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Victoria Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This unannounced inspection took place on the 26 January 2017. At the last inspection on 1 April 2015, no regulations had been breached and the service was rated good overall but there was some improvement required in certain aspects of the service. At this inspection we found that improvements had been made.

Victoria Lodge Care Home is a residential care home which provides accommodation with personal care for up to 24 older people. At the time of our inspection 22 people were living at the home.

A registered manager was in place. 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.

People living in Victoria Lodge were very happy with the service they received because they felt safe, comfortable and valued by the staff that supported them. The registered manager and provider provided very strong leadership that ensured that people were at the centre of everything that was done. The registered manager and provider led by example and ensured the development of an ethos and culture where people were valued as individuals and where they were supported to feel at home. This helped people to feel a sense of belonging and being valued.

The registered manager carried out audits and checks to ensure the home was running properly to meet people's needs and to monitor the quality of the care people received. The provider was involved in the home on a daily basis and knew people and their relatives personally and showed a keen interest in their well being. There were close links with the local community shops and services so that people were able to do everyday things such as shopping. The registered manager was involved in supporting local schools to develop their students' interests in the needs of people that received care in an effort to encourage them to consider a career in health and social care. Improvements were identified through consultation with people, relatives and professionals involved in the home. For example, the provider had planned to provide accommodation for relatives to use so that they could be close to their loved ones when they were unwell. This showed that the provider placed a high value on meeting the needs of people and their relatives.

People received care that was kind and compassionate, tailored to the individual and provided by staff that were respectful, trained, well supported and managed to ensure that people received an excellent caring service. Relationships with families and friends were cherished and developed so that people were able to maintain and develop their ties with people important to them. Friends and families built relationships with other people living in the home and often continued to visit them after their own family members had passed away. This provided people living in the home with a continuation of friendships and interactions with a wide group of people that were interested in them as individuals and that enhanced their quality of life. Staff had been commended by relatives about the support they and their loved ones had received during the difficult times at the end of their loved one's lives.

People were supported to eat in a calm and supportive environment that provided opportunity to socialise as well as eat. People received food and drinks that they liked and that met their dietary needs. A freshly prepared meal was available to people in the home on a daily basis and some people were able to be involved in the mealtime experience through baking, setting the tables and clearing up after meals. People were enabled to eat at times that suited their needs and a freshly prepared meal available at most times during the day.

Staff told us they liked working in the home because they had time to spend with people supporting them in the way they [people] wanted. Staff treated people professionally but also that showed that people were valued and important to them through the way they were spoken with, offering reassurance through hugs and holding people's hand if appropriate. Staff felt supported by the registered manager and provider and were supported through training and meetings where their views were listened to. Staff were encouraged to develop their skills so that they could develop their professionalism and take additional responsibilities in the home. Many of the staff had worked there for several years providing people with a continuity of care.

Staff were responsive to changes in people's needs ensuring that their physical, social and emotional needs were met. People's ability to make decisions was assessed and where people lacked the mental capacity to consent to their care and welfare actions were taken in their best interests. There were excellent communications with other professionals involved in people's care and people's friends and relatives ensuring that all the relevant individuals were involved in meeting people's needs. The provider had taken suitable action when they had identified people who did not have capacity to consent to their care or treatment and applications had been made to authorise restrictions on people's liberty in their best interests.

People were supported to be involved in activities that met their individual needs and skills. These activities were available in group settings and on a one to one basis both in the home or out in the community.

People told us they had no complaints about the service they received but were confident if they did, that the provider would deal with it effectively. No complaints had been raised but we saw there was a complaints process in place.

People and relatives told us they felt the Victoria Lodge was a safe and homely environment for people to live in. People were protected from abuse because staff could identify the different types of abuse and knew what actions to take to report abuse. Risks to people were being monitored and staff were supported to minimise the risk of injury whilst enabling people to maintain a safe level of independence. People and relatives were encouraged to be involved in the home and voice their opinions about proposed developments.

We saw staff were busy but there were sufficient staff available to provide support to people when needed. This included support for people to eat, drink and move around the home safely and to be involved in activities that they wanted to be involved in. The provider's recruitment processes ensured suitable staff were recruited.

At the last inspection although no regulations had been breached, some improvement was required in respect of some aspects of the management of medicines. At this inspection we found all the required improvements had been made and people received their medicines as prescribed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe

People told us they felt safe. People were safeguarded from the risk of harm because staff were able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by suitably recruited staff.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

There were arrangements in place to ensure that decisions were made in people's best interest. Staff sought people's consent before they provided care and support.

People were supported by suitably trained staff.

People enjoyed the meals provided and were given drinks at regular intervals, or when requested. People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

People received support from healthcare professionals to maintain their health and wellbeing when it was required.

