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

Overall summary

We inspected Victoria Gardens on 5 May 2015. The inspection was unannounced.

Victoria Gardens is registered to provide accommodation for up to 28 older people who require personal care. There were 24 people living in the home at the time of our visit.

A requirement of the service's registration is that they have a registered manager. 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection.

People living at Victoria Gardens had varying degrees of care needs. Most had the capacity to express their needs and interact with other people and staff members. The home was bright with ample space for people to socialise as well as quiet areas should they require it.

Summary of findings

There were enough staff available to safeguard the health and wellbeing of people. Where risks associated with people's care had been identified, there were plans in place to manage those risks. The majority of people had mobility difficulties and had walking aids to assist them to safely maintain independent mobility.

People told us they felt safe in the home and staff understood their role in keeping people safe from abuse. The provider had a thorough recruitment procedure to ensure staff who worked in the home were safe to work with the people who lived there.

Staff were given an induction and training and people we spoke with felt staff had the knowledge and understanding to meet their needs effectively.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff were kind and compassionate to people and understood the importance of supporting people to maintain their independence and caring relationships. People told us staff were responsive to their social needs and there was a programme of activities to keep them active and interested. People were provided with food and drinks that met their health needs and were supported to attend regular health checks.

People who used the service, their relatives and staff were given opportunities to share their views about the quality of service. The management team were seen as approachable and their presence was noticeable throughout the day. The registered manager carried out a series of regular checks and audits to monitor the service people received. Action had been taken when a need for improvements had been identified.

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 told us they felt safe. There were enough staff to meet people's needs safely and consistently. Staff knew what action to take if they had any concerns about people's wellbeing. People received their medicines as prescribed from staff who had received training in the safe management of medicines.

Good

Is the service effective?
The service was effective.

The registered manager ensured staff received the training and support they needed to meet the needs of people effectively. Arrangements were in place to ensure people received enough to eat and drink. People were referred to external healthcare professionals when a need was identified.

Good

Is the service caring?
The service was caring.

Staff understood that an important aspect of their role was to spend time with people and listen to them. People spoke positively about the kindness and friendliness of staff. People were supported to maintain their independence and manage certain aspects of their health and care needs.

Good

Is the service responsive?
The service was responsive.

People were happy with the care they received and told us it was responsive to their individual needs. People were given opportunities to participate in activities and interests both inside and outside the home. People felt confident to report any concerns or complaints to the manager.

Good

Is the service well-led?
The service was well-led.

People told us the home was well-led and the manager was approachable. Staff told us they enjoyed working at the home and were given opportunities to discuss the service provided. Where issues had been identified through quality assurance checks, action had been taken to improve the service.

Good

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 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.

The inspection took place on 5 May 2015 and was unannounced. The inspection was undertaken by one inspector 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 residential care service.

The provider completed a provider information return (PIR). This 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 were able to review the information as part of our evidence when conducting our inspection.

We also reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with six people who lived at the home and three relatives and friends. We spoke with the registered manager, the deputy manager, three care staff and four non-care staff. We also spoke with a visiting healthcare professional. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us the service was good and they felt safe. One person told us, "Safe, yes very safe, no-one interferes with your things." Relatives we spoke with were confident their relations were safe at the home. One relative said, "I think [person] is a lot better off in here. It's secure and you can't get in as you need a code. Also the windows have catches on so you can only open them so far." Another relative told us, "Much safer than [person] would be at home. She used to fall a lot but she hasn't fallen much here." During the day we observed that people were relaxed around staff and interactions were friendly.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training in keeping people safe and had access to the information they needed to help them report any safeguarding concerns. The local authority safeguarding contact numbers were displayed in staff areas, together with details about the provider's dedicated whistleblowing line. Staff were clear that abuse could take many different forms and told us they felt encouraged by the whistleblowing policy to raise any concerns about poor practice. A member of care staff told us, "I would report it straightaway. If I ignored anything like that I would be as bad." The manager had referred any safeguarding concerns to the local safeguarding team as required.

