

Victoria Lodge Limited

Victoria Lodge

Inspection report

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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 

Overall summary

This inspection took place on 10 December 2015 and was unannounced.

Victoria Lodge is a large terraced residential registered with accommodation on two floors. Victoria lodge is registered to provide personal care and accommodation for up to seven people with a learning disability. At the time of our visit there were 3 people residing there.

There was a registered manager in post at the time of our inspection. 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.

We found that people's care needs were assessed and planned for and that staff provided support safely and with consideration for the individuals concerned.

Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns.

Summary of findings

There were systems in place to make sure that people were supported to take medicines safely and as prescribed. The registered manager had not completed medication audits inline with the company policy.

Risks to people had been assessed and plans put in place to keep risks to a minimum. There were enough staff on duty to make sure people's needs were met.

Recruitment procedures made sure staff had the required skills and were of suitable character and background. Staff told us they enjoyed working at the service and that there was good team work.

Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively. Staff were supported by an open and accessible management team.

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. The registered manager had

taken appropriate action and people were not restricted unnecessarily. Best interest meetings were held where people had limited capacity to make decisions for themselves.

We observed that people's privacy and dignity respected. Care plans were person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met. People were supported to maintain their health and had access to health services if needed. People's needs were regularly reviewed and appropriate changes were made to their support if required.

People's views were sought and they were encouraged to be involved in the running of the registered and were empowered to be as independent as possible. Staff knew what was important to people and people received care that was individual to them, according to their needs and wishes.

We found there to be an open and transparent culture. Staff felt supported in their roles. Regular checks and audits took place to try to continually improve the service.

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 safe.

People were kept safe because staff were available and responded promptly to people's needs.

Robust recruitment practices were followed to ensure staff were suitable to work in the registered.

Medication was managed well day to day and was administered in a safe way by staff that had been trained to do so.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed to protect people's rights.

People were supported to maintain good health and had access to relevant services such as a GP or other healthcare professionals as needed.

Good



Is the service caring?

The service was caring.

We observed that people were looked after by caring staff and warm, friendly relationships had been developed.

People and their relatives were involved in making decisions about their care and treatment.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People received personalised care.

Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service.

Good



Is the service well-led?

The service was well-led.

A registered manager was in place who had good oversight of the service.

Staff told us that management was supportive.

There was a positive, caring culture at the service.

Good



Summary of findings

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

There were opportunities for people to feed back their views about 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 10 December 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and complaints made about the service. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR is a

form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

We looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at three care records, four recruitment records, the staff rota, notifications and records of meetings.

The majority of people were out of the home at the time of the inspection. We spoke with one person who received a service, we met with the registered manager and we spoke with one member of care staff. We also had feedback from a community nurse and a social worker.

The service was last inspected in August 2013 and there were no concerns.

Is the service safe?

Our findings

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. One person told us, “I feel safe here, it’s nice.”

A staff member demonstrated they understood their role and responsibility in protecting people from abuse. They were able to identify the signs of abuse and the action to be taken if they had a concern. They said they had received training on how to protect people and that there was a safeguarding policy and procedure available.

A staff member showed an understanding of how to de-escalate situations where people were getting into conflict with each other. A support worker told us, “If people are getting angry I support them to use their [behaviour plan] and to go to a quieter area and then we talk about it.” Our observations found when people showed signs of anxiety staff were calm, patient and responsive. This approach had a positive impact on people and risks were reduced.

We saw from viewing records, there had been some incidents at the service when people had become anxious and agitated. This had resulted in episodes of behaviour that was challenging. We discussed this with the registered manager, and they said this was due to the staff’s skills in defusing situations before they became serious. Risks were assessed and management plans were put in place where risks were identified to inform staff of how to reduce and manage these.

A staff member told us how they had information available to them which provided guidance on the action required to manage and reduce known risks. They gave good examples of how they ensured day to day risks were reduced. One support worker said, “We have good detailed information available to us about people’s needs and how to support people to reduce and manage risks.” From the sample of care records we looked at, we found risk assessments and support plans had been completed to manage risks such as supporting people with their physical and mental health needs. In addition, external healthcare professionals had been involved in discussions and decisions about managing known risks. This told us that people could be assured that their individual risks were known, understood and had been planned for.