Is the service caring?

Outstanding 

The service was very caring.

People received an outstanding service from staff that were extremely kind and compassionate. People were respected as individuals ensuring they were supported to make choices in all aspects of their lives.

People's independence was promoted and where needed support was provided so that people's privacy and dignity was maintained.

People's relationships with their friends and relatives were valued and the importance of these relationships was understood by staff. The care and compassion received by people was extended to families who also felt supported by the staff and registered manager. Families were supported to learn about their family member's health conditions so that they could better understand the impact on people.

Is the service responsive?

Good 

The service was extremely responsive.

People and their families were supported in a very responsive way that ensured that needs were kept under constant review. Staff knew people really well and delivered care in a way which met individual needs and preferences.

Activities were stimulating and catered to meet people's individual needs and could be met in group setting or on a one to one basis. Developing friendships and preventing isolation was a very strong theme in the home.

People were provided with plenty of information and opportunities to raise concerns but said they had no complaints. They were confident the provider would address any concerns in a timely way. The views of people, relatives and other professionals involved in people's care were asked for their views so that areas for improvement could be identified and actioned.

Is the service well-led?

Outstanding 

The service was very well led.

People lived in a home where the ethos was about people believing it was their home and where they were sure their views were valued. Staff were supported and developed to be the best they could.

People and their representatives were integral to the running of the home and links were made with the local community to ensure people continued to feel a part of that community.

Audits were carried to ensure that an outstanding quality service was provided. The registered manager and provider looked at

ways in which the service could be continually improved for the betterment of people living and working there.

Victoria Lodge Care Home

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 unannounced inspection took place on 26 January 2017. The inspection team consisted of 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 service.

We asked the provider to complete 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. The PIR was returned within the required timescale. As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us, to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

We spoke with nine people, four relatives, the registered manager, the provider, three health care professionals and three care staff.

We looked at records in relation to three people's care and six medicine records to see how their care and treatment was planned and delivered. Other records we looked at included three staff recruitment and training files. This was to check that suitable staff were recruited, trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service, complaints and surveys to ensure people received a quality service.

Is the service safe?

Our findings

People and relatives all gave us very positive feedback about their experiences of the service and how staff made them feel safe. One person told us, "I feel safe with the staff." A relative told us, "Definitely safe. They [staff] constantly reassure [person], especially at night. They [staff] sit with her, spend time with her. We're so lucky we chose the right place." People told us and we saw that the emergency call was always placed so that they [people] could access it from wherever they were in their bedroom. One person told us, "The girls are lovely, always come quickly if buzzer is used [to get assistance]." Staff spoken with were clear about the actions they would take if they had any concerns that someone was at risk of abuse or their [person receiving a service] behaviour showed a change suggesting something had happened to them. Staff told us they would report any concerns to the registered manager or provider and were sure that the appropriate actions would be taken. Staff were also aware of external agencies they could contact to raise any concerns such as social services and the Care Quality Commission (CQC).

People's care plans included risk assessments and management plans. We saw that risk assessments in place covered areas such as falls, poor nutrition and skin damage. People we spoke with told us that they were aware of their risks and the actions that had been put in place to minimise them. For example, one person told us they had to use the walking frame to minimise their risk of falling. People had equipment to meet their physical and health care needs such as pressure relieving mattresses and cushions. One person told us about the air flow mattress on their bed and the reason why they had it in place. This showed that staff discussed risks to people's health with them. We saw staff put into practice what was written in people's risk assessments and care records. Staff spoken with knew about people's risk. These included safety measures in place if people were prone to falls or at risk of choking and staff were able to explain the action they would take. We saw that people had individual evacuation plans in place detailing the support they would need in the event of a fire and staff were able to explain this information to us. The Provider Information Return (PIR) told us that regular safety tests were carried out to ensure that equipment was safe. We saw that mobility aids had been tested to ensure they were safe for use.

During our inspection we saw staff were not rushed and responded promptly and compassionately to people's request for support. People and relatives told us that there were sufficient staff to support people. One person told us, "The girls are busy but there are enough of them. I think they are getting a couple more staff to start this week." During our inspection the registered manager and staff confirmed that some staff had been employed recently. Another person told us, "You have to wait a bit sometimes. Not too long though." A relative told us, "There always seems to be loads of staff." A lovely lady does the entertainment and she takes [person] to a little coffee shop and if she [person] is a bit distressed they come down to my house." Staff felt there were sufficient numbers of staff to meet people's needs. We saw that there was a stable staff team at the home which meant that people were supported by staff that knew them well.