Risks associated with people's care had been minimised and were safely managed. Risk assessments were in place to identify any risks to people's health and wellbeing. Where potential risks had been identified, the correct equipment was in place to reduce the risks such as pressure relieving equipment and mobility aids to safely transfer people. One person was at risk of falling when they got up during the night. An alert mat had been placed by the side of their bed, but this had caused the person anxiety which had increased their risk of falling. A sensor box had been installed which alerted staff should the person attempt to get up unaided. This meant the risks to the person's mental and physical health had been appropriately managed.

Care staff were knowledgeable about people's individual risks and were kept updated with any changes during the handover between shifts. For example, we saw at a recent handover it was recorded that one person had declined to sit on their pressure relieving cushion. This was handed over so staff coming on duty were aware, and could encourage the person to use their cushion to prevent their skin from breaking down.

Accidents and incidents in the home were recorded in detail. The records were checked by the registered manager and the provider to identify any trends or patterns. These were then discussed at monthly health and safety meetings, including any action that was required to reduce the risk of re-occurrence. The provider also had a system of sharing safety alerts with the registered manager. This included safety alerts from external sources regarding equipment or medication and learning from incidents which had occurred in other homes within the provider group.

Records showed the provider's policy for managing risk included regular risk assessments of the premises. The manager told us they had recently had a fire risk assessment by an external specialist. They had taken action in accordance with the specialist's recommendations to ensure the safety of the home.

Each person had an emergency evacuation plan so staff and the emergency services would know what support they needed to evacuate the building. The plans also contained critical information such as what medication people took so their physical and mental health needs could continue to be safely managed. Staff had received health and safety and fire training and there was a named first aider and fire marshal on each shift. Staff we spoke with were clear what action they needed to take in the event of an emergency to keep people safe.

There was a schedule of daily, weekly and monthly checks of the environment and equipment. During our visit the home was clean and tidy with good décor. There were a few maintenance issues such as a minor leak in the roof, but these were addressed throughout the day by maintenance staff. We saw that access to the lounge was via a narrow seating area and at times this became quite congested with people going in and out with walking aids. The manager accepted this was a drawback in the layout of the premises, but we saw staff were present to ensure people were able to move around safely.

People told us there were enough staff to meet their needs and provide the support they required. Staff we spoke with told us that staffing levels provided them with

Good

Is the service safe?

opportunities to spend time with people as well as carrying out care tasks. One staff member told us, "It is quite busy in the morning but in the afternoon it is more relaxed and you can spend time with people." Staff also confirmed they had time to read care plans. During our visit we saw that staff were available to provide the care and support people needed. When people required assistance with moving and handling, two members of staff were always available to carry out the task safely.

The provider had recently introduced a new staffing tool and changed shift patterns. This meant that the number of staff on duty between 8.00pm and 10.00pm had reduced from four to three care staff. The registered manager told us they would continue to regularly review dependency levels to identify any changes to ensure people's needs continued to be met safely and consistently.

The administrator showed us the provider's recruitment procedure. The provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about newly recruited staff. The DBS is a national agency that keeps records of criminal convictions. We checked the file of a newly recruited member of staff which confirmed all the checks had been carried out before they were able to commence work in the home. Staff were recruited safely, which minimised risks to people's safety.

We checked to see whether medicines were managed safely in the home. We found medicines were stored safely and securely and kept in accordance with manufacturer's recommendations to ensure they remained effective. The storage, administration and recording of medicines that required extra checks met safety requirements.

Each person had their own section in the medication folder with their photograph on the front to reduce the risk of them being given the wrong medicine. Medicine administration records we looked at had been signed by staff to confirm medicines had been given as prescribed or a reason recorded why they had not been given. Where people were prescribed medicines "when required" for pain relief, there were protocols in place to ensure staff gave them safely and consistently. One person had recently been prescribed a medicine for agitation. There was no protocol in place to inform staff in what circumstances this should be given. A protocol was drafted during our visit. People's medicines had recently been reviewed to ensure they were taking the most effective medicine to manage their conditions. Care staff told us only trained staff administered medicines and their competency was regularly checked.

Good

Is the service effective?

Our findings

People we spoke with felt staff had the knowledge and understanding to meet their needs effectively. One person told us, "They are trained to meet my needs." A visiting healthcare professional told us, "I visit a lot of homes and would say the staff here are trained to meet the needs of the residents. They also ask my advice about certain procedures. They are keen to learn."

