

# Oakleaf Care (Hartwell) Limited

# Victoria Lodge

## Inspection report

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Date of inspection visit:  
20 August 2021

Date of publication:  
10 September 2021

## 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 providing care and support to people living with a range of conditions caused by acquired brain injury. At the time of inspection, three people were living at the service, the service can support up to six people. Accommodation is provided over two floors, all bedrooms have en-suite facilities and one self-contained apartment was equipped with a kitchenette. Communal areas comprised a large lounge, kitchen/diner, activity room and gardens.

### People's experience of using this service and what we found

People told us they felt safe at the service. We observed people were relaxed and spoke openly with staff and the registered manager. One person told us, "I can speak to [registered manager] anytime I need to."

People were supported to live independent lives, and staff empowered people to take positive risks, such as going into town. People were protected from the risk of abuse by trained staff who understood their responsibilities to recognise and report any concerns. Staff were recruited safely and received relevant training to their role. One relative told us, "It's all down to the staff and they are excellent."

People's needs were assessed when they entered the service and frequently reviewed. Staff encouraged people to follow a healthy diet that catered to their tastes, and people were enabled to prepare their own meals. One professional told us, "The environment has allowed our patient to experience and enjoy a greater level of independence; they probably wouldn't have got it elsewhere."

People were supported by caring staff, and we saw people and staff interacting positively during the inspection. People were happy to talk to us and tell us about the service and the support they received. One person told us, "It's brilliant, I love it here. It's like a normal family home."

People were supported to be independent, and to maintain relationships with friends and family. One person told us, "I go to the pub and park, as much or as little as I prefer. It's really nice here, it's perfection." One relative told us, "I could not be happier with Victoria Lodge, thank goodness they are where they are."

People and their relatives were encouraged to feedback on the service. One relative told us, "I have absolutely no complaints; it's like a palace they are very patient. It's like a proper house rather than a care home."

The service was led by a committed registered manager and their team who were proud to work at the service. People were actively involved in the running of the service and felt their voices were heard. People were able to access healthcare when they needed it. The registered manager told us, "Considering how hard it is to start a service, it's gone smoothly. We've done all the things we wanted to do. We've kept people safe and they have a decent quality of life, we should be proud of this."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 30/04/2019 and this is the first inspection.

#### Why we inspected

This is the first inspection for this newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Victoria Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with two support workers and the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three health and social care professionals who regularly visit the service, one support worker and two relatives about their experience of the support provided.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were clear systems in place to safeguard people. People told us they could confidently speak with the registered manager or any staff members if they felt unsafe. One person told us, "I feel really safe here, the people here are good. I haven't got to worry about anything."
- Staff received safeguarding training and had read the policies. Staff were able to describe what constituted abuse and what steps they would take should they suspect people were at risk of harm. Staff were confident the registered manager would deal with any allegations of abuse and explained how they could escalate concerns. A staff member told us, "Everything needs to be recorded, if [registered manager] did nothing we would go higher to management, the local authority or CQC."
- The registered manager demonstrated their knowledge of safeguarding and trained staff to make referrals to the local authority in their absence. We saw examples of this, and immediate actions that had been taken to reduce risks of reoccurrence.

Assessing risk, safety monitoring and management

- Risks were managed safely. People were supported to live their lives according to their wishes. Where people wanted to take positive risks, these were assessed by the registered manager with people's involvement.
- People told us they were able to come and go as they pleased. Where a person enjoyed using local amenities, a risk assessment had been completed with the person and measures such as a return time had been mutually agreed. Another person described a vast improvement in their health and praised the staff for helping them, they told us, "I used to go out with staff but now I do everything myself, I'm practically independent."
- Risks to health, such as epilepsy had been assessed. Care plans guided staff on how to respond to seizures and how a seizure individually affected the person. Guidance on the use of epilepsy medicines was clear, and a log was kept to establish a trend of when seizures happened so staff could identify a potential cause and minimise further incidents.
- Environmental risks assessments and safety checks had been completed, for example, fire safety and electrical testing checks were up to date. An external room had been adapted as a gym for people; this had been risk assessed for safety and assessed for people's individual use according to their needs.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us they were supported by staff who assisted them appropriately. One staff member told us, "Staff morale is good. There is enough staff per shift, they (people) are quite independent." Another staff member told us, "We have never been short staffed, [registered manager] would help but we have not had a problem."

