Victoria Nursing Group Limited

Victoria Chatsworth

Inspection report

63 Dyke Road Avenue
Hove
East Sussex
BN3 6DA

Tel: 01273564471

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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

Summary of findings

Overall summary

About the service
Victoria Chatsworth is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection some of whom were living with dementia and other health conditions. The service can support up to 22 people. The care home accommodates people in one adapted building. The large detached building has three floors and an enclosed garden.

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

The recording of medicines administration was not always carried out correctly. Some medicine administration paperwork was not completed or was unclear. While we did not see any evidence that anyone had come to harm we identified this as an area of risk that needed improvement. People at the home told us they were happy and felt safe there. Staff understood the principles of safeguarding and we saw staff interacting with people and encouraging them to have input in their care. A person told us, "I lived in a tower block and I was unsafe, here I feel 100% secure. I have everything I need and although I am in a wheelchair, I feel like I could stay here happily forever."

Staff were caring, and we saw kind, polite interactions with people at the home. People knew staff by name and staff and people chatted naturally during the day. A relative told us, "My father has only been here two weeks, but he is already very happy. I know they are efficient, he has a lovely room."

The care people received was effective. Staff were well trained and understood when to refer people to other health care providers to ensure people received the most appropriate care. Food served at the home was well presented and people enjoyed it.

An activities coordinator at the home ensured people were not bored even if they could not leave the home. People's care was personalised and documented clearly in care plans. People and relatives felt confident to give positive or negative feedback to the registered manager or other senior staff and know it would be acted on.

The home had a new registered manager who was well supported by a strong senior team. The registered manager was very hands on and was actively looking at the staff team to ensure staff worked well together, matching staff strengths so that rotas had the best skill mix. People liked the new registered manager and felt there had been a positive change since their arrival. A person told us, "I think everything will go well with the new manager."

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

Rating at last inspection
The last rating for this service was good (2 February 2017)

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.	**Requires Improvement**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was well led.	**Good**

Victoria Chatsworth

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.

Inspection team
The inspection team consisted of one inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last 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 six people who used the service about their experience of the care provided. We spoke with five members of staff including the Care Quality Director, the registered manager, the deputy manager, the activities coordinator, and a carer.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at 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 looked at staff recruitment files.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People were at risk of missing medicines because staff did not always fill in charts to show when medicines such as optional pain relief were offered but refused. Staff left boxes empty on the MAR charts to show both medicines refused and medicines not offered, this meant that other staff could assume medicines were offered when they had not been. Some staff signatures were unclear or resembled codes which referred to missed medication. Running totals of medicines were not always completed. We did not see any evidence that people had come to harm, however, we identified medicines documentation as a risk and an area that needed improvement.

● Medicine was administered by trained nurses only. Care staff applied creams to people where appropriate as part of their personal care. We watched a nurse administering medicines and supporting people to take medicines safely. A person told us, "I self-medicate safely. The blisters are kept in that locked cupboard, but the carers keep their eye on things."

Systems and processes to safeguard people from the risk of abuse

● People told us they usually felt safe. A person said, "I am Safe because it is a clean fresh place to live with enough staff who care about me." However, another person told us, "I feel safe with the regular staff, but I am not keen on some Agency staff who come at weekends they don't listen to you."

● People were protected from the risk of abuse and harm. Staff had training in safeguarding during their induction. They understood the principles of safeguarding and knew how to report concerns about risks of harm. A staff member told us, "We had online safeguarding training."

Assessing risk, safety monitoring and management

● People's care plans contained risk assessments tailored for the person. For example, risks to people with swallowing difficulties were assessed by the speech and language therapy team and noted in the care plan to guide staff.

● Documentation to show that equipment safety checks were carried out was complete. Fire safety checks, gas, water and electricity checks had been done as necessary.

Staffing and recruitment

● There were enough staff to support people. Where there were staff vacancies, the registered manager arranged for agency staff to cover gaps in the rota. The registered manager ensured continuity for people and their care, by using current staff working on 'bank shifts' or overtime before using agency staff.

● Staff were recruited safely. Recruitment policies were in place and were followed. The registered manager told us that when looking for new staff a caring attitude was essential. They said they looked for staff who were, "kind, caring and compassionate, who had people's best interests at heart.
● Staff recruitment files were up to date and included employment histories and appropriate references. Checks were carried out to ensure that staff were safe to work within the health and social care sector including Disclosure and Barring Service (DBS) checks for staff.

● Staff qualifications were recorded in the staff files. For nursing staff this included records to show nurses were currently registered. The service supported nurse registration and paid their fees each year as part of a staff incentive scheme.