New staff completed an induction which covered all essential training before they started working in the home. They also completed a number of shadow shifts so they could get to know people and understand their individual needs. One member of staff who had been recruited to cover night shifts told us, "I had to shadow for a couple of days on the day shift so people got to know me before I worked nights. There is nothing worse than a stranger walking into your bedroom. I then shadowed staff at night for a couple of nights."

The home had a training room and staff were given time off rota to complete their required training in a quiet environment. Most training was e-learning, at the end of which staff completed a competency test which was signed off by the registered manager. The registered manager had explained the training programme to staff, and in line with the provider's training policy, a high percentage of staff had achieved all their training targets.

Staff spoke positively about the training they received and confirmed they were encouraged to gain further qualifications in health and social care. We spoke with one of the senior staff responsible for manual handling training. They told us they were vigilant to ensure staff put their training into practice and would take prompt action if they saw any poor handling techniques. They explained, "I would stop them and then speak to Sheryl [manager] to see if they can have training again. I will do one to one training with staff who are not confident." During our visit we observed staff re-positioning people in their chairs as well as supporting people to mobilise. Staff encouraged people to assist with the moves as much as possible and carried out the manoeuvres safely. The registered manager told us they monitored the effectiveness of staff training and explained, "You need to be visual and I spend a lot of time in the lounge. I monitor it through talking to the residents and attend care reviews with residents and their families."

Staff told us they received regular supervision meetings and annual appraisals with their manager during which they discussed their personal development and training requirements. Staff meetings were also used as a forum to share knowledge and learning.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA ensures the rights of those people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required. This is to make sure people get the care and treatment they need when there is no less restrictive way of achieving this.

The registered manager was able to explain the principles of the MCA and DoLS and had an understanding of the legislation. They told us that people had capacity to make every day decisions and choices, but some people may not have full capacity all the time. They explained, "If I had a concern about anyone, I would involve the mental health team for a mental capacity assessment." Staff had received training in the MCA and understood the need to support people to make their own choices. Where people did not have capacity, decisions were made in their best interests in consultation with family and others involved in the person's care. Nobody had a DoLs in place at the time of our visit, although the registered manager had previously submitted an application when a potential restriction on a person's liberty had been identified.

People we spoke with were happy with the range and choice of meals provided. Prior to lunch being served, staff assisted people to make meal choices for the following day. Staff clearly explained what was on the menu and allowed people time to make their choice. We saw the daily menu was displayed in the dining room, to inform people and visitors to the home. Most people chose to eat in the dining room, although some preferred to remain in their lounge chairs and eat their meals. Other people preferred to eat their main meal in the evening and were offered a snack at lunch time. The food served during our visit looked nutritious and appetising. The meal time was unhurried and people were given time to enjoy their food.

Where people had health problems that affected their ability to eat independently, the appropriate equipment was in place to support them. For example, one person had

Good

Is the service effective?

impaired vision. The registered manager had consulted the Royal National Institute for the Blind, and their meals were now served on a yellow plate to assist them in identifying their food.

Throughout the day we saw staff continually offered people a choice of hot or cold drinks. One person who chose to spend the majority of time in their room, confirmed that staff were 'very good' and ensured they were regularly brought drinks. Where there were concerns that people had not had sufficient food or fluids, this was passed on in handover so staff coming on duty could encourage them to eat and drink more.

During our visit we spoke with the chef who had worked at the home for a number of years. They explained that information regarding people's dietary needs came from people, their families and admission forms. The chef clearly knew the people very well and were aware of their likes and dislikes. However, a central record of this information was not maintained should the chef or assistant chef be absent. The registered manager said they would arrange for this to be put in place so the information was immediately accessible to all staff responsible for preparing food.

People were supported to attend regular health checks to maintain their physical and mental health. For example, people were able to see their GP, dentist, chiropodist, optician and dietician. People's requests to see healthcare professionals were dealt with quickly and efficiently.

Good

Is the service caring?