We looked at the staff rota which showed that the same numbers of staff were available to meet people's needs during weekdays and weekends showing there was a consistent service. In addition to care staff there were volunteers and relatives that were involved in the home on a regular basis which meant that people had a variety of people to interact with. There were also additional catering, activities and cleaning staff

which meant that care staff were able to concentrate on meeting people's needs. The registered manager and provider told us they monitored people's needs and staffing levels were adjusted if people's dependency levels increased. Staff spoken with told us that additional staff were brought on duty if someone was unwell or if someone was going out for an appointment. The PIR told us and staff confirmed that the appropriate recruitment checks were undertaken before they started their employment. These included a check with the Disclosure and Barring Service (DBS) and references from previous employers. The DBS checks helped employers ensure that only staff suitable to work with people that needed support were employed.

Medicines were managed safely and ensured people received their medicines as prescribed. People told us that they always received their medicines on time. One person said, "I get my medicines, they [staff] bring them four times a day." People spoken with knew what medicines they were taken and what they were for. The medicines storage room and trolley were kept locked when not in use ensuring that only the authorised staff were able to access the medicines. Stock was managed well so that people were not left without medicines they needed. Medicine administration records had been completed as required and protocols were in place where medicines had to be given on as and when required basis. Protocols were also in place for when medicines were given disguised in food and drink. An assessment had been carried out by the person's GP to ensure the medicines were required to be given in this way because it was in the person's best interests so they remained healthy. Medicines were given consistently by staff that had been trained in safe medicines management and that had access to the appropriate guidance.

Is the service effective?

Our findings

People and relatives we spoke with told us that the service was very effective at meeting their needs. One person said, "It's nice here, staff help me when needed." Before our inspection we had received some positive comments from relatives telling us about the excellent care people received. One relative told us that the person receiving the service and the family had been very happy with the care given by staff during the time the person was in the home. Another relative commented, "From our experience, we have found that the facilities and care are excellent." One professional involved in the home told us that they found the home to be "hassle free" and had known that advice given would be followed by the care staff.

Staff were supported to provide good, effective care to people through training, advice and guidance. Staff development was encouraged and supported so they took responsibility and ownership to deliver good care that met people's individual needs. One person receiving a service told us, "Staff know what they are doing. The girls [staff] are great." Staff told us that they received induction training based on the care certificate when they started work. The care certificate is a framework for good practice for the induction of staff and sets out what they should know to provide good, effective care. Staff spoken with and training records looked at showed that staff received ongoing training. Staff spoken with confirmed training enabled them to have up to date knowledge and skills to ensure people were cared for safely and effectively. One member of staff told us, "[name of registered manager] and [provider] encourage us to do further training and take on roles that we are responsible for." Staff spoken with and records showed that staff received regular one to one discussion with a senior member of staff to discuss their development.

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 told us that staff always asked what help they wanted and that they were able to do as much for themselves as possible. For example, one person told us they were able to get up when they wanted and was quite independent in getting themselves washed and dressed. Another person told us, "They [staff] do ask. For example, do I want to get up?"

We saw that mental capacity assessments were in place for the people that had limited capacity to make major decisions about their care. Staff spoken with and records confirmed that relatives and relevant professionals were involved in making decisions in their [person's] best interests. Staff spoken with had a good understanding of the need to act in some people's best interests to keep them safe.

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). 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 were being met. We saw that the registered manager had made the necessary applications for people that were considered to be deprived of their liberty. The registered manager said she had received verbal authorisation for two people and written authorisation had been received for one person. The registered

manager was aware of the need to inform us when authorisations had been granted to deprive a person of their liberty.

People were complimentary about the food available. One person told us, "We have three hot meals a day. We have drinks in-between and we can have snack for supper." The person went onto say that they could ask for drinks at any time they wanted and they would be given one.

People told us that the main meal was put on the menu board outside the kitchen and although there was one meal prepared they were able to have an alternative if they did not like what had been cooked.

People told us that generally they liked the meals on offer and there was flexibility about when they ate their meals. One person told us, "You will get something different if you don't like the meal but I like the food." Another person said, "The food is good." A third person told us, "I sometimes don't feel like eating. Staff bring me small meals regularly – five times in the day. The doctor has said to eat small meals several times a day. I also have two additional drinks [food supplement] through the day." Another person told us, "Sometimes I'm still in bed at half past nine in the morning. I can still have my breakfast if I get up late." A relative told us, "The food's really good, it's all homemade."

The registered manager and provider told us that there were some meals that were ready prepared and could be cooked at short notice. This meant people could still have a freshly cooked meal, if they had a missed a meal for any reason.

