Care Quality Commission

HC-One Limited

Victoria Gardens

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

Summary of findings

Overall summary

Victoria Gardens Residential Home provides residential support and care for up to 28 older people. At the time of our inspection there were 24 people living at the home. At the last inspection, in May 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care and there were enough staff to support people's needs. People were protected from the risk of harm. People received their medicines as prescribed. Staff were suitably recruited to ensure they were able to work with people who lived at the home.

People made decisions about their care and staff sought people's consent. Where people lacked capacity they were helped to make decisions. Where their liberty was restricted, this had been identified and action taken to ensure this was lawful.

People received supported to stay well and had access to health care services. They were able to choose what to eat and drink. Staff received training to meet the specific needs of people who used the service.

People were treated with kindness, dignity and respect. People were asked their preferences about how they wanted to be cared for and supported to do things they liked to do. These details were recorded in people's care plans including their end of life wishes.

People were involved in the planning and review of their care and support, and if appropriate family members were consulted. People knew how to make a complaint or raise a concern.

The provider and the registered manager had systems were in place to assess and monitor the quality of the service. People and staff were encouraged and had opportunities to raise their views about the service about how improvements could be made. The registered manager promoted an open culture which put people at the centre of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Care Quality Commission

Victoria Gardens

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 checked 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 was a comprehensive inspection that was completed by one inspector on 21 June 2017 and was unannounced. The provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the home, what the service does well and improvements they plan to make. We took this into account when we made judgements in this inspection.

We also reviewed information we held about the service such as statutory notifications. A statutory notification is information about events, which the provider is required to send to us by law. We also reviewed information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and Healthwatch. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During the inspection we spoke with seven people who lived at the home and four relatives. We spoke with the registered manager, a supporting registered manager, senior care assistant, two care assistants, the well-being coordinator, the cook, maintenance person and a visiting health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documents and written records including two people's care records, records about the administration of medicines and newsletters. In addition, we looked at how complaints processes were promoted and managed. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included minutes of staff meetings, quality surveys completed by people and their relatives and health and safety audits.

Good

Is the service safe?

Our findings

People told us they felt comfortable and safe with the staff that supported them. One person said, "Oh yes I do feel safe living here because we are so well looked after." Another person told us, "I feel safe because staff check my safety equipment and make sure my emergency call buzzer is within my reach before they leave my room at night. A relative commented, "All the staff are very good here. I have nothing bad to say about them. So I do feel [relative] is safe living here."

Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff had received training, were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us, they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse.

The provider followed robust recruitment procedures. We saw recruitment records demonstrated prospective staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks. DBS checks return information about any convictions and cautions, which help employers, make safer recruitment decisions and prevented unsuitable people from working with particular groups of people.

People told us there were enough staff to meet their support needs. One person said, "Staff always come if I press my buzzer. They use agency staff at night and sometimes during the day to cover, but this doesn't happen very often." The registered manager told us they were using agency staff to cover some shifts as an interim arrangement, whilst they recruited more staff. Staffing levels were decided upon the dependency requirements of the people living at the home. One staff member told us, "We have recently had an increase to four care staff per shift, to help a more dependent person."

Risks to people's health and safety had been identified. People's care plans included detailed and informative risk assessments. These were individualised and provided staff with a clear description of any identified risk. They contained specific guidance on how people should be supported whilst ensuring no unnecessary restrictions were placed upon them to maintain people's independence. Where accidents or incidents had occurred these had been appropriately reported, recorded and investigated, any trends were identified, so lessons could be learned.

We saw that medicines were administered and managed safely. People confirmed they received their medicines on time. There were appropriate facilities for the storage of medicines. We saw written guidance was in place if a person needed medicines 'when required.' These medicines were recorded when staff had administered them and the reason why,, so usage could be monitored. We saw daily medicines counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines. This was so action could be taken place promptly to reduce risks to people's health and welfare. Staff administering

medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures.

Good

Is the service effective?

Our findings

People were supported by staff that had the knowledge and skills to provide their care. They told us they were confident that staff provided and helped them in the right way. Staff told us they received regular training, which helped them develop the skills to care for the people living at the home. One staff member said, "The training is good it enables us to do our jobs." One person told us "We are well looked after here. Another person said, "[Staff] generally I couldn't ask for anything better." Relatives we spoke with were also complimentary about the staff. One relative said, "Staff are friendly, helpful and really informative, we are glad our [relative's name] is here."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People 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 provider was following the requirements in the DoLS and had submitted applications to a 'Supervisory Body'. We saw the provider was acting upon the decisions made by the supervisory body and had processes in place to review these over time.

Staff we spoke with understood how MCA required them to promote people's rights. People told us staff always asked for their views and decisions, and told us staff respected these. One staff member said, "We always ask the person what they want us to do, it's important not to take people's independence away."

People enjoyed their meal-time experiences. One person told us, "The food is plain, but very nice." People had access to snacks including fresh fruit and drinks when they wanted them. We spoke with the cook, who understood people's dietary requirements and allergies, so people would remain healthy and well. We saw people were offered choices to meet their preferences at mealtimes and were not rushed. Where people needed support from staff in order to eat safely or to choose from a range of food and drink options this was provided.

