

Miss S G Howard

Victoria Lodge Care Home

Inspection report

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Date of inspection visit:
24 September 2019
27 September 2019

Date of publication:
06 March 2020

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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Victoria Lodge Care Home provides accommodation and personal care for a maximum of 24 older people, some of whom may be living with dementia. At the time of our inspection there were 23 people living at the location.

People's experience of using this service:

The service has a strong, visible person-centred culture. Staff and management were fully committed to providing an exceptional level of person-centred care. They were proactive in identifying and implementing creative resources to support people living at the location.

Staff demonstrated an in-depth understanding of people's personal and individual needs. People valued the staff team's caring and compassionate approach, and related to staff on a meaningful personal level.

The provider and staff were highly motivated to support people in a caring, compassionate and empowering way.

The provider had a proven track record of being an excellent role model, actively seeking and responding to the views of others through creative and innovative methods. They have developed and sustained a positive culture for people and staff to raise issues and concerns, which they act upon.

There was a strong emphasis on continually striving to improve the service and maintain high sustainable standards of care. The provider's vision and values were strongly embedded in a person-centred culture which placed people firmly at the heart of the service.

The provider worked in partnership with other organisations to ensure they were following current practice and providing high quality care. They strived for excellence through consultation and reflective practice.

People were kept safe and secure from the risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's right to privacy was respected by the staff who

supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

People using the service were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people on the quality of the service was gathered and used to support service development.

Rating at last inspection:

At our last inspection in January 2017 we rated the service as outstanding. At this inspection we rated the provider as outstanding.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service is now rated as outstanding overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Victoria Lodge Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by an 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 care service.

Service and service type:

Victoria Lodge provides accommodation and personal care for a maximum of 24 older people, some living with dementia. On the day of our visit there were 23 people living at the home.

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

Inspection site visit activity started on 24 September 2019.

What we did:

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Healthwatch for any relevant information they may have to support our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our visit we discussed the care provided with four people who used the service, five relatives, a day visitor, four members of care staff, two health care professionals, a local care provider, the relative and friends' co-ordinator, the registered manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people who used the service and three staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service. After our inspection, the provider sent us further information related to the quality of people's experiences and continuous improvements at the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were confident care staff kept them safe and secure. One person told us, "I feel perfectly safe here, the staff are wonderful, I could confide in them, tell them anything. Throughout the day they check in on me. This morning I was awake at 2.00am and they popped their head around the door. I know they do it two or three times during the night".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns. Staff understood the provider's whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.

Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
- The registered manager told us, and we saw that people's risk assessments were reviewed regularly, depending on the level of identified risk. In addition, informal observations were carried out daily and any changes are added to people's care plans.
- We saw that all potential risks were recorded and used to inform changes to people's care plans.

Staffing and recruitment

- A person we spoke with told us there were enough staff to support them if needed, they said, "There is always someone [staff] here. If I use the call bell they come quickly".
- We saw the provider had processes in place to cover staff absences. They also had systems in place to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
- During our visit we saw there were sufficient numbers of staff to respond to people's needs when required.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Using medicines safely

- People received their medicines safely and as prescribed. A person told us, "They [staff] give me my medication [there's] never a problem and I can ask for painkillers if I need them".
- Staff had received training on how to manage and administer medicines and there was a dedicated medicine technician on every shift.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection

- A person told us, "It's [care home and person's room] very clean, they [staff] come in daily. I could have my sheets changed daily if I wanted but every Friday is fine by me. My towels are done daily".
- Staff understood how to protect people by the prevention and control of infection. A member of staff told us that they mitigated the risk of cross contamination by ensuring that aprons, gloves and hand gel were used when required.
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- We saw the care home was clean and tidy.

Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- The registered manager explained any accidents, incidents or 'near misses' were analysed.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People and staff were consulted throughout and informed of any actions.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received appropriate training and had the skills they required to meet people's needs. The provider had training plans in place which were reviewed and updated on a regular basis. A staff member we spoke with told us there was sufficient training provided to meet people's needs. During the induction period, staff shadowing opportunities were available to enhance their learning.
- Staff told us they had regular supervision meetings with the registered manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.
- The registered manager was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had processes in place which involved people in how they received personalised care and support.
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- From looking at people's care plans we saw their care needs were supported and they were involved in the assessment process.
- Staff could explain people's needs and how they supported them.
- A healthcare professional told us how staff complied with directions when supporting people with pressure sores and how they were knowledgeable about the grading system for pressure sores.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

- Not all the people living at Victoria Lodge had capacity when making informed decisions about their care and support needs. For those people who were being deprived of their liberty and were unable to consent to their care and treatment, the provider had made appropriate applications.
- Staff understood the principles of the MCA and followed in terms of people's care and support needs. Staff

were able to assess capacity and they recognised when and how to make decisions in the best interest of the people using the service.

- Staff explained, and we observed, how they gained consent from people when supporting their care needs.
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

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

- People told us they were happy with the support they received from care staff with meals and drinks. One person told us, "The food here is very good. If you don't like what's on the menu you can have something else. We have a very nice cook. They [staff] bring drinks around all the time and I have a water jug so I can make myself squash".
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet.
- People were encouraged to eat healthily and took responsibility for developing their own menus. We saw a menu planner identifying every person's individual preferences.

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

- The provider supported people with their health care needs.
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes. A health care professional told us staff were very knowledgeable about people's health needs at Victoria Lodge. They sought advice when required and alerted medical professionals when necessary. Staff followed health care instructions well.
- A person told us, "If I need to see to the doctor he comes in. He will come into my room if I'm in the lounge". A relative confirmed people were promptly supported to access healthcare support.
- We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation and design of the premises.
- People had their own rooms which were decorated to their individual tastes.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as 'Outstanding'. At this inspection this key question has remained the same.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider and staff team worked tirelessly to create the very homely atmosphere we observed. This was reinforced by comments made by people, relatives, staff and visiting healthcare professionals. One relative stated, "[The home] oozes care, love and empathy for all." From talking to the provider and staff we saw that they were all passionate about providing high quality, person centred care. People and relatives confirmed staff were exceptional in their approach to treating them with kindness and compassion.
- People's religious and cultural needs were recognised, and the provider went the extra mile to celebrate occasions that were important to people. For example, at Christmas, each person had a Christmas stocking filled with personalised gifts from the provider and delivered by Father and Mrs Christmas. People and relatives told us Christmas was a special time at the home and they enjoyed being part of the celebration. In another example, people had sampled foods from different countries during an 'around the world' week at the home and people had since asked for these foods to be added to the home's menu.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported. A regular visitor who led religious services at the home stated, "There is a lovely calm spirit in the home with well attentive and warm appreciative and interactive staff who are very caring with the residents in all circumstances."
- A staff member recalled a time one person asked if they could attend church near the time of the anniversary of a loved one's passing. The staff member commented, "I was able to take that resident to church, we had a lovely afternoon, we went for a coffee and cream cakes afterwards, I felt I was able to make a difference."
- The registered manager provided an example of how one person at the home had confided in them about their sexuality. This had previously been hidden due to the person's fears about generational social attitudes and the person's confidence in the staff team demonstrated the strength of the trust in the relationship. The registered manager took an active role in supporting the person, through discussions about the person's life history, identifying subtle suggestions and offering un-intrusive support to discuss things when the person felt comfortable to do so. The person is now able to live an enhanced quality of life and can comfortably speak openly about their sexuality. This demonstrated that the provider was empathetic and supportive to the needs of the people living at Victoria Lodge.
- Compliments from relatives referred to the outstanding support the staff team had also extended to them as families of people living at the home. One relative stated, "[Staff member] takes her caring one step further because she is always there to offer support to family members as and when required, never short of giving TLC for that family member that may be struggling with a challenging situation... a kind word or a hug means a great deal when you are struggling with a difficult situation."