- At times, people were assessed to receive one to one support, and we observed one person receiving extra support by a staff member who knew them well. We saw the person spending time and sharing jokes with the staff member. One person told us, "There are definitely enough staff here, we have staff all day and all night in case something is needed."
- Staff were recruited safely. Staff recruitment files showed that all necessary checks had been completed for new staff with regard to their suitability to work in a care setting.

#### Using medicines safely; Learning lessons when things go wrong

- People received their medicines by trained staff. The registered manager undertook competency assessments with staff to ensure medicines were being administered in line with best practice and the provider's policy. People confirmed they received their medicines at the right time. One person told us, "The staff help me with medicines. I know what I have, and like to know what I am taking; changes to medicines are discussed with me."
- Staff were observed to engage with people when administering their medicines; consent was obtained from people and documentation was completed appropriately.
- People were able to tell staff if they needed 'when required' (PRN) medicines such as pain relief. Staff were guided by PRN protocols should a person not be able to express their need. PRN protocols were personalised to the individual.
- Where appropriate, people were supported to administer their own medicines. Clear and robust risk assessments were in place which included people being shown how to administer their medicines safely and checks made by the registered manager.
- Auditing and counting of medicine was undertaken frequently. We saw evidence of where a medicine error had been found, and this was reported and escalated appropriately. The registered manager advised of actions taken that included further training for the staff member and additional checks on their competency to administer medicines.
- Accidents and incidents were analysed and dealt with when they occurred, and measures were implemented to minimise reoccurrence. We saw evidence of appropriate referrals to professionals following incidents. Care plans and risk assessments were updated to reflect any changes made. A communication folder was in place to inform staff of any changes.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. We observed staff wearing and disposing PPE appropriately.
- We were assured that the provider was accessing testing for people using the service and staff. The registered manager advised people were tested more frequently than government guidance as they went into the community.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean, people assisted with housekeeping and took pride in this.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Visitors were welcomed to the service and people were supported to use local amenities.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 appropriately assessed before they moved into the service. People and their relatives told us they had the opportunity to visit the service and meet others before making the decision to move in. One relative told us, "I went to see the home before [person] went in, and I was allowed to take photos of the room. The social worker took [person] to see the home too, the manager was very accommodating."
- The registered manager told us that assessments identified whether people's needs could be met by the service and of their suitability to live with others accommodated there

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively. People told us they felt staff had the right training to meet their needs. Staff received training relevant to the people they supported, for example, training in epilepsy and positive behaviour support.
- Most staff held National Vocational Qualification (NVQ) to level two or above and were encouraged to increase their skills and knowledge. The registered manager described how they empowered staff to be involved in various aspects of the service and told us, "I'm a big fan of staff development."
- New staff completed the Care Certificate, a work-based, vocational qualification for staff who have no previous experience in the care sector. New staff shadowed experienced staff until they were deemed competent to work alone, and this also gave people an opportunity to build a rapport with them.
- Staff told us they received regular and relevant supervisions, spot checks and attended meetings; records supported this.

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

- People enjoyed varied diets according to their wishes and tastes. Menus were designed around people's specific food choices. One person told us, "The food is brilliant, I couldn't ask for a better chef but I do cook myself. I prefer to make my own lunch or dinner; I get to eat what I like."
- Where possible, people cooked and prepared their own meals, and people had risk assessments to enable this. One person told us, "The staff make me what I want within reason, but I try to be independent." Staff confirmed they prepared food for people when requested. One staff member told us, "If anyone wants food, I will prepare it for them if asked."
- We observed a shopping list displayed on a wipe board in the kitchen so people could add items they wished to be delivered. One person told us, "We do our shopping list together."
- People living with diabetes were assessed and appropriate diets were agreed with them. We saw evidence of improvements to their condition, with staff support, medicines for people had been reduced as a result of healthy choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare agencies and support including occupational therapists (OT), psychologists and psychiatrists. People received support in a timely manner. For example, a person's walking aid had broken, and the OT was able to assess the person for a new aid which was quickly sought.
- Staff worked with external agencies to provide good outcomes for people. One visiting social care professional told us, "Victoria Lodge have responded very well when my customer's physical health showed signs of decline. They instigated support from health colleagues and appropriate treatment is now in place. They have also appropriately involved other professionals when required and liaised with other services to ensure my customer has access to the equipment they require."
- Records confirmed people were supported to access healthcare such as dental services and audiology. People were involved in the decisions; care plans guided staff on how to assist people and when they should attend follow up appointments.