Personal emergency evacuation plans were in place in people’s care records. This information was used to inform staff of people’s support needs in the event of an emergency evacuation of the building. Additionally, staff had information available of the action to take if an incident affected the safe running of the service. This meant the provider had plans in place to reduce risks to people who used the service in the event of emergency or untoward events.

The internal and external of the building including equipment was maintained to ensure people were safe. For example, there was no clutter and exits were clear in case of a fire; there was clear signage to tell people where fire exits were. However we highlighted that weekly testing of fire alarms were not completed as often as their policy stated. The environment was clean and tidy and well maintained.

There was sufficient staff deployed appropriately to meet people’s individual needs and keep them safe. The support worker we spoke with told us they felt adequate staff were rostered on duty to meet people’s individual needs. Some people had needs that required them to have additional staff support. From our observations and by looking at the staff roster and records, we concluded that people had their individual needs met. The provider had a safe recruitment procedures in place that ensured people were cared for by suitable staff. People’s dependency needs were assessed and regularly reviewed. An example was given by the registered manager of how the service accommodated people’s fluctuating needs.

For example, if a person became unwell the registered manager ensured additional staffing was available to support the person. This told us that the service was flexible in their approach in meeting people’s needs. Any shortfalls in the roster due to sickness or leave were covered by support workers or bank staff that was employed by the provider. This provided people with consistency and continuity in the care and support they received.

People received their medicines safely and as prescribed by their GP. People told us that they received their medicines at regular times. We observed a team leader administer medicines to people. They did this competently, following the provider’s policy and procedure. They were knowledgeable about the medicines they were administering and supported people safely. We found the

Is the service safe?

management of medicines, including storage, monitoring, ordering and disposal followed good practice guidance. We reviewed three people's medicines administration records (MARs) and medicine support plans. MAR charts showed each medicine to be taken as well as the dose prescribed and time of day it needed to be taken. Staff signed the MAR

after administration and we found no unexplained gaps in recording. We found protocols were in place for the medicines which were to be given only as required. They provided information about the reason for administration of these medicines and any cautions in their use.

Is the service effective?

Our findings

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).

At this inspection we checked whether the service had taken the required action to ensure people's human rights were protected. Where concerns had been identified about restricting a person of their liberty the registered manager had appropriately submitted applications for authorisation. The principles of the MCA were embedded throughout the service and understood by staff. Each person's support plan showed us that their capacity to make decisions had been considered, and recorded throughout. For example, one person's records stated that their ability to make decisions may be temporarily reduced if their mental health deteriorated due to anxiety. The records stated that if possible, the decision should be delayed until the person's mental health improved, or alternatively that a 'best interest' decision should be made. Staff we spoke with showed a clear understanding about including people as fully as possible in decisions about all aspects of their lives. Records showed that staff had received MCA and DoLS training. The provider also had a policy and procedure to support staff in understanding these principles.

People were supported by staff with appropriate skills and experience, who had received training and support relevant to the needs of people who used the service. One person said that they felt staff understood their needs and how to support them. They told us, "My keyworker helps me out and asks if I'm okay." A keyworker is a named support worker who had additional responsibility for a person.

A staff member told us they had received training during their induction period, and that they were frequently being supported to undertake new training, and updates to

existing training, to ensure their knowledge stayed up to date. A support worker said, "The support and training is very good, we receive training internally and from external professionals."

The provider had an induction programme for new staff that included the Skills for Care guidance and the Care Certificate. Skills for Care is a recognised workforce development body for health and social care in England. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff. The registered manager also showed us the training and support plan for staff. This included training for supporting challenging behaviours and autism. This showed us how staff training needs were monitored and planned for in advance. Additionally, staff received opportunities to review their practice and training and development needs.

There was good verbal and written communication between the staff that was observed before people went out to do their activities. The provider used a handover book to outline relevant information to the next shift. In addition, staff had a handover meeting at the beginning of each shift to pass relevant information to the next team. There was also a diary of people's appointments such as dental and GP visits, this ensured all staff remembered when people's appointments were due.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. This included consideration of people's cultural and religious needs. A person told us, "We plan the meals together, the food is very nice" and "If I am hungry, I can always get something to eat." People were able to make drinks and snacks as they wanted. If people needed support in the kitchen, we noted staff were always on hand to assist. At lunchtime, we overheard staff offering people a choice, and taking time to explore and understand what people wanted. We looked at the menu and found that it provided well balanced and nutritious food. Staff showed good awareness of dietary needs.