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

- The quality and detail of the provider's person-centred care planning reflected an interest in truly understanding the people who lived at the home. People had 'life story' books completed to an extremely high standard, with in depth content of people's lives, interspersed with photographs relating to the various passages. The layout and content of the life story books gave a compelling and insightful account of the people they represented. Staff had worked closely with people and their relatives to create a living account of people's lives that was continually updated to help always inform person-centred care.
- For people living with dementia, the life story books were a positive resource for life reflection and recalling happy memories from their past. Staff regularly used these with people, especially people living with dementia. For example; the registered manager and staff explained how, if a person was becoming agitated or seemed unhappy, they would get the person's life story book, sit down with them and start talking through it. The photos in the book reminded people of relatives and events in their lives. The outcome being that people were immediately calmed and more relaxed, which reduced their level of anxiety and had a positive impact on their general wellbeing. This was enabled by the quality of information gathered about people's identities and preferences.
- The registered manager and staff team developed further creative ways to involve people in decisions about their home. For example; the registered manager arranged for chairs to be delivered to the home and trialled over a number of days by people. This meant people were able to get involved and take an active role in decisions about the furniture in their home.
- The provider had employed a Relative and Friends Co-ordinator who specifically engaged with people and relatives, regarding the care and support provided at the home. Formal and more social, informal meetings were held to help capture people and relatives' views. This gave people and relatives opportunities to give feedback independently and to be part of friendly gatherings if they wished which helped to develop a family orientated atmosphere.
- People were also regularly supported to express their views and make decisions about their individual care and support needs and preferences. For example, meal times were protected on the request of the people living at the home, as this helped people feel more relaxed and comfortable. We saw staff continued this approach in day-to-day interactions for example, checking if people wanted a drink or snack, and checking if people wanted to go out and spend time elsewhere. This enabled people to make their own decisions and express what they wanted.

Respecting and promoting people's privacy, dignity and independence

- People and relatives were extremely complimentary about the staff and their caring and compassionate nature. People were encouraged to be as independent as practicable. A person told us, "I feel supported, but they [staff] haven't taken over". Another person told us, "I am independent but it's nice to know someone [staff] is there if I need them". The impact of this was that people felt supported and enabled.
- A relative said, "We can't speak highly enough of them [staff], they're kind, caring and loving". Another relative told us how their family member felt happier knowing that staff were close at hand. The provider had responded to this and ensured that the person had a room on the ground floor closer to communal areas where staff were always close at hand.
- Care and activities were planned around what people were able to do, to help people maintain their skills and to exercise to promote people's independence. A relative praised how one person had been supported to rebuild their independence and told us, "Whilst [person] was in hospital they lost a lot of mobility and they were using a hoist. but they [provider] have worked well with her so now with assistance she can weight bear stand up and get to a wheelchair rather than using the hoist".
- Care staff knew the importance of respecting people's privacy and dignity. A member of staff explained how they protect people's dignity when providing personal care, by ensuring it is done in privacy and that people are kept covered up as much as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question improved to Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The message reiterated to us by staff, the registered manager and the provider was, that, "The home doesn't belong to us, it belongs to the people who live here and their families". This reflected the person-centred care we saw. People and relatives were involved in care planning and reviews to help ensure care and support continued to meet people's individual needs well.
- Staff said they had got to know people by talking to people, taking an interest in their lives and reading through people's care plans. We saw staff knew people well. One person was singing songs from the 1920's and two of the care staff joined in with them. This demonstrated staff had spent time with the person and took a genuine interest in them, which in turn made people feel valued.
- Our observations and discussions with staff found staff were focused on providing personalised care. A staff member described how the tone for a person-centred approach had been set from interview and induction: "I was encouraged to join residents for breakfast and for supper, to sit and talk to them at length. I was encouraged to read their life books with them which are beautiful and hold so much information about their preferences, likes and dislikes and also their memories... They were absolutely right when they said to me on my first day, welcome to the family."
- The provider sourced the regular support of an occupational therapist to help tailor activities including for people living with dementia and to provide dementia care workshops. This had enabled staff to receive professional advice and guidance for example about what activities and prompts people responded well to, to inform practice to continue to promote meaningful, positive support and experiences for people.
- Feedback we saw from relatives showed clear satisfaction and fulfilment in the quality of care provided to people living at Victoria Lodge. One relative had stated in a feedback letter, "I would recommend Victoria Lodge to anyone seeking outstanding care and support for their loved one." A healthcare professional had stated, "I will have no objection having any of my relatives being a resident there."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities and events were planned according to people's identities, abilities, interests and things they enjoyed, with a view to promoting positive and memorable experiences and a good quality of life for people. People had weekly meetings to give their views on recent activities and social events and to plan what to do next. One person told us, "I really enjoy singing the lady [activities co-ordinator] this morning was so good".
- A bar had been built in the lounge area where the registered manager told us some people enjoyed drinks such as wine and lagers, and in particular people had enjoyed adding relevant items to the bar, such as a bell to ring for service and a beer mat. The registered manager told us a person had commented that this