We saw that people received assistance and encouragement to eat their meal when needed. Staff told us that they monitored people to ensure that they were eating sufficient amounts to remain healthy. This included observing what people were eating on a day to day basis and raising concerns if they noted that people were not eating well. Meals could be fortified to increase people's calorie intake. People's weights were monitored for possible signs of underlining medical problems. Records showed that there was input from healthcare professionals if there were concerns about people not eating well or having swallowing difficulties.

People health was monitored routinely to help their well-being. People told us about on going monitoring for conditions they had and told us that they were able to see the doctor if they felt unwell. A relative told us about an occasion when their family member was unwell and a blood test was arranged which showed raised blood sugar levels. The relative told us staff were, "On the ball".

A number of health professionals visited the service to assess people and support them to remain as healthy as possible. These included doctors, nurses, opticians and chiropodists. We spoke with two professionals that visited the home. Both told us that they felt people were supported to maintain their health and any advice they gave to staff was followed and advice sought when needed. During our inspection we saw a nurse visiting the home to assess people and support the staff to minimise the risk of skin damage to people who were at risk. There was no one in the home at the time of our inspection that had developed any skin damage whilst living there. People told us that they could see the doctor when they needed to see one and they were supported to attend hospital appointments. One person told us, "I get to see GP and attend hospital reviews."

Is the service caring?

Our findings

People living in Victoria Lodge were happy because they felt valued as individuals by the people that lived there, the staff that worked there, the registered manager and provider. We observed a very homely atmosphere in the home and relatives told us that this is what they liked about Victoria Lodge. Our observations of this were reinforced to us by an individual that lived at Victoria Lodge who encouraged us to come back and visit them and told us, "The door is always open. You know you're always welcome. There'll be tea and cake for you." This showed the person was acting as a host, confident in the belief that this was their home. A comment we had received from a relative about the service said, "During her stay she was treated with extreme care and respect whilst ensuring her wellbeing and dignity were paramount at all times. In fact she felt so comfortable from the first day she said she did not want to return to her own bungalow and referred to Victoria Lodge as 'The Hotel'. Even when she had a fall and was hospitalised for two weeks she was desperate to return to 'The Hotel'. Which she achieved. The love and care which she was given by all of the staff was magnificent. Equally the friendliness and support given to family not only at the end of mum's life but during the whole of her stay to the extent, as a family, we very quickly came to look on all of the staff as friends."

A relative told us that one person had liked the home so much they did not want to leave after they came to the home for a short stay. The relative said, "She came for three weeks respite and when we came to collect her she said "Do I have to go home?" The person had been there ever since. The relative went on to say, "To this day she [person] loves it. We can see her deteriorate, but she says, "This is my home." A healthcare professional involved in the home told us, "The home has a friendly feel to it and staff are very attentive, respectful and professional with myself and service users." We saw people were spoken with by staff in a caring, respectful and dignified way because staff used people's preferred names to address them, or using words of endearment to which people responded with smiles and we saw staff hug people providing contact and affection. There was a real affection in the way staff spoke with people and gave them reassurances.

The ethos and culture developed by the registered manager and staff was one of valuing people and treating people as individuals. Care people received was very kind, caring and compassionate. Staff took time to listen to people, respond to their questions and interacted with people as they went about their tasks. Staff spent time chatting, laughing, joking and dancing with people. We saw that touch, such as holding people's hands and giving them a hug, was used by staff to reassure people and to make them feel valued,. We saw that people enjoyed this interaction through the smiles and banter they shared with staff. We saw that support was offered to people discreetly. We saw that support provided at lunchtime was correctly paced to meet the needs of the individuals and ensured that people were supported to eat as independently as possible. Everyone we spoke with was very complimentary about the staff that supported them.

Comments and compliments that had been received by the registered manager from families of people that had passed away showed that the care provided had been extremely caring and compassionate for both the individual and the family members. We saw that relatives were encouraged to visit the home for tea and a

chat even after their family member was no longer resident at the home so that they could maintain relationships with people they had come to consider as friends and were able to share memories of their loved ones. One person's relatives had been supported to continue to visit the home, with their dog, who had become a welcomed visitor to the home for a number of people that lived there. This meant that people could continue to see the dog they had got to know.

The caring attitude of the whole staff team extended to the friends and relatives of the people that lived in the home. Relatives told us that they not only visited their family members but also spent time chatting with other people in the home because it was like a 'big, happy family'. This meant that people met and had conversations with a variety of people helping them to have a greater level of interaction with different people. This helped to make life more interesting and created a sense of community between the people using the service and their relatives.

