

Miss S G Howard

Victoria Lodge Care Home

Inspection report

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Date of inspection visit: 1 April 2015
Date of publication: 15/05/2015

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



Overall summary

This inspection took place on 1 April 2015 and was unannounced. We last inspected this service on 18 January 2014 when the service was compliant with all regulations inspected.

The service can provide care and accommodation to up to 24 people with ailments associated with old age but who do not require nursing care. All bedrooms are singly

occupied and have en suite facilities available. Bedrooms are provided over two floors but a passenger lift connects the floors so that people with reduced mobility can access the home throughout.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

All the people and relatives spoken with were complimentary about the home and staff and were happy with the service provided.

Staff had the skills and knowledge to recognise if abuse was occurring and knew how to escalate any concerns they had.

People were protected from unnecessary harm because systems were in place to identify, assess and minimise identified risks.

There were sufficient numbers of suitably trained staff to ensure that people's needs were met and staff had time to chat with people. There were friendly and supportive interactions between the staff and people that lived there.

People were supported to receive their medicines however it could not always be assured that people had received their medicines as prescribed because of poor recording.

People and their relatives were involved in making decisions about people's care so that their rights were upheld and support was provided in the way people wanted. People were supported to maintain contact with relatives and friends.

People received food and drink that met their needs and preferences. People were supported to access medical support as and when required so that they remained as healthy as possible.

There were group and individual activities arranged for people to be involved in if they wanted.

The registered manager and provider were available to people and their relatives so that any concerns they had could be raised and addressed appropriately.

Systems were in place that ensured that the views of people were used to improve the service on an ongoing basis.

Summary of findings

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 not always safe.

There were arrangements in place to manage risks and minimise the risk of harm to people. Staff had the skills and knowledge to protect people from abuse and raise concerns. Staffing levels were sufficient to meet the needs of people.

Medication was stored safely but it could not always be ensured that people received their medicines as required.

Requires improvement



Is the service effective?

The service was effective.

Staff understood about gaining people's consent and not restricting liberty so that people's rights were protected. Staff were trained so that people's needs were met.

Arrangements were in place that ensured people received a healthy diet so that their nutritional needs were met.

Good



Is the service caring?

The service was caring.

Staff were caring and kind towards people and supported them to make decisions about their care.

Staff maintained people's privacy, dignity and independence.

Good



Is the service responsive?

The service was responsive.

People were supported to participate in group and individual activities that they liked.

The provider responded to complaints appropriately.

Good



Is the service well-led?

The service was well led.

People and their relatives were happy with the quality of the service they received.

The registered provider and manager were friendly and accessible to people, staff, and relatives.

Quality assurance processes were in place to monitor the service so people received a good quality service.

Good



Victoria Lodge Care Home

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 1 April 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We had contact with the Local Authority who are responsible for monitoring the quality and funding people's care at the home. We used the information to inform our inspection.

During our inspection we spent time observing the care provided, met with four friends and relatives, two visiting professionals, six people in the home, five staff, the registered manager and registered provider. We looked at medication records and sampled the care records of two people that lived there to see if they were getting care as planned. We also looked at audits and other records used by the provider to monitor the quality of the service provided.

Is the service safe?

Our findings

People were protected from potential abuse because systems were in place to protect them. All the people, relatives and professionals spoken with told us that people were safe in the home. One person told us, "It's lovely here." A visitor told us, "Safe – absolutely." We saw lots of people smiling and heard lots of laughter during our inspection. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from the risk of harm. All staff knew about the different types of abuse, the signs that would indicate a person was being abused and what actions they would take if they suspected any abuse. Staff told us that they were confident that they could raise concerns about people's safety with senior staff, the manager and the registered provider. We saw that telephone numbers were displayed on notice boards so that people, staff and visitors knew where they could raise concerns.

People were protected from the risk of harm because assessments, management plans and equipment were available to staff. We observed that people were supported safely and in line with their assessments. One person told us, "Staff know what they are doing." Staff spoken with were knowledgeable about people's needs and their identified risks. Two visiting professionals spoken with told us they were very happy with care people received and how identified risks were managed. We asked staff what they would do in the event of emergencies such as a fall and they were able to demonstrate their knowledge to us and told us they had received the appropriate training. We saw that equipment was available for people to be assisted safely. Accidents were recorded and monitored so that actions could be taken to minimise their reoccurrence and people could be protected from preventable harm.

There were sufficient staff on duty to meet people's needs. Everyone we spoke with told us that there were sufficient staff to support people and meet their needs. One person told us, "There are enough staff, we don't have to wait, and they look after us good." Another person said, "If you use the buzzer they come quickly." A visitor to the home told us, "Staff are always on hand. People are never left

unsupervised." We saw that staff were always on hand to provide people with support and drinks and there were sufficient staff to support people at meal times. Visiting professionals confirmed that there were always staff available and staff had time to sit and chat with people. We looked at the personnel files of four staff and saw that all the required employment checks had been undertaken to ensure that only suitable people were employed. Staff told us and records showed that staff had received the training they needed to provide safe and appropriate care.