had reminded them of previous holidays with their partner.

- Having recognised the importance of Mothers' Day to people and relatives, the provider hosted afternoon tea celebrations for people and families to celebrate Mothers' Day together. A staff member commented, "The response was overwhelming; families came en masse and were served with a selection of sandwiches, cakes and cups of tea in china tea services. The home was buzzing and everyone talked about it for days after." Due to the event's popularity, the following year's Mothers' Day Tea was held over two sittings so everyone who wanted to attend, could do so.
- The service went the extra mile to recognise and meet people's wishes as far as possible. Staff knew how a person felt upon not being able to attend their child's wedding day. With the family's support, staff involved the person in this special occasion as far as possible. Staff arranged for the person to have their hair and make up done, to dress up and to record a video message to be played on the wedding day. The registered manager told us the person stated, "I feel as if I have been part of [the] day now."
- In another example, in-house shopping was arranged in partnership with a local store at Christmas time as some people could not get out to the shops. This helped people feel more independent when choosing gifts for family and friends.
- People and relatives told us how they all were involved in planning and taking part in events and occasions together. An activity coordinator told us that 'A day at the beach' seaside event was arranged because although people could not get to the seaside, the seaside could be brought to people. The event was themed with fish and chips served in paper wrappers resembling newspaper and people and their loved ones enjoying sand trays and a paddling pool for visiting children.
- Staff helped arrange birthday celebrations for a person and their relatives. A relative stated, "Mum thoroughly enjoyed herself; she never stopped smiling throughout the evening and clapped her hands together with happiness. Since being in your care, she has become the happy and peaceful lady she used to be."
- A person told us, "My son and me were involved in the care plan. I like to join in the activities, I love the singing, there is a notice in the hall showing what the activities are. I also go out with my son for meals. [Provider] puts some lovely 'do's' on, we have people coming in, it's great, different themes".

End of life care and support

- Nobody living at the home currently needed this level of support, yet there were effective systems in place to support people well if and when required. Staff had received appropriate end of life care training and people's expressed plans and wishes had been gathered and recorded. The provider had registered with Gold Standards framework to ensure they met best practice guidelines when planning this aspect of people's care.
- The registered manager showed awareness of the importance of planning an appropriate time to discuss people's end of life needs. A relative stated, "We have been asked to decide what we want for Mum when it comes to Mum's end of life care and with [the registered manager's] support, we have recently done this, so we don't have to make a difficult decision at a difficult time. We want Mum to be in her own bed at Victoria Lodge with the people she knows looking after her and loving and caring for her as we know they will."
- Another relative commented on how thoughtfully staff had taken the time to explain what a DNACPR is to equip relatives with an informed input into this decision. A DNACPR is a clinical decision made by a healthcare professional not to resuscitate a person if they were to stop breathing or their heart stopped.
- A visiting professional told us part of their role included supporting people at end-of-life care, and people's loved ones, with activities such as prayers or spiritual activity, reminiscence and reading, for example, according to the person's known wishes and needs.
- The provider maintained relationships with local churches to support people to follow their religious practices. The registered manager described how these relationships had meant church leaders had come to know people personally and had been able to speak of them with fondness during funeral and memorial

services when some people had passed away. This had been a comfort for their loved ones. People had also been supported through the provider's community links to fundraise and donate to a local hospice.