The provider understood the importance of family relationships and friendships for people and worked hard to help ensure these were maintained. One relative told us, "This is now our second home." We saw relatives were involved in special celebrations such as Christmas, birthdays and running a small shopping trolley so people could purchase small items of their choice so that they could retain some independence. Relatives were sent a copy of a newsletter that showed what was happening in the home and at the end of this was the activities planner for the month. This enabled relatives to plan their visits so that they could be involved in activities such as quizzes if they wished.

The provider was very closely involved in the running of Victoria Lodge. We saw that the provider knew everyone living in the home and their family members personally and took an interest in how everyone felt. The staff, registered manager and provider received a high level of praise for the way in which people were cared for at the end of their life. Community health professionals were involved to make this passage as easy as possible for people. The provider always visited and supported people, and their families, when they [person living at the home] was nearing the end of their life. People's passing was shared with the other people living in the home in a sensitive manner. The provider ensured that people who wanted to attend the funeral of someone they had lived with were supported to do so and that flowers were sent from people that lived in the home if that was what they wanted. Thank you cards and letters from relatives whose loved ones had passed away showed their appreciation for the caring, compassionate service their relative had received. A relative had commented, "Her [person receiving a service] dignity, comfort and well-being was unquestionable, also the support provided to our family helped us accept what was happening."

People lived in a comfortable, homely environment that met their needs. One person told us that they had been supported to bring their furniture from home so that they felt like it was the bedroom in their own house. One relative commented, "Victoria Lodge does not feel like a care home. The staff and environment make it feel like it is the home of the people that live here." We saw that the home was personalised with pictures and belongings belonging to the people living there. During our inspection we saw that the music that was being played was a CD that belonged to an individual living there. This reinforced to the individual that their choice of music was valued and that the choices of people was paramount.

We saw that the culture of compassion and respect extended to friends and relatives who felt the staff, registered manager and provider treated them as though they were part of an extended family. Meetings had been arranged with guest speakers, such as from the Alzheimer's Society, to speak with relatives and people living in the home. This helped people to develop an understanding of how dementia can affect people and their families so that people could make sense of their experiences. The registered manager and provider had also facilitated the development of a social group for relatives so that they could meet independently of the home to share their experiences.

The registered manager and provider had an excellent understanding of how the 'atmosphere' in Victoria Lodge was important to the people living there and the negative emotional states that people could be experiencing. For example, people living with dementia may be experiencing fear, anger, depression and anxiety. We saw that the atmosphere in Victoria Lodge was one that was calm, relaxing, welcoming and homely which helped people to feel comfortable and well cared for. One comment made by a relative in a survey said, "A touch, a few words, time spent reassuring a resident whose visitors hadn't arrived, a game of dominos - just some of the kindnesses we saw that make Victoria Lodge a loving and caring environment for its residents."

We saw that staff spoke gently with people and supported them at a pace and manner that was appropriate to the individual. We saw that one person who believed that they were at the home until they got better was not told otherwise. The registered manager, staff and provider told us that after speaking with the person's relative that it would be very upsetting for the individual to hear that they were not going home so staff spoke with her about her [person's] 'convalescence'. The provider told us, "[Person] probably does know deep down inside that she is here to stay but does not want to say so." This showed that people's emotional needs were recognised and dealing in this way with the issue showed dignity and respect for the person's feelings and a compassionate response to her beliefs and wishes.

People's life histories were recorded and staff spoken with were aware of what people liked to do. For example we heard how one person was regularly involved in assisting the cook in the kitchen and another person had been involved in planting bulbs in the garden because they had previously enjoyed gardening. People and their relatives told us that they were involved in making decisions about care and that communications between them and the staff were good. It was evident from conversations we overheard that people living in the home were encouraged to share details about their lives and skills with others. We heard one person say to a member of staff that she [person] was ready to carry on teaching the staff member to knit. We saw that the provider also shared details of her life with people which helped people to feel valued and important enough to have this information shared with them. For example, we heard people ask about the health of a family member of the provider and make arrangements to go and visit them.

People told us that their privacy and dignity was maintained. We saw that there were en-suite facilities attached to bedrooms so that people could be supported with dignity and privacy. We saw staff ensured doors were closed when personal care was taking place. People told us staff always knocked on their bedroom doors before entering. Some people had keys to be able to lock their bedroom doors when they left them. Some people told us that they did not want to lock their doors. During meal times we saw that people were offered clothes protectors if they wanted. Staff sat at the tables so that they were sitting at the same level as people enabling them [staff] to support people to eat at an appropriate pace without standing over people and chatted to people about the things that interested them to make the mealtime a sociable and enjoyable occasion.

We saw that where possible people were supported to maintain their independence. We saw that one person was encouraged to eat independently but received guidance and support when they struggled. Another person told us that the staff supported them to do as much for themselves as possible but were available to provide assistance when needed. We saw that walking aids such as walking frames and sticks were left in reach of people so that they could move about independently.

