requires Improvement.' Care records lacked information to support staff to provide personalised care and complaint outcomes were not available. At this inspection improvements had been made. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans informed staff how they should support people in a way that met their likes, dislikes and preferences. For example, one person liked their curtains closed and the lights off at night time to ensure they had a good night's sleep.
- Staff read people's care plans and spent time speaking with people and their families which helped them to learn about what people needed and wanted. Care plans were regularly audited, and information was updated if people's care needs changed.
- People had opportunities to take part in a range of activities and were encouraged to maintain interests which were important to them to lead meaningful lives. For example, one person enjoyed swimming. They said, "I can't really walk so I didn't think I would be able to go in the water again." They explained how staff had 'bent over backwards' and had supported them to go swimming again in line with their wishes.
- People had opportunities to put forward their ideas and suggestions to improve the service. A 'residents committee' met monthly to discuss different topics including the food and social activities. Action had been taken in response to people's feedback.
- People received information in a way they could understand. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.
- Staff told us communication was good. They received a handover of information when they arrived for their shift. This meant they had up to date information to provide the care people needed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.
- Records showed complaints had been managed in line with the provider's procedure.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

End of life care and support

- People's end of life wishes were recorded, which assured us people's wishes would be respected at the end stage of life and following their death. Staff worked in partnership with other healthcare professionals such as, district nurses to ensure people had a comfortable and pain free death.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met. At our inspection in May 2017 this key question was rated, 'Requires Improvement because systems and processes to monitor the quality of care people received had not been effective.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- During this visit systems to monitor the quality and safety of the service provided had improved. For example, two days before our visit a health and safety environment audit had identified flooring in a communal area was not securely fixed to the floor. Immediate action had been taken to reduce the risk.
- The provider had an audit schedule and the registered manager knew what audits needed to be completed, and who was responsible for completing checks. Audit findings and completed actions were shared with the provider who checked required actions had been taken.
- The registered manager understood their regulatory responsibility to inform us about significant events that happened in the service. The latest CQC ratings for the service was in the home and on the provider's website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- A main aim of the service was to 'make a real difference to people's lives by fostering a culture that encourages kindness.' This was achieved and evidenced through the feedback we received from people and relatives.
- People were happy and spoke positively about the leadership of the service. One person said, "I think the managers do a good job."
- The management team consisted of a registered manager and a deputy manager. They led by example and were committed to providing high quality care. The deputy manager said, "Everything we do is for the residents. We insist on great care, people get it. We are one big kind, caring family."
- The service had recently been rated on a care comparison website as 9.6 out of 10. This review comprised of 12 reviews made up from people who used the service in the last 12 months. These comments included, 'The staff and management are approachable and helpful, and I am delighted with Victoria Park.' And, 'Anything I have asked about or requested for my mother has been provided quickly and efficiently.'
- Staff enjoyed their jobs and felt supported by their managers. One said, "Management support is fantastic they are available 24/7."
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.
- The registered manager kept their knowledge of legislation and best practice up to date and they attended regional leadership meetings within the organisation.

Continuous learning and improving care, working in partnership with others

- The management team were committed to working in partnership with other organisations to improve outcomes for people which meant people received good holistic care.
- People had opportunities to maintain positive links with their community and people's families and friends had been invited to events such as, fetes and coffee mornings.
- Representatives from different faith groups and local school children visited to spend time with people who lived at Victoria Park.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people, relatives and staff was encouraged through meetings and quality questionnaires. Feedback was used to support continuous improvement. For example, the ground floor lounge had been re-decorated and a 'manager' surgery had been introduced in response to feedback from relatives and staff.
- The provider's staff recognition scheme identified good care and encouraged staff to develop their skills to improve the service.
- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers.
- The home used social media and had a dedicated 'page' to communicate with people, their relatives, staff and the local community.