

Victoria Nursing Group Limited

Victoria Chartwell

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Victoria Chartwell is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. It consists of a three storey building with an accessible enclosed garden. The service can support up to 22 people.

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

People at the service were safe and told us they felt safe. The provider followed safe recruitment procedures and staff were well trained. There were enough staff to give people the safe care they needed. The home was clean and uncluttered and risk assessments were carried out. The kitchen had a good food hygiene rating. Medicines were managed safely and regularly audited by a pharmacist.

People had pre-assessments before arriving at the home and had their care regularly reviewed. Staff were well trained in subjects relevant to their roles and to the people at the home. People could personalise their rooms in any way they wished people brought pictures and furniture in o the home to make it feel familiar. The chef cooked fresh food daily which people enjoyed. A person told us, "He's a very good chef, if there's anything you don't like he manages to conjure up something different."

People were well treated by polite and caring staff who were cheerful and friendly. A person told us, "We have great respect for each other." People were involved in decisions about their care. People were able to welcome visitors at any time and were encouraged to remain active.

People took part in numerous activities organised by an activities coordinator. Activities were designed with people at the home in mind to ensure they were accessible to all. A person told us, "The activities girl is amazing, I don't know where she gets her ideas from, there is always so much to do." Staff helped people to keep in contact with the wider community. Complaints were dealt with promptly and the management staff were keen to be seen as approachable at all times.

There was no registered manager at the time of the inspection. However the staff were supported by a care quality manager, the provider and the wider management team of the Victoria Nursing Group. Staff told us they felt well supported. The service worked with outside agencies and specialist healthcare providers. A visiting healthcare professional told us, "The residents all seem really happy, the staff actively look out for the patients."

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.

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 24 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not well led	Requires Improvement ●

Victoria Chartwell

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

The inspection team consisted of one inspector.

Service and service type

Victoria Chartwell 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 did not have a manager registered with the Care Quality Commission, although a new manager had been appointed. A registered manager and the provider are 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

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and one friend about their experience of the care

provided. We spoke with six members of staff including the provider, care quality manager, care workers and the chef. We spoke to a visiting health professional.

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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 were safe and there were systems in place to ensure people were protected from the risk of abuse. Staff were trained in, and understood safeguarding policies. The provider incorporated local authority safeguarding policies into the service's procedures.
- People felt safe, and that their property was safe. A person told us, "We are completely safe." Senior staff reported safeguarding to the local safeguarding team and CQC when necessary and took the appropriate actions to keep people safe.

Assessing risk, safety monitoring and management

- Staff assessed risks and ensured people's safety at the home. The provider followed guidance from the local authorities' health and safety team.
- Care plans were tailored to people's needs. The care plans documented and assessed people's specific risks. For example where a person had a special gastric feeding regime there were risk assessments around that and details about what to do in an emergency.
- Risk assessments were in place for areas of the home. The provider reviewed hazards within the home and had procedures in place to ensure equipment was regularly checked as safe for use. We saw certificates to show that testing was completed for utilities and equipment.

Staffing and recruitment

- Staff were recruited safely. The provider followed safe recruiting guidelines, staff were given an induction before they started working with people. A person told us, "If they have new staff they are not allowed to do anything until they have been trained."
- Staff recruitment files included full employment histories and suitable references. Appropriate checks were carried out to ensure that staff were safe to work within the health and social care sector. For example, we found details of Disclosure and Barring Service (DBS) checks for staff.
- Staff qualifications were recorded. For nursing staff this included records to show nurses were currently registered. The service supported nurse registration and paid their fees each year.
- The provider ensured there were enough staff to support the people who needed it. They used a dependency checking tool to ascertain the correct staff numbers and ratios. The manager told us, "We like to over recruit so we always have one extra person over." and a person told us there were enough staff, they said, "They know who is ringing and they come quickly." Staff said, "Yes we have enough staff."

