

HC-One Limited

Victoria Gardens

Inspection report

328 Tile Hill Lane
Tile Hill
Coventry
West Midlands
CV4 9DS

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Tel: 02476466602

Website: www.hc-one.co.uk/homes/victoria-gardens/

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Victoria Gardens is a residential care home providing personal care for up to 28 people aged 65 and over. At the time of the inspection the service was providing care for 24 people.

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

We identified improvements were needed to medicine management, and the level of detail in care records, so it was clear how staff responded to people's needs.

People felt safe living at Victoria Gardens and staff knew how to identify signs of potential abuse and how to respond to these. Staff felt confident to immediately report any concerns of abuse to their manager or other agencies.

There were sufficient numbers of staff to support people needs. Recruitment checks were carried out on new staff to ensure only suitable staff worked at the service. Ongoing training was provided to staff to update their knowledge, and competency checks were completed to ensure staff had learnt from their training.

People enjoyed the food provided and staff closely monitored the food and fluid intake of those people at risk of poor nutrition and hydration. People were referred to health professionals when concerns regarding their nutritional needs were identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff and people using the service had good relationships. Staff provided kind, compassionate care. People's dignity was maintained, and personal care was carried out in private and in a timely way.

The home was clean, and staff understood what actions to take to protect people from the risk of infections.

The provider had systems in place to closely monitor all aspects of the service. A management team was available to support the manager in ensuring the quality of care and service provided was in accordance with the providers expectations. This included a deputy manager, plus an area director and area quality director who regularly visited the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection. The last rating for this service was Good (published 19 July 2017).

Why we inspected

This inspection was prompted in part due to an investigation of a serious incident where someone had

fallen. Whilst the detail of this investigation is not forming part of this report, we looked at the information we had received, the management of the service and what actions had been taken.

We found evidence that the provider had taken action since the incident to mitigate the risks associated with falls and this had been effective. However, improvements were needed in regards to information available to temporary staff about people's care needs to ensure these were met safely.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details on in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Victoria Gardens

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and an assistant inspector.

Service and service type

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

The service had a manager, but they were not registered with the Care Quality Commission. This meant at the time of our inspection, the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 the inspection-

We spoke with seven people who used the service and two relatives about their experiences of the care provided. We spoke with five staff who provided care plus the manager, area director and area quality

director.

We reviewed a range of records including four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We viewed a variety of records relating to the management of the service including policies and procedures, health and safety checks and complaints.

After the inspection

We continued to seek clarification from the provider and manager to validate evidence found and confirm immediate actions taken to manage risks. We looked at training and health and safety information as well as quality assurance records.

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

Using medicines safely

- Medicines were not consistently managed safely. One person had been prescribed an increased dosage of a medicine to help stabilise a health condition which placed them at risk of falls. However, medicine administration (MAR's) showed an incorrect dose had been administered for several days following this change. Whilst staff told us they had identified an error with timings on the day of our inspection, sufficient checks had not been previously completed to ensure the person was not subjected to inconsistent dosages. This can impact on the person benefiting from the potential relief of their symptoms. The provider stated there had been no reportable side effects during this time and health professionals had been contacted as a result of the inconsistent dosages.
- MARs showed medicines received, administered and remaining for three people did not always tally correctly, this included a medicine that required extra checks when administering. We could not be assured medicines were managed as prescribed. Following our inspection visit, a member of the management team told us a full audit of all medicines had been completed. They gave assurances that action to rectify this had been taken. Staff had also been required to complete additional training and we were told were subject to ongoing monitoring.

Assessing risk, safety monitoring and management

- People's needs were assessed to identify risks associated with their care and the staff support needed to address them.
- Care records were not always clear about risk management such as risks associated with falls and people's skin, and summary information to assist temporary workers was limited.
- The manager told us about a person who had developed a skin problem. The person's care plan did not make reference to this problem to show how it was managed. It was difficult to establish from records the current skin condition of the person.
- One person had developed a sore heel but there was no care plan around how this was to be managed or actions staff should take to prevent further skin damage. However, treatment for the skin damage was being provided by a district nurse involved in the person's care and staff knew to complete skin checks regularly to identify any concerns.
- People had personal evacuation plans for use in the event of an emergency such as a fire which included information about assistance they would need to evacuate the building.
- Environmental checks were routinely completed to ensure the home was safely maintained.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person told us, "Truth is you won't

find a better home, very good, helpful, I can't remember things, but I am not anxious here. I use this frame thing to walk, I did fall getting off the toilet a few months ago and they sent me to the hospital to check me over."