Is the service responsive?

Our findings

Relatives told us that the supportive and responsive ethos of the registered manager began from the point when people first visited the home. The registered manager supported people and their relatives in helping them to choose the right place for the person to live in. One relative commented that when they visited the home the registered manager had given them details of other services in the area. They had also been advised about the type of things to look at when visiting other service in order to decide which care home was most suitable for their loved one. They told us, "[Registered manager] didn't just tell us about Victoria Lodge." This showed that the registered manager considered the suitability of the home for the individual more important than ensuring full capacity in the home.

We saw that the personalised approach to care ensured that people's social, emotion and spiritual needs were met. For example, one person told us that they were no longer able to get out to the church but there were regular visits from the priest so that their religious and spiritual needs were met. A relative told us that their family member was anxious and unsettled at night and rather than the person be given medication to reduce their anxieties the provider suggested they moved into a double room so that they felt there was always someone nearby. We were told by the relative that this had 'worked a treat' and their family member was much more settled. We saw that a male volunteer came into the home to sit, chat, watch football and have a game of dominoes with another person so that their social needs were met appropriately with contact with people of their own gender. The activities co-ordinator told us that during the build up to Christmas people had been supported to go to the shops to buy presents and cards. It soon became evident that there were some people that were unable to go to the shops due to health or mobility issues. In response a local chemist, sweetshop, shoe shop and card shop were contacted who were happy to set up an indoor Christmas market in the home. This meant that everyone living in the home was able to attend the market with support and assistance because the appropriate actions were taken.

People enjoyed a wide range of activities that were tailored to meet individual needs. For example, the staff recognised that one person living with dementia was spending a lot of time looking at their hands and pulling at their fingers. The person was known to have enjoyed knitting previously. A specific activity was organised where the person could sit and untangle some wool which kept their hands busy and they were involved in doing something that they may have done in the past. The activities coordinator told us that they knew it was a good activity for the person when the person turned to the person sitting next to her to help her rewind it. The provider had also purchased items such as sensory lamps, an iPad and communication aids to help meet people's individual needs and make leisure opportunities accessible to them. We saw that there were everyday activities that people could be involved in which supported their feelings of having their skills valued. For example, one person told us that they were regularly involved in cooking things such as cakes and biscuits and we saw that pictures of these activities were included in the monthly newsletter. We saw another person help the cook tidy the tables and sweep the floor after lunch. We were told by the provider that at the end of the activity the cook and person would sit and have a cup of tea together before the person told the cook she was going home but would return tomorrow. The cook had become a 'special friend' to this person helping the person to feel important and have a sense of purpose to her day. Other activities in the home included exercises, quizzes, baking sessions and ballroom dancing. One person living

in the home was interested in the how Victoria Lodge was run as the person had run their own business. A member of staff told us that they had taken time to explain staff rotas, routines and the responsibilities of different staff. The staff told us, "She [person] feels very much part of what is going on now."

Regular visits were made by outside entertainers and the ongoing involvement of relatives of people that no longer lived in the home. During our inspection some entertainers came into the home to share their skills in ballroom dancing. People watched the entertainers dance before some people got up to dance with them. We saw that people who were not able to move around were involved in some armchair dance moves. Everyone who wanted to be involved in the activity thoroughly enjoyed themselves but other people who did not like the noise were guided to another quieter area in the home so that they were not disturbed.

During this activity we saw that staff confidently were able to de-escalate a situation where one person felt that another person had sat in their seat. The person was sensitively guided to another area and distracted until they had calmed down and then brought back to enjoy the entertainment.

In a recent survey response, one person commented 'I'm encouraged to join in activities by caring and supportive staff. There's a happy, caring atmosphere and we're not just sat round in front of a TV'. There was an activities coordinator who produced a detailed calendar of activities which offered different things for people to do, at least twice each day. The activities programme was shared with relatives so that they could be involved if they wanted. The activities coordinator knew people well and told us that they prompted people they knew might be interested in particular sessions. They continuously asked people for feedback about activities and what they might like to do. For example, involving friends and relatives in 'the big family quiz' and involving people in suggesting images to be placed on the home's website so that relatives could see what activities were happening on a monthly basis.

We saw that people's well-being was being maintained and promoted because all the staff engaged with people in ways that prevented them becoming isolated whilst also being respectful of people's choice not to always partake in activities. For example, we saw that where people did not want to be involved in activities they were supported to return to their bedroom or to another sitting area in the home. The activities coordinator visited people in their rooms for one-to-one conversation and individual activities if they chose not to be involved in group activities.