We saw that people were given their medicines in a caring and supportive manner. We observed part of the medication routine at lunchtime and saw that the staff member explained to an individual what medicines they were taking. The individual was aware of what the medicines were for and how often they were supposed to have them. They told us that staff gave them the medicines when they were supposed to take them. We saw that medicines were stored securely in a locked trolley. We looked at six people's Medicine Administration Records (MAR) to see if medicines were available for people to have as prescribed by their doctor and if the records reflected the medicines people had been given. We found that medicines were available and records were completed to show whether people had taken their medicines or not. We saw that the medicines in the monitored dosage systems were given as required. However, we saw that sometimes boxed medicines carried over from one medication period to the next were not always recorded and there were occasional gaps so that an accurate audit could not be completed.

We saw that sometimes the prescriber had not been asked to change the amount of medicines being given when an individual was regularly taking less than the prescribed amount of medicine. We saw that records for the management of medicines could be improved by ensuring written protocols for 'as and when required' medicines so that staff were clear about when to administer these. Risk assessments and checks on people's ability to manage medicines such as prescribed creams were needed to ensure that people were administering these medicines appropriately.

Is the service effective?

Our findings

People told us they were happy with the care they received. One person told us, “Staff are there for us.” Another person said, “Staff know what they are doing.” A relative told us that their family member came to the home on a temporary basis, but liked it so much they decided to stay. A friend said, “Staff are wonderful, they don’t shirk responsibility. Seem very professional, very well trained.” Staff had the knowledge and skills to meet people’s needs. All the staff spoken with and training records looked at showed that they had completed training to ensure that they had the skills and knowledge to provide the support people needed. One member of staff told us they had lots of training including moving and handling, safeguarding, and fire safety. We observed that staff assisted an individual to be moved appropriately and safely when using a hoist to transfer an individual from an armchair to a wheelchair.

A member of staff told us they had received induction training that included working alongside senior staff so that they got to know the individual needs of people and their likes and dislikes. All the staff spoken with were knowledgeable about people’s needs. One member of staff told us, “We get to know them [people living in the home], their care plans and their families.”

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Local Authority for authority to deprive someone of their liberty.

The manager had a good understanding of this legislation and ensured that people’s human rights were upheld. The registered manager told us that no one’s liberty needed to be restricted but that she was in the process of making applications for consideration by the local authority for people as there was a locked door policy. The manager had

made applications to the local authority where they believed there may be restrictions in place and they were waiting on the local authority to respond back to them. All the staff we spoke with had an understanding of the MCA and DoLS and told us they had received training in this area. The registered manager told us that as part of the computerised training staff undertook they discussed different scenarios so that they could see how the training applied to their working situations.

We observed the midday meal time and saw that the meals were nicely presented and mealtimes were well organised and ensured that people had time to eat their meals at their own pace. People were given a choice of food and drink and received the support they needed from staff to eat safely. People who were able to speak to us told us that they liked the food. One person told us they had enjoyed their lunch. Another person told us they were able to have a glass of wine with their friend in the evenings. A third person told us, “The food is good. Its home cooking.” We saw that there was a four weekly menu in place that was changed seasonally. The chef told us that the menus were decided on by the registered manager but was based on the likes and dislikes of people. We saw that people were monitored to ensure that they were not gaining or losing too much weight and where there were any concerns people were referred to the appropriate professionals for advice.

People told us that they saw a doctor when they needed to. Relatives told us they were kept updated about their family member’s health. Records showed that people were seen by a variety of healthcare professionals. This included GP’s, specialist health care teams and consultants. We spoke with two health care professionals and we received very positive feedback about the home. They told us that staff made appropriate referrals to specialist healthcare services. One professional told us that when they visited the home their heart didn’t sink as they knew people were well cared for and their advice was followed so that people’s health needs were met.

Is the service caring?

Our findings

All the people we spoke with told us that they received a service that was caring. One person told us, “Staff are nice and friendly. We saw that people were shown kindness. Staff were friendly and patient with people. We saw that staff took time to sit and speak with people and explain what they were going to do.

All the relatives we spoke with told us that they believed the staff and the managers were kind and caring. A relative commented, “This is a home. It is warm, caring and has a friendly atmosphere.”

People told us and we saw that their privacy, dignity and rights to independence was respected and promoted by staff. People were able to spend time alone in their bedroom and there were choices of communal areas where people could choose to sit. We saw that staff ensured that toilet and bathroom doors were closed when they were in use.

People we spoke with told us that staff knew them well and were aware of their needs. One person told us, “Staff knock and wait. They ask what help I want and give it.” Staff spoken with were able to give us information about how they were able to promote privacy, dignity and independence for people. This included giving people choices, the manner in which they spoke with people, being respectful and encouraging people to do things by themselves such as eating with the appropriate cutlery and

cutting up food for people so they could then eat independently. Records that we looked at had some information about people’s lives, family, likes and dislikes so that staff had the information they needed to understand people’s needs and how they wanted to be cared for.