- Safeguarding procedures assisted staff in protecting people from harm. Staff completed safeguarding training and knew how and when to report any concerns such as potential abuse. One staff member said, "I would tell the senior or manager, record on an accident or incident form which we hand to the manager to do what's needed."
- The manager and provider responded appropriately to safeguarding concerns and shared lessons learnt with the staff team to prevent the likelihood of re-occurrences.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- Staff recruitment records showed the provider carried out employment checks to make sure staff were suitable to work at the service. The checks included, proof of identity, references and criminal conviction checks through the Disclosure and Barring Service (DBS).

Preventing and controlling infection

- The home was clean, and staff followed good infection control practice by wearing disposable gloves and aprons as appropriate to help prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any patterns or trends so appropriate action could be taken to reduce reoccurrence.
- The manager explained that lessons had been learnt following an incident at the home where a person had fallen and come to harm. They told us, "It has gone national, the whole of HC One have done training, there have been numerous conversations with the team (staff). Spot checks with staff." The manager told us all training was up-to-date including falls awareness and prevention.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service and care plans developed detailing their needs and choices.

Staff support: induction, training, skills and experience

- New staff completed an induction to the home and completed training to achieve the Care Certificate where appropriate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. One person told us, "They have some new staff and they are very well trained."
- Staff completed ongoing training to develop their knowledge and update their skills. Staff told us their training was up-to-date. The manager told us staff had recently completed dementia care training to help them support people's needs.
- The manager had regular staff one to one meetings as well as group meetings to support staff in their role. Staff told us they felt supported by the management team.

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

- People told us they enjoyed the meals provided and we saw people were provided with drinks throughout the day. One person told us, "It (food) is good, they get each person what they like. Always drinks and biscuits if you want them."
- Staff told us people had access to a choice of meals and drinks each day. One told us, "The meals are good, people will change their choices at the table, but they can do that, or they can ask for a specific meal and we can usually get this cooked."
- Where there were people with nutritional concerns, their food and fluid intake was monitored as well as their weight. Referrals were made to health professionals as appropriate.

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

- Staff worked with other healthcare professionals to ensure people received access to healthcare services, such as their GP, dentist, optician, specialists and dietitians when needed.
- Care staff informed the manager if they had any concerns about people's health or wellbeing to enable these concerns to be acted upon.

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

- Victoria Gardens had an open plan lounge and dining area that was accessible to people. People who had rooms on the first floor could access these via a passenger lift if needed.
- A variety of comfortable chairs, foot stools and small tables were available in communal areas to support people's needs.
- People were able to bring in personal items to support their transition into the home by making their rooms more homely. Signage was in use to help people locate their rooms.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff followed the principles of the MCA and consistently sought consent before providing people with care and support.
- People's care plans included guidance on the support people needed to make day to day decisions and staff ensured people were happy with how they were supported.
- Some people had been assessed to establish if a DoLS referral was required and some had a DoLS in place. The manager was in the process of reviewing DoLS and told us any new applications would be made to the relevant agency for authorisation as required.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively of the staff that supported them. One person told us, "On the whole, they are quite friendly. I think the staff are good." A visitor told us, "All the staff that I know are lovely."
- We observed people and staff were comfortable in each other's company and had developed positive relationships. We saw the maintenance person visiting a person in their room to discuss a book they thought they would be interested in.
- When one person became anxious, a member of the management team offered reassurance by holding their hand and did not leave the person until they were settled.
- Staff were positive about the people they cared for and about the home. One member of staff told us, "It is a happy cheery place and the residents are well looked after, I think they are happy, and we try to make them happy."