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

- The service was clean and modern; people commented on the cleanliness and décor and felt it was suitable for them. One person told us, "It's very clean, especially since Covid. [registered manager] is very good with this."
- People were supported to decorate their rooms to their preference. Where needed, appropriate equipment was in place, for example, specialist beds and commodes. People had a choice of en-suite bathrooms or wet rooms, and each room was clean and tastefully decorated. One relative commented, "It's like a proper house rather than a care home."
- The service was adapted to meet the needs of people. The lounge and kitchen/diner were spacious, and doorways were wide for ease of wheelchair access. The service worked alongside relatives to facilitate an accessible gym for people to use. The kitchen was adapted for people to cook safely.

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- MCA assessments had been carried out where appropriate in relation to people's support. Where people lacked capacity to make their own decisions. We saw evidence of best interest decision discussions involving the relevant agencies, for example, relatives and professionals.
- We observed staff obtaining consent from people before providing support throughout the inspection. We saw a range of documentation requesting consent from people for other reasons, such as, sharing

information with professionals.

- Staff had received MCA training and demonstrated their knowledge by ensuring people were involved in making decisions.
- The registered manager had identified where people previously needed to be deprived of their liberty. They had made referrals to the local authority which had been reviewed appropriately. Where DoLS authorisations were no longer required, the registered manager undertook risk assessments so people could remain safe yet independent.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The service had a person-centred culture. Staff knew people's preferences, for example, one person preferred to have very structured days. If any changes were needed, staff would remind the person of the changes in advance. When describing the person's preferences, the registered manager told us, "They like their routine, it is important to them, staff are aware of this. They need to be aware of what they are doing and if there are any changes. They have been a learning curve for us, and we have adapted our own expectations."
- Where people's preferences had been expressed, these were met. For example, people were asked whether they would prefer a female or male staff member to support them.
- All staff received equality and diversity training and had read the appropriate policies. The registered manager confirmed staff demonstrated their knowledge through feedback, observations and meetings.

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

- People could freely express their views. They had conversations with the registered manager and staff about how they wanted to be supported with their care and social life. One person told us, "It's a good place, they let me do what I want. I like to chill, I don't want to go out; they ask me but don't force anything."
- People were involved in decisions regarding their care and support. We saw monthly reviews completed by the person with their keyworker. The reviews included what goals the person was working towards, for example, to reduce sugar intake or to improve physical fitness.
- People's support was reviewed on a regular basis; this gave people an opportunity to make changes where needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative told us, "The staff are very good, they know [person] inside out and [person] knows them too. They treat each other like friends but the staff maintain a professional boundary."
- Promoting people's independence was at the heart of the service's ethos, and staff described how people's independence was upheld. One staff member told us, "What I like most about working here is the sense of life we give people, and I believe helping people is the best way. I am proud to be a support worker."
- We observed kind interactions between people and staff; the atmosphere in the service was jovial. Staff were observed to knock and wait for a reply before entering a person's bedroom.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans included their wishes and goals as well as risk assessments to guide staff on how to support them. For example, a person who wished to use the gym could do so with the recommendation they did not overexert themselves to worsen an existing injury. This was written and agreed to by the person. The person told us, "We have meetings here; we talk about fitness and exercise and food."
- The registered manager confirmed people had full control of their lives. People were involved in planning their support. People told us they were encouraged to remain as independent as possible and had discussed with staff how this could be achieved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met in a personalised way through various methods such as verbal discussions, the written word, and occasionally the use of pictures.
- People were able to verbalise their wishes. The registered manager explained if a big decision was to be made, some people needed the choices written down to help them make the decision.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Visitors were welcomed to the service and people could go out with their visitors. One person described how they enjoyed going to local pubs, parks and cafes. We observed one person going out to a café and safely returning home during the inspection. One relative told us, "They are getting out and about, this has made a big difference to them, the staff make sure they get the chance to get out."
- The registered manager and staff encouraged people to see friends and family, and relevant, robust risk assessments were supported this.
- People were supported to maintain relationships with friends and family. One person used assistive technology to keep in contact with relatives. Other people had additional technology to allow them to contact their loved ones.
- During the COVID-19 pandemic, people were able to receive visitors in a safe manner, in line with government guidance. Staff had responded to the lack of outdoor activities and had purchased a pool table for people to use along with other games.
- The registered manager had purchased an accessible minibus so people could go out.