We looked to see how complaints were managed. There had not been any complaints over the past couple of years but we were told that the day before our visit a comment had been made to a member of staff about feeling rushed during the support they received. This had been passed onto the registered manager promptly who was looking into the issue. The individual had told the registered manager that they did not want it to be a complaint however, we saw that the registered manager was responsive to even the most minor concerns. The registered manager told us, "Even if it is not a complaint it is a learning process and we will use it as an example of how the little things can make people feel."

We saw that a large number of compliments about the service had been received. One comment on the home's website stated, "Just a little message to say a big thank you for all your help and support over the last few months. It is truly, thoroughly appreciated. Your help and support has been a god send. All the staff are amazing and you deserve a special recognition for the outstanding work that you do." People and relatives told us that they would speak with the staff or registered manager if they had any concerns but we heard again and again from people that there was nothing to complain about.

People were well-informed about the process for making complaints. The provider had produced a comprehensive information pack for people, which included information about how to make a complaint if

needed.

Other systems in place to gather the views of people included regular surveys based on topics such as care, safety and security, food and drink, communication and support. Comment from one of the surveys carried out by the provider included, "Always feel well supported and any issues raised are taken seriously and responded to." There were also regular meetings for people to attend. A suggestion was made by people that protective aprons at mealtimes should be available in different colours to co-ordinate with the clothing worn by people, aprons were bought in different colours to respond to this suggestion.

Is the service well-led?

Our findings

The registered manager and provider promoted a culture and ethos that was based on supporting people in a person centred way and to help staff to be the best they could, so that people received an excellent, personalised, quality service. We heard people saying they felt this was their home and there was not a 'one fits all approach' in respect to people, particularly people living with dementia.

People that lived in Victoria Lodge, their relatives, staff and visiting professionals were consistently positive and complimentary about the service provided and the management of the home. The provider and registered manager had developed and maintained a quality of service that met people's needs and regulations associated with the carrying on of a care home. This was possible because the registered manager and provider had a robust oversight of the quality of care provided resulting in them being the eyes and ears for the people that lived there. People told us the provider and registered manager were always accessible. One relative told us, "It's not just her [provider's] business and it's not just a place of work [for the registered manager]."

There was an open and honest culture and people told us they would have no hesitation in approaching the registered manager or provider. People were supported and encouraged to be involved in the day to day running of the home along with their relatives. Regular contact with people and their families meant the registered manager and provider were able to pick up on and address any minor issues quickly ensuring that people felt listened to and valued. The provider and registered manager explained to people what they were going to do to prevent reoccurrences of issues and apologised to people when things had gone wrong. There were meetings for people, relatives and staff to raise issues and suggest improvements. We saw that some of these had been acted on and where they could not, the reasons were discussed. The provider told us, "We listen, feel the emotions of our service users and become actively involved to ensure we are delivering the high quality of care they deserve." Everything we heard and saw during our inspection reflected that this was happening.

Staff told us that they loved their jobs because they were supported to provide compassionate care and had the opportunity to spend time with people. One relative told us, "There's no large turnover of staff here and they're all interested in the people and the families." Staff gave a resounding vote of confidence in the home when they told us that they would be more than happy for their relatives to live at Victoria Lodge. Staff morale was high because of the support they received from the registered manager and provider. One member of staff told us, "[Registered manager] has an open door policy, talks a lot [with us] so nothing is a surprise." Another staff member told us, "The manager will get stuck in if we need support." Another said, "The manager is approachable, experienced, knowledgeable and families feel comfortable in approaching her."

The provider told us that staff were rewarded through empowerment and a financial bonus scheme, social events, but also by highlighting their achievements in the home's newsletter and by internal promotion. The provider told us that they felt confident that they would be successful in the process of applying for the Investors in People Award which was helping them to improve the service people received through the

development of staff that cared for them. A visiting professional told us, "The standard of care is very good from what I see. The registered manager and owner take great pride in making the residents feel they are at home. There is a good mix of youth and experienced staff and the team work well together from the domestics to the management."

The registered manager and provider were constantly looking for new experiences for people so that they benefitted from lives that were more fulfilled. They had built links with the community through the introduction of talks on caring for people living with dementia by the Alzheimer's Society. They were also part of 'Dementia Friends' and by working closely with this agency they had been able to put advice, information and training they had received into practice to ensure a more person centred approach to the way care was delivered to people living with dementia. Following discussions at a meeting with people and their relatives the registered manager was actively working with local care homes to have mutual visits to the homes to enable people to build new friendships and have new experiences. During the run up to Christmas local businesses were encouraged to set up stalls in the home for people unable to go out to the shops

There was an open and inclusive atmosphere where people were valued and supported to use their skills and experiences. Relatives were encouraged to be involved in activities, preparing the newsletter and carrying out surveys and taking people to the local shops and facilities such as the doctors. People were enabled to undertake daily activities which were important to them such as laying tables and clearing up after meals and baking biscuits and cakes to be eaten in the home by people and their relatives. The provider told us that they had bought an electronic device so that people could look at photographs on a larger screen. Some people were involved in developing the website for the provider and some people had been filmed with their comments about what it was like living at Victoria Lodge. Other people had been involved in choosing images to go on the website.