Our findings

We asked people whether staff were kind and treated them with dignity and respect. Their responses were mostly positive and they praised the kindness and friendliness of staff. Comments included: "As far as I'm concerned this is just like being at home. It feels friendly and homely." "Some of them are very caring, they put their heart into it. Some do it just as a job."

We asked staff what they thought made a caring member of staff. Each staff member we spoke with told us that spending time and listening to people was a very important part of their role. One staff member explained, "Somebody who has empathy, time to listen and understand their needs. Not somebody who is rushing around and has no time for them. I have time to listen to them. I try and help them as much as possible. They are somebody's mum or dad and if it was my mum or dad, I would want someone to understand and care for them." We asked a member of non-care staff if they thought the service was caring. They responded, "Definitely. I've noticed there could be someone sat in the lounge and they want someone to talk to. It's nice to see a member of staff go out of their way to chat with the person."

During our visit we saw staff took opportunities when they were not busy to sit and talk with people. Staff knew people's preferred names and spoke to people in a positive and respectful way.

One person had fallen earlier in the morning. We observed staff frequently enquired whether they were alright, demonstrating kindness and compassion.

Throughout the day people were able to make choices about day to day living such as what they wore, what they ate and what they wanted to do. Where people had chosen to remain in their rooms or sit in a particular area, their choice was respected. Staff were very aware of each person's communication skills and adapted their approach accordingly. For example, one person had limited communication. Staff asked questions in a simplified form that required one word answers.

Staff supported people to maintain their relationships with family and those closest to them. One person liked to visit a local pub most days and meet friends. This had been risk assessed so they could continue to go out as they wished. Another person had been supported to visit their spouse when they were admitted to hospital. A visiting relative told us, "I can visit any time which goes to show this home has nothing to hide and staff make me very welcome."

Staff also understood the importance to people of maintaining their own caring roles. For example, one person had a cat in their room which they enjoyed caring for. They also took pleasure in caring for the chickens that lived at the back of the home.

Staff had received training in equality and diversity and understood the importance of promoting people's privacy and dignity. People appeared clean and well presented. Staff assisted people to the toilet when requested and did not rush people when they were supporting them to move around the home.

The registered manager explained that an important part of privacy and dignity was supporting people to maintain as much independence as possible. For example, care plans were very clear about what people could do for themselves during personal care. Where people were able, they were supported to take responsibility for aspects of their own health care needs. One person had a diagnosis of Parkinsons Disease. They were able to ring their Parkinson's nurse independently when they required medical support. Two people were able to manage their own medicines with support from staff. Another person had chosen to take responsibility for cleaning their own bedroom which helped them feel a valued member of the home.

Good

Is the service responsive?

Our findings

People we spoke with were happy with the care they received and told us it was responsive to their individual needs. One person told us, "Staff don't impose on you but they are there if I need them."

In respect of care plans the PIR told us: "Care plans are developed on an individual person centred basis. Care reviews are held to find out if there are any changes needed and that the resident and family are happy." We received mixed responses when we asked people if they were involved in contributing to their care plan. Some people told us they could not remember seeing their care plans and others told us their relatives dealt with them. One person told us, "I have not seen it, not had a review meeting. If I have, I can't remember." However, another person told us, "Staff include me when talking about my care." Relatives we spoke with told us they were kept informed of any changes in their relative's needs and one told us they had been involved in care reviews.

We looked at two people's care files. We found care plans were individualised and informed staff how they were to deliver care and support in a way each person preferred. Plans contained information about people's preferred routines and their likes and dislikes. Care plans were reviewed and updated regularly and information was shared during handovers. Handover sheets briefly summarised each person's needs in relation to nutrition, mobility, personal hygiene and any specific care needs so staff could see people's needs at a glance. It was clear that staff had good knowledge and understanding of people's needs and preferences. The information staff told us matched the information in people's care records.

People we spoke with felt staff were responsive to their social needs and there was a range of activities to keep them busy. The home employed two activity organisers and each month a list of activities for each day was produced and distributed to all the people who lived there. We saw the activities offered ranged from exercises and massages to bingo, crafts and musical entertainment. The activities co-ordinator on the day of our visit appeared dedicated to their role and was seen to involve and motivate people to participate in the activities. Staff we spoke with confirmed that activities were well attended.