The staff regularly monitored people's weight, and understood what actions to take if a person's weight unexpectedly changed. The service had a good supply of fresh food, including fresh fruit.

People were supported to maintain good health and have access to healthcare services.

Is the service effective?

From care records looked at we found people's health needs had been assessed and people received support to maintain their health and well-being. People had a 'Health Action Plan', this records information about the person's health needs, the professionals who support those needs such as a psychologist, speech and language therapist and community nurses, and their various appointments. We

saw examples' of people's health action plans, these were detailed and up to date. In addition people had 'Hospital Passports' in the event that they went to the hospital. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines.

Is the service caring?

Our findings

People were supported by staff that showed they were compassionate, kind, caring and treated people with dignity and respect. A person told us they liked living at the service and felt staff treated them well and said “Staff are kind”, “They come when I need them” and “They are friendly.”

A community nurse stated the registered manager that commenced while they were involved with the service, “was more caring & looking at a more personalised person centred service”.

Support workers were observed as having a good understanding of people’s individual needs. One support worker told us, “We consider choice and listen to them [the person] at all times.” Additionally, support workers gave examples about people who used the service who had experienced discrimination whilst in the community. They told us how these situations had been managed and how they had supported people’s dignity. This demonstrated that support workers were compassionate and respectful towards the people they cared for.

We saw that people who lived at the service and the support workers got on well together and had warm, friendly and caring relationships. Support workers made people feel that they mattered. For example, we saw people were involved in conversations and discussions, and people’s responses and opinions were respected. There was laughter and appropriate banter between people that used the service and support workers. People looked relaxed within the company of support workers present.

We observed support workers talking to people who used the service in a polite and respectful manner. When talking to each other, support workers showed respect, care and understanding

about the people they supported. Staff showed enthusiasm and passion when talking about their work with people who used the service.

The atmosphere in the service was calm, and we heard support workers treating people with respect and dignity. A person told us, “If something needs doing, I just mention it [to staff] and it’s done.” Staff gave people choice and promoted independence. Examples of this were what people chose to do each day, what people wanted to wear, what people wanted to eat.

There was evidence throughout the support plans we looked at that the support given to people was

person-centred and caring. People’s needs and preferences were clearly stated. We also noted that support plans focussed on people’s strengths and independence was consistently promoted. People who used the service, where able, told us they had been involved in their support plans. When people were not able, it was also shown in the support plans that family members had been involved to try and capture what the wishes of the person were. We saw records of monthly meetings that people who used the service had with their key worker. A keyworker is a named support worker that co-ordinates the support of an individual. These meetings consisted of a face to face discussion with the keyworker. People’s concerns, comments and goals were discussed and recorded to ensure their views were included and influenced their care.

We saw notices in prominent areas of the service which gave information on how to access advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. We saw evidence that one person was using an advocate to support them.

There were several areas within the building that people could go to if they wanted to have some privacy, or spend time alone. Support workers showed a good understanding of dignity and privacy, and this was also evidenced in support plans.

Is the service responsive?

Our findings

A person told us that the service was responsive. Comments included, “I am told what is happening and asked for my consent to do things.”

A community nurse when asked if the service was responsive stated “Initially no but then the Area Manager and [Registered Manager] were much more responsive implementing recommendations”.

People received person centred care which was responsive to their needs. Person centred care is about treating people as individuals and providing care and support which takes account of their likes, dislikes and preferences. Care plans were detailed and included people’s individual preferences about how they wanted to receive support. There was a personal history for each person which gave staff an understanding of their character and background. The registered manager explained that there had recently been a focus on reviewing all care plans and to ensure they were up to date with all the required information. The care plans we looked at were up to date and reviewed as necessary. Areas covered included information for staff about people’s health, mobility, personal care and medicines.