Using medicines safely

- People had their medicines managed safely. Staff had training in medicines administration, including administering different types of medicine for complex conditions, for example administering medicines via feeding tubes.
- Medicines charts were reviewed regularly. Medicines were stored safely. We spoke to a visiting pharmacist who told us that all medicines and medicine charts were checked and any issues followed up.

Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and clutter free so that cleaning was easy to carry out by the dedicated cleaning staff.
- Staff were aware of the risk of infection and wore personal protective equipment (PPE) such as gloves and aprons as appropriate. A staff member told us, "We wear PPE and wash our hands all the time, for personal care and in the kitchen." A person told us, "They keep the room clean I don't like clutter."
- Food hygiene was good, and the home had the highest available food rating from the Food Standards Agency, of five.

Learning lessons when things go wrong

- The provider was keen to learn when things went wrong. They told us, "We look each month to see if there are any trends each month, we discuss them at staff meetings, and follow on with reflective practice." If necessary, the provider arranged extra training for staff.
- Staff were confident to raise any concerns with the provider or the senior team, and knew these would be dealt with. A member of staff told us, "If I have a problem I speak to [provider], we don't have a manager at the moment."

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 and choices were met within the service. People were assessed prior to being admitted to the home to ensure that their needs could be met fully. People felt able to give input about their care. A person told us, "They try to accommodate you in any way, the staff are lovely. If there is anything anyone doesn't like, it's addressed as quickly as possible." Pre assessments included information about medical and social needs, for example people's religious beliefs and hobbies.
- Electronic care plans were clear so that staff can give people the care they need. Nursing staff were confident to refer people to the doctor or other specialist teams if people's condition warranted it.

Staff support: induction, training, skills and experience

- Staff received induction when they began working at the service. The induction training contained safeguarding, movement and handling and other subjects that the provider deemed vital for good, effective, safe care.
- To ensure people had the care they needed staff were able to access extra training where people had extra needs. A member of staff told us, "I did the dementia training. You need to give people choice. I ask people what they want to eat, to wear."
- Staff accessed a mix of e-learning and face to face training. This was documented in their files and staff were prompted to keep up to date with training by managers at the service. We saw supervision and appraisal documentation.
- Staff were well supported by a senior team, managers from other homes in the group, and the provider. A member of staff told us, "We are a very good team here."

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

- People were well supported to eat and drink with a good choice of freshly prepared meals. On the day of the inspection the chef was preparing potatoes to make fishcakes. A person said, "He's a very good chef."
- The chef knew people well and had a white board in the kitchen displaying people's likes, dislikes, allergies and special diets. For people on pureed or soft food diets the chef would pipe the food to make it look more attractive and appetising.
- People who couldn't manage solid foods were well catered for. The chef had begun to make thick shakes and smoothies for people who had swallowing issues but who disliked pureed food, to ensure they remained well fed and did not lose weight. A member of staff told us, "We did training around dysphagia and thickened drinks."

- People could request snacks or drinks at any time. Tea and coffee was offered each afternoon with a selection of cakes and biscuits. A person's friend told us, "The minute I come in, it's tea? Coffee?."

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

- People received the care they needed from carers and trained nurses. Staff were happy to work with other healthcare providers. The pharmacist told us, "They really care about the patients. When I had a man here with his blood pressure all over the place, I had his medicines reviewed and asked the senior carer to do blood pressure checks twice a day for a whole week, and they did! I was amazed, lots of places wouldn't care, I know they really care about the people here."
- People's care plans enabled staff to share information easily and quickly with other healthcare providers. The electronic care plans included a summary page which could be printed.
- People were supported to access care from other visiting professionals such as a chiropodist, a community dentist and an optician.