Improving care quality in response to complaints or concerns

- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- Complaints were assessed and information from them was used to inform training and staff working practice. We saw a record of a recent complaint raised by a relative, which was responded to efficiently by the provider. We also saw a 'thank you' letter from the family following the provider's intervention.
- A relative told us, "I don't have any complaints but if I did there is an open-door policy".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services. There were resources on site to help meet people's communication needs.
- The registered manager told us how one person had the home's weekly activity plan delivered to their room in large print. This demonstrated how the person received information in line with their needs and preferences.
- A professional who regularly visited the home told us people were regularly encouraged to engage in sensory activities which helped to recognise the needs of people whose dementia had progressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as 'Outstanding'. At this inspection this key question has remained the same.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Feedback from both people and relatives consistently praised the outstanding culture in the service and highlighted how Victoria Lodge was a real home, enjoyed by all. A relative complimented their recent visit to the home saying, "The atmosphere was warm and homely, some chattering, residents laughing, carers going about their day with a word here, a gentle touch there... this environment does not happen without a vision, strong leadership and a supportive well-trained staff."
- Feedback we viewed showed this culture and vision was embraced by staff, and clear to professionals involved in the service. A staff member stated, "Everyone who works here understands that the focus of the [provider and registered manager] is to ensure that care in the home is to the highest standard possible... to create a home that truly meets the needs of all its residents." A visiting health professional stated, "You [Staff] are all always so happy. You all know what you are doing, you all go out of your way to assist me, but the way you treat your residents should be an inspiration to all."
- A relative told us, "The management are the best... this is the best home I have ever seen, I am very happy". Another relative stated, "We have now become [person's] children again after a long time of caring for her... We can now sleep at night knowing the wonderful care and affection you give to [person] daily is borne out of the want to be a fantastic care home with incredible staff and excellent leadership."
- In addition to person-centred care planning processes, people were also empowered to voice their opinions about their home overall, for example, through involvement in the selection process for new staff who would go on to support them. The provider also took an inclusive stance on training. Training was not reserved exclusively for staff; people and relatives were able to attend. A person living at the home, relatives and staff were due to attend dementia care training. This demonstrated a commitment to supporting and involving others as far as possible and to promote understanding and recognition of people's needs.

Continuous learning and improving care

- Since our last inspection, the registered manager and the provider had been nominated for, and had won a variety of national and regional health care awards, including; Best Professional Service Award 2018, Caring UK, Care Home of the Year – Runner Up 2017 and Birmingham Care Awards 2017, [Registered Manager] – Winner, Excellence in Leadership and Management. The Birmingham Care Award 2017 was awarded for the expert care and support provided to people. This showed relevant awarding bodies had recognised the home's outstanding practice and commitment to continuously build on excellent support for people in their care.
- Since their last CQC Outstanding rating, the provider had made links with other care providers in the area

to share their knowledge, information and experiences with a view to supporting developments to the quality of care around the region. The registered manager told us, "We're [provider] not exclusive about our CQC rating. We want to work with and support other providers to develop their services so that they and other services can become outstanding care providers". This demonstrated the provider's dedication to continuous improvements not only for Victoria Lodge but for people's experiences of social care overall.

- We contacted another service provider who told us how happy they were that Victoria Lodge had reached out to them and supported the drive forward of their service. They told us how they had benefitted from seeing how Victoria Lodge supported people's care needs. The provider told us that by working with other providers they were able to glean examples of good practice and integrate them into their own service provision, thus driving improvement and further development.
- The provider had developed a range of forums to engage people, relatives and staff to share feedback and support quality improvements at the home, for example through a regular 'Relatives, Friends and Residents Quality Assurance Meeting' and more informal gatherings. Actions taken from meetings were shared with people and relatives. People, relatives and staff all confirmed that the provider and registered manager were very approachable, and responded positively to any requests and suggestions.
- Questionnaire responses we saw showed relatives' extremely positive experiences of the home and confirmed that when a person or relative suggested ideas or improvements, this was welcomed and acted on. For example, a relative had requested a display rack for magazines and leaflets, and we saw this was available and in use at the time of the inspection.
- The provider carried out regular internal audits to support the monitoring of service provision, for example, of people's care plans, risk assessments and medicine records to ensure these remained suitable. The provider also worked closely with the local authority commissioning team to ensure new guidelines and regulations were implemented as required.

