

Mr & Mrs K Powell

# Victoria Court Private Rest Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Inspection took place on the 1 June 2016.

Victoria Lodge provides accommodation and personal care without nursing for up to 29 persons some of whom may be living with dementia. At the time of our inspection 27 people were living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse and palliative care nurse.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out quality monitoring to help ensure the service was running effectively and to make improvements.

## 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 felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being

needs.

Complaints and concerns were responded to in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service continuously improved its standards.

# Victoria Court Private Rest 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.

We inspected Victoria Court on the 1 June 2016 and the inspection was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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 spoke with seven people, three relatives, four members of care staff, the deputy manager, and registered manager. We reviewed four people's care files, three staff recruitment and support files, training records and quality assurance information.

# Is the service safe?

## Our findings

People told us they felt safe living at the service, one person said, "I use to fall over at home, but I have been fine here." Another person said, "This suits me fine, I like it here we all get on." A relative told us, "It's like home from home."

Staff knew how to keep people safe and protect them from potential harm. Staff were able to identify how people may be vulnerable and what they could do to protect them. Staff told us, "If I had any concerns I would intervene straight away and tell the manager." Another member of staff said, "We always make sure people are safe and that the environment is safe for them so they do not fall over. If I was worried about abuse I would report it to the manager or if necessary would report it to social services." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. The manager clearly displayed information on a service called 'Ask Sal' which is an independent helpline for staff, people or relatives to call if they had any safeguarding concerns.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, risk of fractures, pressure sore risks, moving and handling, nutrition and weight assessments. Staff were trained in first aid, should there be a medical emergency, they knew to call a doctor or paramedic if required. One member of staff said, "If somebody was not well the senior would assess them and call for a doctor, if it was an emergency we would call for a paramedic."

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. The manager arranged for the on-going redecoration of the service and they had recently had the service rewired. In addition the manager told us that they were having new carpet fitted in the hallways and would be having the laundry refurbished. For general repairs at the service the manager employed a maintenance person.

There were sufficient staff to meet people's needs. We observed the service was well staffed and in addition to care staff there was housekeeping staff, a chef, kitchen assistant, activities person and nutritional assistant. A member of staff told us, "We always have enough and generally work together in two's when we are giving care." We saw throughout the inspection that staff were available to spend time with people and were not rushed with their interactions. One person told us, "I tend to stay in my room till lunchtime if I need the staff I have a buzzer and they come pretty quick."

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I heard about the job from somebody I knew, I came for an interview, I gave

references and had a DBS check before I started."

People received their medications as prescribed. One person told us, "The carers give me my medication when I need it." Care workers, who had received training in medication administration and management, dispensed the medication to people. The service policy was for two care workers to give the medication together to ensure the correct medication was being given. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. We saw that medication had been correctly recorded on the medication administration cards. A new member of staff told us, "I have completed my medication training theory, but I have not done the practical yet so I do not give out the medication yet."

We saw medication was stored securely and the service had procedures in place for receiving and returning medication safely when no longer required. The service also had a yearly audit completed by the pharmacy provider to ensure their practices were safe.

## Is the service effective?

### Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. One person told us, "The staff seem well trained, they all seem to know what they are doing." A relative told us, "You see the staff carrying belts to help people stand and they have hoists they use, they all know what they are doing." Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, "I have recently completed a course on end of life care from the skills for care training and I have completed my NVQ level 2 in health care."

The manager was very keen that staff were kept up to date and received regular training. Training was delivered on site where possible by trainers, but staff also attended training provided by the local council. The deputy manager had been trained to deliver training to staff on moving and handling, this meant they could keep staff up to date with training and supervise their practice in the work place. The manager had recently sourced a virtual dementia course which staff attended. Part of this training included staff experiencing what it is like to live with dementia. All staff we spoke with told us how good the course was and that they had learned a lot from attending it. The deputy manager said that one thing they changed at the service following the course, was to get rid of staff wearing red overalls as it had been identified that people living with dementia saw the colour red as representing danger. The manager also encouraged staff to be champions in different areas at the service. One member of staff said, "I take a lead on continence care, I refer people to the continence nurse if needed and make sure everyone has all the aids they need."