During the morning of our visit the planned activity was a nature film show displayed on a large screen. Staff assisted people to the dining room where seats had been arranged in cinema style. As the nature film was being shown, the person providing the show did a running commentary. It was clear people enjoyed the film and found it mentally stimulating with some asking questions about the birds and animals shown.

People also told us about day trips that were arranged in the home's mini bus as well as various local outings. Some people had recently enjoyed a visit to the local theatre to see a musical. Events were also planned to engage relatives and friends within the community of the home. A recent talent show had involved people, staff and family members.

We asked people what they would do if they were unhappy about anything. People told us they had never complained as they were happy with the care and support they received. Comments included: "If I was not happy I would complain in the office." "As far as I'm concerned there is no fault at all about this place." "If I wasn't happy about anything I wouldn't stay here, I would see one of my girls and they would sort it out."

Should anyone wish to make a complaint, there was a copy of the provider's complaints policy and procedure in the hallway for anyone to read. We looked at the complaints file maintained by the registered manager. One concern had been raised through the provider's whistleblowing procedure in the last twelve months. This had been dealt with under the complaints procedure and fully investigated. The manager had not been able to respond to the person raising the concern as it had been submitted anonymously.

Good

Is the service well-led?

Our findings

There was a clear, stable and supportive management team in place with the registered manager having been in post for 17 years. When we asked people and their visitors whether they thought the home was well led, they offered comments such as, "Well run, yes I do because nothing ever goes astray. The manager is very good, very approachable and the home is clean." A relative told us, "I think Sheryl [registered manager] is excellent. I can't say anything bad about the place. I really like it. If I needed to go into a home and Sheryl was running it, I would come here. I have recommended the place."

The registered manager's presence was noticeable throughout the day and we observed they took time to sit and talk with people. It was clear the registered manager and deputy manager had a very good understanding of the physical and emotional needs of all the people who lived in the home and the resources required to meet those needs.

Most of the staff we spoke with had worked in the home for a number of years and really enjoyed the work they did. They understood their role and responsibilities and were given time to carry out the different aspects of their job. For example, the deputy manager was supernumerary one day a week to allow them to concentrate on their managerial tasks. Staff told us they felt supported by the management team who they described as "approachable". One staff member told us, "They are very good. I can talk to both of them if I need to." The registered manager and deputy manager operated an on-call system so there was managerial cover 24 hours a day.

Staff told us they had regular staff meetings which provided them with an opportunity to raise any concerns or provide feedback or ideas about how the service could be improved. One staff member told us, "They do listen to you when you make suggestions. It is not always practical to do, but they do listen." We looked at the minutes of staff meetings. We saw that issues raised in a senior staff meeting had been shared in a full staff meeting two days later. The very detailed minutes showed there had been a full discussion, with staff encouraged to raise questions and contribute their views as to how the issues could be resolved.

People and their relatives were encouraged to share their views of the service. Group meetings were held regularly and scheduled at different times of the day to encourage as many people to attend as possible. One person told us, "There is a resident's meeting every so often. They invite family members as well." People were sent annual questionnaires where they could make suggestions to improve the quality of service provided. People and their relatives were happy with communication in the home.

Every day the registered manager carried out a "walk around" of the home during which they checked areas such as the environment and equipment. They also checked the daily handover sheets so they were aware of any emerging issues. The quality monitoring system included monthly checks by the management team to ensure that care plans were regularly reviewed and staff kept up-to-date records of care. Where issues had been identified, action had been taken to address them. For example a recent infection control audit had identified that the kitchen floor needed to be replaced. Documents evidenced that new flooring had been ordered.

The provider made regular quality monitoring visits to the home and identified any actions that needed to be taken to maintain the quality of the service provided within the home.

During our visit we asked the registered manager what they were most proud of in relation to the service people received. They responded, "I'm proud of Victoria Gardens. I always have been. I'm proud we have a good reputation. I am proud residents get what they want. I am proud of the activities and outings we do." Staff we spoke with understood and shared the registered manager's aim to provide an effective, caring service that was responsive to people's care and social needs.