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

- People personalised their rooms in any way they wished. A person told us, "I have a lovely large room, I made it a proper home, it's my home now. I brought my own rug in. It's a really big, lovely rug. I had to have a large room to fit it in." The manager told us, "We have the privilege of working in people's home."
- Risks of falls were minimised at the home with the use of plain carpets, laminated floors and hand rails. There were slopes into the lounge and the garden for wheelchair users and people that might find stairs difficult.
- The home was bright and clean with no unpleasant smells. The lounge and dining room furniture was arranged to give people space to move about and staff moved the furniture as required, for example to clear some space for games and activities.
- There was a secure, accessible garden with a veranda and tidy lawns that people could use if they wished. People told us they liked the gardens.

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 understood the principles of the MCA. Where people were living with a deprivation of liberty the staff continued to support and offer choice wherever possible, always taking people's best interests into consideration.

- Policies and procedures were in place to support staff where decisions were made under the MCA. Care plans were clearly annotated to show if people were deprived of liberty and staff were encouraged to use calm language and distraction, rather than restraint, to support people and keep them safe.

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 were well treated and supported kindly. We saw staff chatting to people in a friendly natural manner. Staff were polite and caring. A person told us about the staff, "I know them all, I'm quite good with names. I'm polite and call them by name, and they are polite back, they are lovely." And another person said, "Nothing is too much for them."
- Staff understood the importance of equality. The care quality director told us, "It's about being inclusive of everyone but accepting that not everyone is the same." During an activity in the lounge a person could not retain the information needed to play a game. The activity coordinator took time to explain to the person each time it was their turn to play what the rules and outcome of the game was, the explanation each time was kindly and calmly explained, and the person was able to join in.

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

- People were encouraged to feedback their views to staff and the provider. People and their relatives were involved in preadmission assessments and the subsequent care plans. When care plans were reviewed relatives were kept informed and had a chance to voice any concerns with the management staff. A person told us, "I could always talk to someone if I wanted something changed, I'm happy to speak up."
- Information was available to people and visitors on ways to feedback, complain about, or compliment, care at the home. Posters and leaflets in the foyer of the home showed how to contact relevant organisations if the provider had not fully dealt with an issue.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. Staff knocked on people's doors before entering rooms and asked people throughout their care if they were happy with what was happening.
- People were encouraged to remain as independent as possible. Staff were quick to respond to people that needed help to move around the home.
- Relatives and friends were welcome to visit at any time, there were no restrictions to visiting and visitors were always warmly received by staff. A person's friend told us, "I can visit whenever I like, they are great like that."

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 had personalised care. Preadmission assessments and care plans recorded people's specific needs. The electronic care plan system in use had sections for people's likes and dislikes, religious affiliations, and personal history as well as physical needs. Staff followed care plans and spoke to people to ensure they received the care they needed.
- Staff told us they read the care plans and knew people well. A member of staff told us they knew what people liked, " [person] doesn't like strong coffee, [another person] likes sweets and biscuits, [another person] likes flowers and the garden."
- People were able to take part in activities at the home to keep them both mentally and physically active. The activities coordinator understood how to ensure everyone could be involved regardless of ability and worked hard to be inclusive, they told us, "We find things people want to do and are able to do." We saw people playing skittles, the activities coordinator used a gutter pipe to ensure those less physically able could still take part. A blind person was helped with a one to one activity to create folded paper flowers, which they were very proud of. They told us they planned to make them as gifts for their family for Christmas, and said "I'm really lucky to have someone teach me these things, I really enjoy it."
- The provider was aware that older LGBTQ people may not be confident in expressing their specific characteristics when entering a care home for the first time. With this in mind the provider was aiming to create a culture that was open to better enable people to express their personal preferences. The service had an LGBTQ champion to oversee this work. For Pride week the service had arranged activities around the themes of rainbows, colours and 'love is love' which people had enjoyed, particularly the rainbow cake.

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.

- The provider understood the requirement to follow the AIS.
- People's communication needs were met by kind well trained staff. Staff used picture books when communicating with people who had forms of dementia that affected speech and the understanding of speech.
- Large print books were available for people that needed them and staff took time to talk and explain things to people who were visually impaired.