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The induction included completing the Care Certificate which is an industry recognised training and induction for staff working in care. A new staff member said, "When I first started I went through policies and paperwork then I worked with other staff to get to know everyone and I completed lots of training." In addition staff told us they had regular supervision or observations of their practice, staff meetings and yearly appraisals.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. For example staff knew when people like to get up in the mornings and where they liked to spend their time during the day. One member of staff told us, "What I like about working here is that there are no rigid routines, people have choice to do what they want, it's their home." People at the service mostly had the capacity to make their own decisions, care plans in place for staff to follow focussed on giving people choice and in supporting them to make their own decisions.

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). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. This told us people's rights were being protected.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. We saw staff offering people drinks and snacks such as cakes and biscuits. The service employed a member of staff as a nutritional assistant, it was their job to make sure that people had enough to eat and drink throughout the day. They also supported people with special diets such as fortifying drinks and meals to aid weight gain. In addition if people needed support to eat and drink they spent time supporting people.

We observed a lunchtime meal, which was a social occasion, with people sitting together and chatting. Most people managed their food independently with minimal support needed from staff. We saw people were offered choice about their meals and drinks and when they had finished were offered more food if they wished. Everyone we spoke with was complimentary of the food. Relatives were also complimentary of the food and said that they were always offered a meal as well.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight monthly for signs of loss or gains and made referrals where appropriate. The service had recently been assessed by a dietician to see if people's needs were being met and they had received a very positive report from them. Part of the feedback read 'Overall I feel this home has really prioritised nutrition and fluids and given much consideration in how to encourage intake and provide a good mealtime experience to residents.' It is important people receive adequate nutrition and hydration as it has been linked to preventing healthcare issues.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, chiropodist and GPs. One person told us, "If I need a doctor the staff arrange it, I recently went to the dentist for a check-up and the opticians. The staff will come with you to any appointments." We spoke with a healthcare professional who spoke very highly of the service. They said, "This is my go to home, I have every confidence in them, I know people get good end of life care."

## Is the service caring?

### Our findings

The staff provided a very caring environment; we received many positive comments from people and their relatives. A relative told us, "The staff are very caring, you see them giving people a kiss and cuddle." One person told us, "The staff are very kind and helpful." Another person told us, "You won't find a better home than this."

Staff had positive relationships with people. Staff and people engaged in conversations with each other easily, frequently laughing together. Staff took their time to talk with people and showed them that they were important; they always approached people face on and at eye level. We saw when one person was upset staff offered to sit with them or spend time with them in their room, the person asked staff to go to their room with them which they did whilst offering reassurance. One person told us, "The staff are very good, you couldn't get better." Another person told us, "I love it here, the staff are nice people, anything you want just ask for it."

The service had a very calm, friendly and relaxed environment. People's needs were attended to in a timely manner by staff and staff treated people with dignity and respect. One person said, "When I first came here as soon as I was met at the door I felt welcome, and when I came to my room they [staff] had put fresh flowers for me in a vase." Another person said, "The staff always make sure I have batteries for my hearing aids and go and get them from the clinic for me, when I need them." Everyone we spoke with commented on how the service had a homely feel to it. One relative said, "The reason we like it here is because it is like a home, and not like a hospital. I can visit whenever I like, the staff have become friends."

Staff knew people well including their preferences for care and their personal histories. People were supported to spend their time at the service as they wished. Staff knew people's preferences for carrying out everyday activities, for example when they liked to go to bed and when they liked to get up. Staff knew how to support people when distressed a relative told us, "The staff are very good and they use distraction when needed." A member of staff said some people when unsettled become more relaxed when you sing their favourite songs with them.

People and their relatives were actively involved in making decisions about their care. A relative told us, "The staff are very good at communicating and keeping me informed." One person said, "I have a care plan it's in a great big folder, that the staff fill in." People's diverse needs were respected. People told us their religious needs were supported by religious service's that was held there. People also had access to individual religious support should they require this. A relative said, "We have members of the church coming in and church visitors regularly."