Preventing and controlling infection
● Infection risks were controlled, and people were protected at Victoria Chatsworth. The service employed a cleaner and the home was clean. A member of staff told us, "We have a cleaner to clean the carpets and anywhere there is a spill."
● Staff understood the need for protective personal equipment (PPE) to be used, for example the use of apron and gloves when assisting people to wash. Staff told us that there were always plenty of PPE products available.
● There were hand gel access points around the home and signs reminding staff and visitors to use the gel to keep their hands clean.

Learning lessons when things go wrong
● The registered manager and the provider encouraged openness among the staff to ensure errors were reported promptly. This enabled them to be resolved and learned from.
● Regular audits around errors and complaints were shared with other homes in the group. People felt listened to. A person told us, "If I had a complaint my son would discuss it with the manager."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 had their needs assessed prior to coming to live at the home. Care plans were written in collaboration with people and their families. Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. People had choices. In one care plan we saw that a person had advice from the speech and language team which he had chosen not to take. This was clearly documented.
- People had effective care. The registered manager was keen to ensure staff kept up to date with best practice advice. People were encouraged to manage their own care where possible and when supported by staff, were given choice about how the care was delivered.

Staff support: induction, training, skills and experience

- Staff were given an induction before they started working with people. Staff received support from senior staff while they were training. Staff were trained appropriately. Staff found the training helpful. A staff member told us, "The induction was very thorough."
- Staff were able to access online training and face to face training where necessary. The registered manager maintained a training matrix to ensure staff completed the appropriate training for their role. A member of staff told us, "I follow the health and safety rules. I have done the practical manual handling course."

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

- People were supported to eat and drink when necessary. The food was prepared by a chef who knew the people well. Food was well presented, for example when people needed food to be pureed the food was piped into shapes or moulds were used to make the food look attractive as well as tasting nice. A relative told us about their loved one, "He loves the food, everyone is lovely to him."
- Care plans contained information about people's likes and dislikes around food. They also recorded any allergies, or religious preferences people may have, and all of this was communicated to the chef.
- People were assessed to ensure they were not at risk of weight loss and anyone who required it was weighed frequently. Weights were recorded in care plans.

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

- Staff knew people well enough to know when something was wrong with them. Staff had handovers at the

end of each shift to pass on information about people's wellbeing. A staff member told us, "Hand overs are good, they go through everything."
● Staff were able to refer people to nurses within the home or to other health care professionals. Nurses assessed people for referral to specialist teams, for example, podiatrists, dieticians, specialist tissue viability nurses and GPs.
● Staff arranged for flu vaccinations for people via community nursing teams. The nurses had also consulted with community psychiatric nurses and speech and language teams to ensure effective care for people.
● People were able to make their own choices and appointments with outside services. Leaflets on display at the home gave information on services such as opticians. A person was able to have time outside with support from a care agency. A relative told us, "I have arranged for an agency to take him three days a week for a coffee in a café and a walk along the seafront in his wheelchair."

Adapting service, design, decoration to meet people's needs
● The home had two accessible showers for people but did not have a bath. The registered manager told us there were plans to install a bath so that people could have more choice in how they were able to wash.
● People were able to move safely about the home. There was a lift to enable people to move safely between floors and stairs were wide, with non-trip strips on each tread and had hand rails.
● People were able to personalise their rooms as they liked, with pictures and furniture. Where people needed to use hospital style beds or chairs these were provided so people's rooms were comfortable.
● The hall had noticeboards displaying information to make people's lives at the home easier, for example one board displayed photographs of the staff with their names.

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.

● The registered manager and the provider understood the principles of the MCA and acted on them. The deputy manager told us they were waiting for further training in DoLs and that they were well supported by the senior team in the meantime.
● Staff were clear on what the MCA meant when caring for people. A member of staff told us, "You have to know if someone has capacity, and when to step in."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People were treated well in a dignified manner. The provider was keen to promote respect for everyone and knew the value of diversity in the workplace. The service had received a silver inclusion award from the LGBTQ (lesbian, gay, bisexual, transgender, queer) Switchboard. The Award, shows commitment to making a service LGBTQ inclusive through a combination of training and making changes to their care homes, policies, and practices.
- We saw people being treated in a caring way by kind, polite staff. A person told us they felt, "Loved and well cared for." They also said, "The nurses understand my needs. They know how to look after me. I am never lonely. I don't sleep at night, but night carers come in to talk to me."

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

- People were able to make decisions about their care. People were involved in the assessment and initial care plan and were consulted frequently when care plans were updated.
- Staff supported people to make decisions even when people lacked some capacity. A staff member told us, "We explain what we are doing at every step of the way. We talk all the time."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us they found the staff respected people and treated them in a dignified manner. A relative told us, "My father has a good wash every day and he is very happy with the way the carers assist him. It is very dignified."
- Staff encouraged people to remain as independent as possible. A staff member told us, "We let people do things themselves to help keep their dignity."
- People were encouraged to take part in activities and leave the home for walks when they wanted to. The deputy manager told us, "Most people have routines, [person] like to come out of his room and sit in the lounge. It's his choice."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 had personalised care plans which were read and followed by staff. While care plans followed a similar format each one was filled in with the specific needs and likes of the person. For example, their mobility needs were assessed, and notes were made to show how much assistance a person needed.
- People were supported to have choice in their day to day life by staff that understood them. People's care plans included people's life histories and things that were important to them, for example their religion and family links.