People told us they had access to health professionals when required to help them remain well. One person confirmed this, "They [staff] called the doctor out for me when I wasn't well and my legs were swollen." We could see from people's care records they had accessed health professionals such as chiropodists, opticians and district nurses when required. A relative told us," They keep us informed when they have called out the

doctor, as we've asked them to do." A visiting health professional described staff as "Welcoming and helpful."

Good

Is the service caring?

Our findings

People told us they liked living at the home and told us staff were caring and compassionate towards them. One person told us, "Staff are very good to us." A relative expressed their gratitude to the staff for their patience in helping their relative settle in to their new home. They said "[Relative's name] came from hospital and they have settled in very well. They are as happy here as we are....it's a lovely home."

We saw staff spoke with kindness and patience when communicating with people living at the home. They gave people time to consider their options before making a decision and staff encouraged people to express their views and listened to their responses. An example of this was when the well-being co-ordinator asked people if they would like to join in a painting session. People were gently encouraged to take part but if they declined this was respected.

People were encouraged to make decisions and choices about their care and support they received. This included how people would prefer their end of life care and support. These details were included in people's care plans with instructions for staff to follow in the event of their death.

The provider stated in their Provider Information Return (PIR), "Each Resident [people who lived at the home] is allocated a specific day of the month where they are 'Resident of the Day' to encourage and record the involvement of the Resident / Relative / Advocate in the review of care….. and are asked what activity they would like to do, their room is deep cleaned and care plans reviewed along with medication." People we spoke with confirmed this had happened. One person told us, "As a result of my review, I asked to go out for a walk every day and now this happens."

People's privacy and dignity was respected. Staff told us it was important for people to be treated as individuals and to uphold people's dignity at all times. One staff member gave us an example of how they tried to achieve this. When one person had become incontinent, (and wet their clothing), the staff fetched a blanket and covered their clothing whilst assisting them to walk through the lounge to the bathroom, so not to draw the attention of other people and save their embarrassment and maintain the person's dignity.

Good

Is the service responsive?

Our findings

People were supported to explore different experiences and staff recognised people's diverse interests. The Provider had employed a well-being co-ordinator, who worked with people in either groups or on an individual basis if people preferred, to follow their own specific interests. One person told us how they enjoyed playing dominoes, so the well-being co-ordinator had arranged competitions for people to join in. A relative told us, "The home helps [relative's name] maintain their hobby of gardening, they [provider] have given them their own gardening pots." The well-being co-ordinator told us how they helped people feel part of the local community and had developed links with local schools and social clubs which people were assisted to attend.

People's care plans and risk assessments were received at least monthly to ensure people received the care and support necessary and in the way they preferred. The care plans recorded people's personal history, so enabling staff to converse with people, they and their relatives had been asked to complete a document called "Remembering together- Your life story." This assisted staff to reminisce and help stimulate memories and conversations between people.

We discussed with the registered manager how responsive the provider was in relation to equality, diversity and human rights; and how it promoted inclusion for people of all religions, cultures and sexual orientation. They gave us examples of how they supported people to follow their chosen religions, through particular religious services being offered within the home and ensured people had access to their chosen faith literature.

People knew how to complain if they needed to and were confident any concerns would be taken seriously by the registered manager. A copy of the complaints procedure was displayed and people knew how to raise a concern. Although everyone we spoke said they had not needed to raise a concern or complaint. We looked at the provider's complaints records and saw one complaint had been raised over the last twelve months and this had been responded to in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

A registered manager was 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.

The registered manager had come into post since our last inspection. Staff told us she was approachable and had clear expectations in the way people should be supported and cared for. People told us they liked the registered manager. One person said, "I like the manager, she is very good, she has helped me and given me more confidence." A member of staff told us the registered manager had developed a culture within the home, "Where residents' needs always come first." They told us they felt people benefitted from a stable caring staff team, as there was not a high turnover of staff.

The registered manager told us they kept up to date with best practice and through training and guidance from the provider. They told us they had signed up for any research with 'Enrich'. They had successfully won a provider's and an 'Enrich award' for their contribution to the project, working with a community health professional. The work had aimed to reduce hospital admittances for people. This had been successful and reduced the need for people living at the home being admitted to hospital by 75%. This work had included educational talks to people living at the home about the need to avoid dehydration and how to avoid urinary tract infections in order to maintain their health and well-being.

The provider and registered manager carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns with quality were identified the registered manager recorded how improvements were to be made. The registered manger knew which incidents needed to be reported to us and knew that where restrictions to people's liberty had been authorised, we would need to be informed.

The registered manager also checked the quality of the care offered through meetings with people, relatives and questionnaires. They had recently set up a residents committee to discuss the running of the home and so help identify any improvements required. We saw as a result of these meetings the lighting in the lounge had been changed because people felt the lighting was too dim. People had requested more flowers in the garden, again this had been adhered to. People told us how much they now enjoyed sitting out in the garden as a result. This showed the commitment the registered manager had made to ensure people felt their opinion was listened to about their home.