People were supported and encouraged to maintain relationships with their friends and family. The service encouraged visitors. We saw people also enjoyed going out with their relatives in the community. Relatives we spoke with all told us that they were made to feel welcome at the service. We observed staff provided afternoon tea for one person and their relative with a full tea service and biscuits. The service was very spacious with different areas that could accommodate visits, including outside space.



## Is the service responsive?

### Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. Two relatives we spoke with told us that they came to look around the service and meet the staff before making a decision about their relative coming to live there. One said, "I looked at about five homes, but when I came to this one it felt right, I liked the way the staff were with people and how it's very homely." A person we spoke with said, "I originally came for a month's respite, but it felt right being here so stayed." The deputy manager told us that they assessed people's needs before they came to live at the service and invited people to come and look around or stay for dinner. From the assessment care plans were developed the care plans were individual to people's needs and described how to best support them to maintain their safety and independence. The manager showed us new care planning documentation that they will be implementing over the next two weeks. The new documentation was in response to some people having more nursing needs and they felt the documentation would complement the support they received from allied health professionals. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's needs. The manager was very prompt at getting support from allied health professionals when people required it. In addition as people's needs have changed the manager has arranged for people to be supplied with new profiling beds. These beds are adjustable in height to suit people's needs as they become more dependent. The manager also responded to people's requests, for example one person did not like the room they had been allocated; as there was another room free they were able to respond to the person's request to move into that one. People were able to decorate their rooms as they wished and bring in their own furniture. The deputy manager told us whatever people ask for we will arrange, for example one person wanted their room painted blue so this was arranged.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. The service employed an activities person to support people with social activities and hobbies. One person told us, "We do quizzes, armchair yoga; we have concerts and an Elvis impersonator. There is a lot going on if you want to join in." Staff told us that some people like to help every week with flower arranging for all the centre pieces and flowers around the service. A relative told us how much they enjoyed the entertainers and dancing at the service and showed us a photo of them dancing with their partner. People told us how parties were arranged for Christmas and birthdays and how much they enjoyed these.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue. People and relatives we spoke with all said they had no complaints, but if they did they would speak with the manager. The service also received a number of compliments, one read, 'I would not hesitate to recommend the home to anyone needing care. Long may you continue with all your good work.'

## Is the service well-led?

### Our findings

The service had a registered manager who was very visible within the service. The manager had a very good knowledge of all the people living there and their relatives. People, their relatives and staff were very complimentary of the management. One person told us, "The manager is always around to talk to." A relative told us, "The manager is good, always on the premises."

Staff shared the manager's vision and values at the service, one member of staff told us, "We want to give people a natural home life." Another member of staff said, "We want to make people as happy and comfortable as possible."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We have a good team, we all work well together." The deputy manager said, "We have brilliant carers, they make the home homely, like an extended family." Staff had supervision and meetings to discuss people's care and the running of the service. One member of staff said, "We have supervisions and spot checks, we also have meetings and discuss everything." Staff felt the manager was very supportive to their roles, one member of staff said, "The manager has been very supportive to me on a personal level as well as with work." Staff had a handover meeting between each shift, to discuss any care needs or concerns that have happened. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors and staff. They used the feedback from the questionnaire's to improve people's experience, for example one piece of feedback was to ask for more background music and we saw this was playing in the dining room at lunchtime. Each day following meals people were asked for direct feedback on the food provided and asked to give a rating of the food. This information was then used by the chef when planning menus for people. The questionnaire's also contained positive comments about the service such as, 'Staff are genuine warm and caring to the clients.' We saw that people were involved in how their rooms were decorated and furnished. The deputy manager told us that people could choose how they wanted their room and they would decorate it for them to their preference. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits and reviews of care files. In addition to this the manager engaged with external monitoring and schemes, for example the district nurse carried out regular reviews of people's skin and pressure area care. The service was also taking part in a sixteen month program called the Marque project where at regular intervals people's quality of life with memory problems was assessed. This showed the manager was committed in making improvements and reflecting good practice at the service.