- When people had no way of communicating with staff, staff used their training and knowledge of people to assess their needs and wants.

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 were able to maintain close relationships with friends and family. Visitors were welcome at all times and people were supported to get out and about. Twice a month trips were organised for people. The activities coordinator told us, "One lady wanted to have fish and chips in Eastbourne again like she used to years ago, so we are trying to sort that out as a trip for everyone." Relatives and friends were welcome to participate in the trips.
- When people could not go out of the house on trips due to their health they were supported in the home by staff with one to one care to ensure they did not become isolated. A staff member told us, "I have a chat with the resident when I'm doing their nails."
- To retain links with the local community people were encouraged to take part in a Christmas tree competition with the local church. The activities coordinator told us they had created a sensory Christmas tree with herbs, spices, dried fruit and painted cones.

Improving care quality in response to complaints or concerns

- Complaints information was clearly displayed at the entrance of the home. There were very few complaints raised about the service, people felt the care was good. A person told us, "Staff are absolutely brilliant, you wouldn't get a better place."
- People told us they were confident to raise issues with the staff. When a person had said that the garden lacked shade the care quality director had organised the purchase of garden parasols the same week so that people could continue to use the garden comfortably.
- The provider used an external company to manage feedback surveys, verified survey results are then shared on the NHS Choices website. Where necessary issues raised were acted on by the provider.

End of life care and support

- Peoples wishes for care at the end of their lives was documented in care plans. Nursing staff at the home ensured people had end of life medicines accessible should they be needed and people had access to specialist healthcare professionals.
- People were supported by staff in their final days. Relatives and friends were invited to remain with people and could stay overnight if required.

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 requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager at the time of the inspection. A manager had been appointed by the provider but had not yet been registered by the CQC. The provider maintained a strong senior team and managers from neighbouring homes in the group were able to support in the running of the home alongside the provider and the care quality director.

The care quality director was employed to develop and oversee a number of quality monitoring systems, including various audits to ensure quality within the service was maintained. Audits included medicine, documentation, staff and family meetings and staff training.

- Staff were well supported by a large management team. Staff received regular supervisions and appraisals from senior staff.

- Staff were able to attend team meetings. Due to the lack of a registered manager these team meetings were not as frequent as they had been in the past. A staff member told us, "We used to have regular meetings, I can't remember the last one, maybe two months ago."

- The care quality director was proud of the staff at the home, they told us, "We value our staff, we have given vouchers to staff for recognition, and held a buffet for all care staff."

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

- The management team and staff at the home were open and inclusive and believed in providing good person centred care. We saw staff interacting with people in a very positive way.
- People told us staff were friendly and helpful. A person told us, "This place is just wonderful." And another person told us, "The staff let you know a little about what goes on in their life, it's nice to be included."

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 care quality director ensured that legal requirements were met and that notifications of events at the home were sent to the CQC as necessary.

- The provider understood the duty of candour and promoted openness at the service. A newsletter was sent to families and relatives were kept up to date via email of changes in people's health, or information about the service.

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

- The provider sought feedback from people via surveys. An open door policy to encourage people and staff to speak to the senior management team about any issue was in place and people told us they were happy to speak to staff.
- The service held the LGBTQ Silver Inclusion Award. This was awarded in response to the inclusiveness of the service, training given to staff, and practical systems in place at the home such as gender neutral toilets. The provider actively sought to be more inclusive, with new staff being asked their preferred pronouns, and being given badges to show this.

Continuous learning and improving care

- The provider was keen to improve care for people and was active in the care home forum and with the Dementia In Reach team. The management team were keen to liaise with other homes in the area to ensure best practice was shared. As part of a larger group the senior team met and discussed issues across all homes in the group to learn from each other.

Working in partnership with others

- The service maintained good relationships with other healthcare professionals and specialist teams, such as pharmacists, opticians and community nurses.