People who used the service had a range of different learning disability needs. Due to people’s anxieties, they could present with behaviours that challenged others. Staff had available to them detailed information about how to manage behaviours that challenged. A support worker told us that one person often required medicine to manage their behaviour when they first came to the service, they said, “We can redirect [person] and use techniques to de-escalate tensions, and so they hardly need that medication.” This told us that people could be assured that staff knew how to support them appropriately at times of heightened anxiety.

There was a clear picture of people’s needs and how they were to be met. Staff members told us that care plans contained sufficient detail to provide effective and

responsive care. People and their relatives were involved in reviews and the service took appropriate action where changes in people’s needs were identified. We were told about a person whose needs had gradually increased over time and they were recently supported to move to another service who could better meet their nursing needs.

There was comprehensive information in care plans about people’s needs and the support required. Where people’s mobility had deteriorated and they needed particular equipment to assist them, we found the service had acted swiftly to get the equipment needed.

The registered manager provided a range of activities for people, many of which were designed specifically for people living with a learning disability. These included games, music, baking and art. Music was sometimes played in the lounge which people enjoyed. There was a weekly programme of activities, however people had an opportunity to choose what they wanted to do each day and were given 1:1 staff support to do activities such as baking and art work to support the person around their behaviours and anxieties.

A person told us they knew how to complain and felt comfortable speaking to staff or the registered manager if necessary. The same person told us they had no current cause to complain about anything in the service. There was a clear record of previous complaints made which had been reviewed by the registered manager. Each complaint had been logged separately, and included details of the response made. The majority of complaints had been responded to in writing or in a face to face meeting. Appropriate action had been taken in response to any concerns raised. For example a number of complaints had been received recently about the care of a family member. A meeting was arranged with relatives and professionals to discuss the concerns and how the situation could be improved. This had been reviewed to make sure action had taken place as agreed and to the satisfaction of the complainant.

Is the service well-led?

Our findings

The service had an open, inclusive and caring culture that focused on the needs of each individual. People that we spoke with told us they were satisfied with the service they received.

A support worker we spoke with was clear about the values and vision of the service. They told us that people's individual needs and strengths were identified and independence promoted.

They further stated "We work closely as a team to provide a safe, caring and supportive service."

The support worker we spoke with was clear about their roles and responsibilities and said that they would be confident to raise any issues, concerns or suggestions. They told us about the whistle blowing policy and procedure and that they had a duty to use it if necessary.

The registered manager was seen to be visible and approachable to people who used the service and support workers. They engaged well with people and clearly had a good understanding of people's individual needs.

A support worker told us that they attended regular staff meetings where they felt able to raise any issues, concerns or make suggestions. One support worker told us, "Yes, I feel valued and listened to." The minutes of the team meetings demonstrated most staff employed attended.

Monthly staff meetings were arranged. We saw the last year's meeting records, these showed that discussions were had about the standards of care the provider expected. Additionally, the needs of people who used the service and the action required by support workers to meet people's ongoing needs were discussed and agreed.

People who used the service received opportunities to share their views and experience about the service they received. Regular meetings were arranged with people who

used the service. We saw the last year's meeting records. People were asked to comment on a variety of topics such as if they were happy living at the service, the choice of activities, food choices, staff support, if improvements to

the service were required and if there were any complaints. If action was required this was recorded and reviewed at the next meeting. This told us that the provider supported people to be involved in discussions and decisions about how the service was managed and developed.

The provider had systems in place to monitor the quality of the service. This included weekly and monthly audit checks completed by the registered manager and additional audits by a regional manager. For example, checks included the care records and accidents and incidents. Actions plans were developed from these audits where any shortfalls were identified. People's individual accidents and incidents were monitored and appropriate action had been taken to reduce further risks from reoccurring. However the medication policy stated the medication system, of how the medication is stored, given and disposed of safely is audited by registered manager to identify if there had been any errors on a monthly period. The last audit had been completed in March 2015. There was an external audit carried out by Boots Pharmacy on 10 April 2015 which highlighted concerns, at the time of our visit those highlighted areas had not been actioned but the registered manager was aware of the concerns and had a target date to have the concerns recritified. At the time of visit the registered manager said he was aware he had not kept up to date with the medication monthly audits and it was an area that required his attention. However we found that this had not impacted upon people as we found safe medicines management practices.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.