#### Improving care quality in response to complaints or concerns

- Two complaints had been logged and dealt with in line with the provider's complaints procedure. One relative told us, "If I have any issues I speak to [registered manager] and they'd sort it out."
- The registered manager described how concerns would be dealt with and taken seriously. 'Complaints were logged, and any emerging patterns were identified. Actions were taken, and lessons learned, to prevent any reoccurrence.

#### End of life care and support

- The service was not supporting anyone at the end of their lives at the time of inspection. The registered manager confirmed if someone was nearing the end of their life, it would be discussed with them and their families. In the case of an emergency, after life care had been sensitively discussed with people and documented.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager encouraged an inclusive and empowering culture in the service. Opinions from people and staff were consistently sought and their input acted upon. One staff member told us, "I mentioned to [registered manager] about night security. They said to bolt the door and they have put a secure gate round the side, and this has solved the problem."
- Staff were encouraged to make suggestions, and one staff member advised they proposed a change to the meals offered. They told us, "When I first started, food was 'samey', [registered manager] agreed to change it. I gave the guys ideas of healthy foods and made a recipe book up."
- There was a friendly atmosphere throughout the service, staff were seen to be respectful and engaging with people. People were content undertaking various activities including cleaning their bedrooms, cooking or going out; at other times, people wanted to relax.
- The service sought formal feedback from people and their relatives. This was collated, and action plans were developed when needed. Following the most recent feedback result, the registered manager had improved communication with families and provided regular updates.
- Staff received time with the registered manager to discuss any issues within the service or personal development. Staff commented they felt valued, supported and always received a thank you.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated full awareness of the duty of candour. They described the duty of candour as being open, honest and admitting mistakes when things went wrong. The duty of candour was considered for any incidents, errors, accidents or complaints, and records confirmed these were completed and documented by letter or email.

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

- The registered manager understood their role and demonstrated an understanding their regulatory requirements. People spoke highly of the registered manager. Comments included, "[Registered manager] is a cool person, they're alright. If I had problems, I would speak to them." And "I give [registered manager] 10/10, they're brilliant, they're the best."
- Staff said they felt supported by the registered manager and confirmed they were given opportunities to

develop their skills. Comments included, "This manager is amazing, If I have any problems I can always ask for help, any questions, they are always helpful. I can speak to them whenever is needed; they are brilliant."

- Quality assurance processes were undertaken and analysed on a monthly basis with action plans developed from findings. For example, following an audit of infection control, paperwork and risk assessments had been revised in line with government guidance. The registered manager described auditing as a shared task so staff take ownership of responsibilities. They told us, "I explain to staff why things are checked rather than just telling them to do it."
- The registered manager displayed a passion for their role and when discussing the values of the service, they commented, "It's their house and your work, it should be fun, everyone should enjoy these things."
- The registered manager understood their duty to notify CQC of events in the service, and records confirmed this had been done appropriately.

#### Continuous learning and improving care

- The registered manager was supported by wider a management team within the organisation, and shared learning was a regular theme of meetings.
- The registered manager planned to empower staff for career progression. For example, a staff member had completed their NVQ level two and was being encouraged to enrol for level three. The registered manager had further plans to develop champion roles within the service and told us, "I am planning to appoint an Infection Prevention and Control (IPC) lead to take charge of IPC aspects in the home."

#### Working in partnership with others

- The organisation had a range of internal professionals to initiate a quick response to changes in people's needs. The registered manager engaged with these professionals in a timely manner which provided positive outcomes for people. For examples, a person required a change of wheelchair to promote their independence, and this was quickly actioned.
- People had external professional involvement such as brain injury specialists and social workers. Professionals spoke highly of the service and the registered manager. Comments included, "I find the service excellent. My client has progressed really well since their admission. They are professional and communicative. They also respond quickly to my client's changing needs and communicate well with the family." And "I find [registered manager] very responsive to any issues involving my customer. [Registered manager] completes very thorough reports to inform the annual reviews I have completed during the two years of the placement."
- The registered manager belonged to a local forum of other managers and health professionals to continually update their knowledge and share best practice.