Some people at the home were living with dementia and could not tell us about their experience but our observations showed that staff supported people appropriately and their interactions were positive. We saw that people who could not use verbal communication were included in what was happening equally to those people that were able to use verbal communication.

We saw that people were involved in their own care and making decisions. Staff that we spoke with gave us examples about how they encouraged people to make decisions. Staff told us they encouraged people to make choices about food, drinks, clothing and how people wanted to spend their time.

One person told us they were supported by staff to keep in touch with relatives by sending emails and birthday cards over the internet. During our inspection we saw that visitors were free to visit the home without restrictions and we saw several visitors over the days we inspected. All the relatives we spoke with told us that they were able to visit the home at any time and we saw that there were good relationships between the staff and visitors. A staff member told us, “Relatives are free to visit any time.”

Is the service responsive?

Our findings

All the people and relatives we spoke with told us that staff consulted with them about their care. One person told us, “I go downstairs for meals but I like to stay in my bedroom the rest of the time.” A relative us, “Staff talk to mum and have got to know what she likes and dislikes.”

One person told us, “They ask what help I want and give it.” Relatives told us that the staff had been responsive to their family member’s needs. A member of staff was able to describe how they would recognise when an individual’s mood was changing and how they would support them to feel better about things. Visiting professionals were very positive about the staff. One said, “Staff are responsive.” The visiting professionals commented that, “Staff are good, communication is very good and they know who is who.”

Another relative told us that staff had asked the GP to refer their relative for physiotherapy and this had helped their relative to walk again. Another relative told us, “The staff listens to you and they respond to what you’re saying; if my relative needed the GP the staff would make sure they were seen.”

We saw people taking part in social activities in the home. One person told us that they went out to the local shops with a staff member so they could buy a newspaper. Another person told us that they liked to spend time in

their own room. We saw that there were planned activities such as entertainers but the staff member responsible for organising activities told us, “There is a weekly programme of activities tailored around people. We are getting away from sing-a-longs to a more person centred approach. We look at people’s hobbies and interests and do poetry writing, using the internet, and organising some events such as St Patrick’s day celebrations.” One person told us how they enjoyed socialising with a friend in the home. People told us they were asked at regular meetings if the activities were meeting their needs.

All the people and relatives we spoke with told us that they knew what to do and who to speak with if they were unhappy about something at the home. The registered manager told us and we saw that their office door was open to people who wanted to speak with her. We saw that where concerns were raised these had been addressed appropriately and people were happy with the response. People told us and we saw records of weekly meetings where people were asked if they had any complaints.

We looked at the record of complaints. There had been six complaints received by the provider since our last inspection and saw that these had been investigated and responded to appropriately. This showed that arrangements were in place to ensure complaints were dealt with and resolved in a timely manner.

Is the service well-led?

Our findings

There was an open and inclusive atmosphere in the home where people, relatives and staff felt safe to raise concerns with the registered manager and registered provider and felt that their comments would be listened to and addressed. People who lived in the home and their relatives said they knew who the registered manager was and would be confident speaking to them or the registered provider if they had any concerns about the service provided. A staff member told us, “[Provider’s name] motto is ‘this is an extension of their [people’s] home.’” Another staff member said, “Staff feel listened to and feel [the manager] is always available for advice.” A visiting professional told us, “The manager is brilliant.”

The provider had a clear leadership structure in place. A registered manager was in post that was registered with us as this is a legal requirement. There was a deputy manager and senior care staff in post who were aware of their individual responsibilities. The registered manager told us that although there was electronic training available she involved staff in discussions so that they were able to relate the training to their roles and so that she could ensure that understanding was good.

All the staff we spoke with told us what they would do if they witnessed bad practice in the home. They told us that they would report any concerns to the manager and staff were confident that any concerns would be dealt with.

The registered manager had ensured that they fulfilled their legal responsibilities. Information they were legally obliged to tell us, and other external organisations such as the Local Authority, about had been sent to us.

We saw that where needed action plans to drive improvement were in place so learning from events had taken place. We had referred some complaints back to the provider to investigate and we were able to see that investigations had taken place and any action that had been taken was clearly documented.

We found that there were quality assurance systems in place that enabled people and relatives to make their views known about the running of the home through audits and surveys. Some relative’s meetings had taken place but both the registered manager and provider were available to people on a daily basis. An annual survey was also distributed to people’s relatives and the findings were analysed and shared with people. The findings of the surveys were generally favourable and reported on any steps they had taken to make improvements including developments for the garden area. We saw that there was working with local community groups where possible. For example, during our inspection we saw that the registered manager and provider were discussing working with some community groups to develop the home although on this occasion it was not feasible.