Engaging and involving people using the service, the public and staff fully considering their equality characteristics

- In addition to input of people, staff and relatives in quality assurance processes, we saw there was a monthly newsletter, developed in consultation with people and relatives informing 'the reader' of events and information about the service. This supported the home's open and inclusive culture, and gave people and relatives further access to relevant information and regular updates about the home.
- The service recognised the potential impact on relatives, of caring for a loved one and/or a loved one living in a care home. As a result, Relatives' Social Evenings had been arranged to give relatives chance to offer one another mutual support, to chat in a relaxed setting and form closer bonds. People had also been supported to keep in contact with loved ones through social media platforms and messaging for example if relatives could not regularly visit.
- The home was registered as a 'Dementia Friend' and had made significant links through this such as fundraising for Dementia UK and signing petitions to improve funding in dementia care.
- The provider and registered manager recognised the importance of recognising and valuing staff. This included investing in a staff room with the input and feedback of staff of what they wanted this to include. A person we spoke with said, "They [staff] are all so caring. [Registered manager] even does the cooking sometimes, there isn't anything the staff do that the management won't do, they're not the type to just sit at a desk, they're 'hands on' as well". The registered manager told us they regularly worked alongside care staff. Feedback we saw showed staff found the registered manager to be 'hands on' in supporting them and one staff member told us people felt this meant they received the same level of care from everyone.
- Staff were proactively encouraged and supported to develop their skills and careers in health and social care, and some staff had gone on to become nurses and registered managers elsewhere. The registered manager told us, "We always encourage staff to achieve their own potential. If that means they leave us to move forward, that's fine. We're happy that social care in general is benefitting from their development".

This focus on developing the skills of staff and empowering them resulted in the standards of care delivery at Victoria Lodge to be outstanding.

- A person told us, "There are activities here I like to join in with. We have children come in and the scouts [Beavers] came". The registered manager confirmed they had invited a local Beavers group in to the home to talk to people about their lives and life as an older generation. At the end of the session, people of Victoria Lodge presented the Beavers with their Social Care badges. People told us how much they enjoyed meeting young people from the community, especially having the chance to chat and share stories with them. These events were seen as a positive way of connecting with communities outside of the home and have continued. People told us they enjoyed having young people around as their exuberance was uplifting.
- The provider had also developed close links with other community organisations such as the LGBT Network, local schools, youth groups and local care providers. We saw a 'thank you' letter from a local school for accepting one of their students on a work experience programme and complimenting the provider's wonderful support given to the student. Local school groups enjoyed regular, themed visits to the home, for example, to learn of people's lived experiences in the war and shared interests such as the Royal Family. These events were mutually beneficial and helped appropriately mark and celebrate people's lives and achievements.

Working in partnership with others

- The provider demonstrated commitment to maximising on opportunities to develop the quality of the service provided at Victoria Lodge and within the wider social care community. The provider regularly attended health and social care forums to share their experiences as an outstanding service provider, and worked with other care providers and invited their residents to events at Victoria Lodge.
- This helped to raise the profile of the home and enabled the provider to benefit from greater networking opportunities with other providers and social care support services. The provider's relationships with other social care providers allowed them to share information and experiences and to support one another to continuously improve the quality of care provided.
- The registered manager had developed close working relationships with other health and social care professionals, whose feedback was used to drive through improvements in the care provided and ensuring people's physical and health needs were promptly met. A healthcare professional told us, "This is the best home I visit, 'bar none'. The staff know the people so well and are responsive to their needs. They follow instruction to the letter and their dementia care is excellent".
- The provider told us they also attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff felt listened to and clear about their roles and responsibilities towards people living at the home. Staff felt confident to raise issues, concerns and ideas with the registered manager and were given regular opportunities to do so.
- The registered manager told us they any accidents or near miss incidents were documented, reviewed and shared with relevant others such as family members to maintain an open, learning culture and to prevent future reoccurrences.
- The provider continued to meet their regulatory requirements such as notifying the CQC of events as required and displaying their last inspection ratings.