There were good relationships with local healthcare teams who went into the home to advise on how to prevent deteriorations in people's health. A visiting healthcare professional told us, "The home has a friendly feel to it and staff are very attentive, respectful and professional towards myself and service users."

We saw that the management structure in the home had been developed to encourage staff already working in the home to develop their skills and roles and take responsibilities for specific areas such as management of medicines. Staff confirmed that they were supported to develop their skills and knowledge to take up these responsibilities and felt a sense of achievement and personal development. Discussions with the registered manager showed that she felt a sense of personal achievement seeing staff develop with her assistance and achieve qualifications to improve their career aspirations. We saw that the registered manager encouraged the involvement of local schools by offering placements in the home for students. The registered manager had been invited to speak with students about how people leaving their homes could feel a lack of control over their lives. This helped to raise awareness and understanding about people's needs and encourage young people to consider a career in care so that people would benefit from a caring and understanding future staff pool being available.

The registered manager ensured that she also developed her skills and knowledge through ongoing training and attending meetings with other care providers. The registered manager and provider provided strong role models for staff and demonstrated through their commitment to the service concern for people's welfare and the service's focus on providing excellent care based on individual needs. In addition staff told us that they had lots of opportunity to talk about work and personal issues and felt supported by the registered manager and provider. We learnt of an example of staff being supported by the registered manager when people told us that the registered manager was a good cook. When we asked how they

[people] knew this one person said, "She [registered manager] cooked our Christmas dinner." The registered manager told us she had done this because she liked cooking and so that the cook could have the day off.

Staff were encouraged and supported to raise any issues regarding poor practice. For example, we heard about a passing comment from one person living in the home to a staff member who brought it to the attention of the registered manager. The registered manager told us that this incident would be used as a topic of discussion with staff. They [staff] could then be reminded about how their actions could be perceived by people and to ensure that practices were continually reviewed and improved. This strong leadership meant that staff were confident in raising concerns and people and their relatives were reassured that any shortfalls in the service would be identified and addressed. The provision of a consistently improving and good quality service had been evidenced through a waiting list of people wanting to live in Victoria Lodge; local authority assessments that showed the service rated highly in their quality assessments; regular inspection by the Care Quality Commission as well as through the provider's monitoring of views of people and their representatives.

A variety of methods were used to gather people's views about how the service was performing and how it might be improved. These included regular surveys of people and their families and visitors, such as entertainers and healthcare professional. This helped the provider to get a complete picture of what people thought about the service and assessing whether any changes were needed. There were regular staff meetings and supervision sessions for staff as well as meetings for people and their relatives. This provided an opportunity for people to voice their concerns, wishes and hopes for the future and provide praise and compliments. One person told us, "We have meetings and they [staff] tell us all about what is planned. We can ask questions and any our input is welcomed." The records of these meetings confirmed that feedback was provided to people about what was happening in the home and took comments and ideas from people for future development of the service. For example, people were consulted about the style and colour of new furniture for communal areas of the home.

Thought was put into how the service could be developed to improve the overall care experience for people and their relatives and to improve the facilities for staff. We saw that there were robust systems in place to monitor the quality, improve and develop the service. The registered manager and provider maintained a close oversight of the service so that issues were resolved quickly and without a negative impact on people. We saw that since our last inspection there had been considerable input into improving the environment through an ongoing refurbishment programme. The décor had been upgraded; new comfortable, stylish furniture had been bought and people had been involved in choosing the colour scheme. A new passenger lift had replaced the older model. The provider had completed the Provider Information Return and this told us about improvements that were being planned for the future. For example, an area of the home was to be developed to provide accommodation where relatives could stay overnight when their loved ones were unwell or coming towards their final days. An additional seating area for people was planned as well as additional resources for staff to take their breaks in in response to suggestions from people using the service and staff.

The registered manager had been in post for several years and with the support of the provider had ensured that the home was compliant with regulations and met their legal obligations in respect of keeping us informed about incidents that occurred in the home. We saw that the provider worked closely with Birmingham and Solihull local authorities to ensure people were kept safe. We had received information about incidents in the home so we could monitor the performance of the provider. This showed an open and inclusive culture and an understanding of the Duty of Candour. The Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