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

- People were able to take part in activities they enjoyed. We saw the activities coordinator playing card games with people and asking them which game they would like to play.
- The activities coordinator told us they used the care plans to understand people, to tempt people to join in, and to plan activities people enjoyed.
- The activities coordinator kept in touch with families via email, including distributing a monthly newsletter to keep families informed about activities planned at the home.

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.

- The provider understood their responsibilities to follow the AIS. Initial and ongoing assessments were used to identify people that may need information about the service and their care provided in different ways. Staff were happy to talk to people and explain aspects of the service or read to people. People could access large print books and leaflets. The registered manager told us that while there was currently no one needed special help with communication, "We would be able to work with someone with communication issues."

Improving care quality in response to complaints or concerns

- The provider encouraged feedback form people and relatives as a way to continually improve care at the

home. The registered manager had an open-door policy and was keen to talk to people and relatives about the care provided.

● Regular meetings were held to enable families to speak to staff about what they enjoyed or disliked about care and life at the home. People told us they had recently filled in a questionnaire about care.

● The service had a clear complaints policy, with information available in the hallway of the home for people to read. People told us they were confident to complain if needed. A relative told us, "We are listened to by the manager and nurses and carers." People were also encouraged to rate the home using independent online review sites.

End of life care and support

● People were supported at the end of their lives by trained nurses and caring staff.

● Care plans contained clear guidance for staff with regards to people's wishes. Nursing staff ensured people had end of life medicines and people had access to other healthcare professionals as required.

● Staff arranged for people to have religious comfort if they required it both at the time of their own passing and when a loved one had died. Staff had arranged for a priest to visit and bring Holy Communion to those that wanted it. One person found this very comforting as their partner had recently passed away. Relatives and friends were invited to remain with people in their final days.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection there were some areas of practice in relation to recording and audits which required improvement, fire and health and safety checks of the building had not been regularly completed. At this inspection we found that audits were being carried out as necessary, and safety checks, including fire safety checks, were carried out as required.
- A new registered manager had recently started work at the home and staff were very positive about the support they received from them, and the positive changes the new registered manager had made.
- The registered manager was well supported by a strong senior team and managers from neighbouring homes in the Victoria Nursing Group. The registered manager of Victoria Chatsworth worked full time but was also the registered manager of Victoria Chartwell, splitting her time between them.
- Staff understood their roles in the home and were happy to work there as part of the team. Staff had appraisals and one to one supervision. One staff member told us, "I love working here if I'm honest. I love the residents. It's better now we have [registered manager] but even before it was Ok because we had [care quality director] and [manager from neighbouring home]."
- The provider and senior management team ensured regular and frequent audits took place to measure the quality of care and outcomes for people. The Care Quality director oversaw the audit policies.
- Staff benefitted from the new role of the LGBTQ champion, the provider had introduced a more comprehensive equal opportunities monitoring form. The LGBTQ champion had worked with the registered charity Switchboard to raise understanding of the issues surrounding privacy and dignity for those with protected characteristics.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us the new registered manager was very approachable. Since the new registered manager had started there had been changes in staff and the new staff team worked together well and were keen to learn together.
- People knew and liked the registered manager and had already seen beneficial changes to the care they received. A relative told us, "She gave me and my family tremendous help in getting my father settled here." And a person said, "I think there have been problems in the past with staff changes but I think this new

manager will be very successful."
● The deputy manager told us, "The new manager is trying to work out the staff strengths and weaknesses to get the team to work cohesively." Staff told us they were pleased to have a new manager and felt she was a positive leader.

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 understood and acted on the duty of candour, informing family and CQC whenever necessary.
● The service sent notifications to CQC as required by the regulations about specific incidents that occurred at the home.

Continuous learning and improving care
● The new registered manager was keen to get the best from the staff and raise the standards of care for people. Feedback was sought via questionnaires, an open-door policy, family meetings and external online review sites. A person told us, "Things deteriorated after Christmas, ten staff left, but it has picked up again and the new manager will be a success."
● The service made use of technology, a TV screen in the hallway displayed real time quality assurance results, such as falls data. The system populated graphs to identify positive or negative trends within the results which were then addressed by the management team.

Working in partnership with others
● The service had good links with health care providers and worked with them to provide care people needed. Services included a local pharmacy, opticians, community psychiatric nurses, speech and language therapists and occupational therapists.