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

- People felt they were listened to and were able to express their views. We saw one person felt at ease to ask staff for some food mid-afternoon when they felt hungry and a snack was provided.
- Staff shared information with one person about their medication regime, so they knew when to expect their medicines and felt involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend private time in their own rooms or in other areas in the home as they wished.
- Staff respected people's wishes to maintain their independence. One person told us, "I can do things in my own time," but went on to say staff were there if they needed them, they said, "I only have to ask them, and they would be there."
- Staff told us how they supported people in a way that protected their dignity. We saw staff assisted people to their rooms for any assistance with personal care.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw people's confidential private information was kept secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were positive about their experiences of living at the home and were free to get up when they wished and move about the home freely. One person who had stayed at the home previously told us, "I wouldn't have come back if I didn't like it."
- Staff were present most of the time in the lounge and were able to assist people with requests or check they were okay. When the emergency call bell sounded staff left the lounge to assist the person.
- Each person had an individualised care plan which contained details of known preferences and interests alongside support needs, to assist staff in providing care. The manager told us, "We do a questionnaire that will ask questions prior to admittance." A staff member told us, "I am interested and like to find out all about the resident and help in any way I can, even if finding a book or music they like, and sitting with them to talk to them."
- Staff attended handover meetings at the beginning of each shift where information about people's health and wellbeing was shared to ensure any support people needed was planned for and provided.

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 explained people's communication needs so staff could ensure people were appropriately supported. For example, one person wore hearing aids and reading glasses and needed a magnifier for small print. Staff were reminded to ensure these were provided and checked so the person could access information and could communicate effectively.
- Information in the home was available in different formats such as large print, and the manager told us work was ongoing to look further into the Accessible Information Standards to check if any other changes were needed.

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

- People told us, they were supported to maintain contact with family and friends close to them and had access to some social activities. One person told us, "Someone comes in to do exercises, there is often something going on."
- At the time of our visit, the activity organiser was not available and so staff supported people with some social activities, including outside activities when this was possible. People were asked for example, if they

wanted to make paper chains for Christmas. Two staff, including the maintenance person assisted people to make them during the afternoon whilst also chatting with them about things of interest.

- People who wished to go on outside visits were supported where possible. For example, one person was taken out in their wheelchair for a walk outside of the home. The manager told us "They smiled all the way there and back."
- Community links has been established. For example, one person was supported to visit the local shops every week and children from a local nursery visited the home each week. The manager said, "The residents adore them."

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns and said they had no complaints about the home. Comments included, "Overall, very happy" and "It is a nice place, I like the staff, I've got no complaints, and I am not just saying that to impress you."
- A relative said, "The staff are lovely. They are very accommodating. If you have any concerns, you can raise them, and they are dealt with."
- Staff told us they would raise any concerns about people with management staff if they felt this was needed. One said, "I would have no problem raising concerns to the deputy manager or manager. We are here to look after people and make sure they have what they need."
- Complaints records showed concerns raised had been responded to and checks had been made that people were happy with the outcome.

End of life care and support

- Where people had expressed any preferences regarding end of life care, these were recorded in their care plan such as wishes to remain at the home and not go to hospital.
- Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- Staff told us they used information in end of life care plans to ensure peoples wishes were respected. In one care plan it stated the person wanted staff to, "Keep them laughing."

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The providers monitoring systems demonstrated areas needing improvement were identified and acted upon. The manager used established quality monitoring systems to review the quality of the care provided and continually improve the home.
- Areas for improvement we identified, were acted upon during or following our visit.
- At the time of our visit there was no registered manager in post. However, the manager told us their application had been submitted to the CQC.
- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so we can be assured risks have been managed. These events had been reported to us as required.
- The provider was meeting the requirement to display their most recent CQC rating.
- Staff were supported with training and were regularly monitored to ensure they understood their roles and responsibilities. Training was repeated if concerns were identified.

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

- People spoke positively of the manager and of living at the home. One person who had lived at the home for some time said, "I love it living here." Another said, "I like it here, the staff are wonderful. The staff are very, very good."
- The manager told us, "I have recently received new support plans. We get to know the person first speak to families get as much history as we can. We focus on them as a person not as a resident. At the assessment stage we ask questions about their religious needs."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were provided with opportunities to feedback on the care and support they received to help drive improvement. This included people completing quality satisfaction surveys and attending 'resident' meetings which took place on a regular basis. Changes in practice were planned and monitored where appropriate by the provider to ensure the service improved.
- Staff were able to share their views about people's care directly with the manager and in staff meetings. Staff said they felt at ease to share any ideas to further improve the service.
- The manager told us they had an 'open door policy' whereby they encouraged people, staff and family

members to call in and see them with a view to improving communication.

Working in partnership with others

- The manager and staff worked with all health and social care professionals involved in monitoring and providing care and treatment for people using the service.
- People were supported to use local services and be a part of their local community where this was possible.