Care Quality Commission

Anchor Trust

Victoria Court

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

Victoria Court is a residential care home for 40 people who are elderly and some people were living with dementia. The home is arranged over three floors. Each floor has bedrooms, with shared bathrooms and dinning space. A number of rooms have ensuite facilities and kitchenettes. The ground floor has a large lounge area with a bar and a quiet space sectioned off with a reading area. At the time of the inspection 33 people were using the service.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' . There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to keep people safe. Staff had received training and knew how to keep people safe from harm. Risk assessments had been completed and there was guidance to reduce any risks. There were sufficient staff to support people's needs and be responded to in a timely manner. Medicines were managed safety and people were supported to remain independent in this area if they wished. Measures were taken to reduce the risk of infection and lessons had been learnt from events.

The service continues to be effective. People were able to make choices about their day. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The staff had received training for their role and felt able to implement the skills they had acquired. People's health had been maintained and their wellbeing promoted. The atmosphere was homely and people could personalise their bedrooms.

People received Good care. The home provided a feeling of person-centred culture, with people at the heart of the care being delivered. All the people we spoke with said the care they received was individual, caring and compassionate. Staff promoted peoples independence and had the opportunity to develop relationships with people and family members .People's dignity was respected and support offered when required to support people's decisions. People spiritual needs had been supported, along with different methods of communication.

The service continues to be responsive. People were supported in accordance to their needs and preferences. Care plans provided details covering all aspects of the person's needs. When people required support, this was available. Things of interest were available and people enjoyed the activities offered and were able to contribute to the ongoing programme of events. There was a complaint's policy which had been followed when concerns had been raised.

The service continues to be welled. There was a registered manager who understood their registration. Staff

felt supported and people had been consulted about the home. Improvements were on going and were supported by a range of audits and methods to identify how the home can continue to develop. A range of professionals had been involved in the service to develop good partnerships.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 February 2018 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.

We spoke with seven people who used the service and eight relatives. We also observed how staff interacted with people who used the service. We did this to understand people's experience of living at the service. We also spoke with a health care professional during the inspection and another health care professional after the inspection. Their comments have been reflected within the report.

We spoke with four members of care staff, a senior care staff member, the activities coordinator, the cook, the deputy and the registered manager. The regional manager was also present for the inspection. We looked at a range of information, which included the staff training records, and care records for five people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored, these included audits relating to medicines, the control of infection and the ongoing improvements to the home.

Good

Is the service safe?

Our findings

People were protected by staff that had a good understanding of what constituted harm and how to protect them. One person told us, "I feel safe because the staff are very nice and always here. They are never rude and this home has made a world of difference to me." Staff had received training in protecting people from the risk of harm and understood the different possible signs of abuse around safeguarding and how to raise a concern. When incidents had occurred, the provider worked with the local authority to investigate any concerns.

Risk was managed and people were supported to be safe. One person told us, "Staff are always on hand. Staff check on people to see they are safe. I have not seen any bullying behaviour by staff or residents. It's a nice place." When people required support with equipment this was done with advice from health care professionals and guidance was provided. For example, one relative told us, "After my relative had a fall, they got them a walking aid through a physiotherapist and a pressure mat in their room, to inform the staff if they were to fall. The staff were very good in dealing with this." Records that we reviewed showed risks to people's health and wellbeing had been considered; for example, when people were at risk of falling. Equipment was used to relieve pressure on their skin to ensure it did not become sore, for example specialist cushions.

Lessons were learnt when things went wrong and actions taken to reduce the risk. The manager told us about an incident involving the toaster. People were able to be independent at breakfast and make their own toast. However, on one occasion the toaster had not be cleaned of crumbs and when used the toast burnt and set off the smoke alarm and frightened the people in the dining area. Since this incident people are now supervised and after breakfast the toaster is locked in the cupboard to reduce the risk of this incident reoccurring. We saw that people continued to have access to the kitchen to sit or make drinks. A staff member told us, "It highlights the fact we should always be checking for peoples safety and learn from events like this one. If people wished toast after breakfast they only had to ask."

The home was clean and hygienic which reduced the risk of infection. We saw there was cleaning schedules which had been followed and staff used protective equipment like gloves and aprons when they provided personal care or served food. The home had a five star rating from the food standards agency, which is the highest award given. The food hygiene rating reflects the standards of food hygiene found by the local authority.

There were sufficient staff to support people's needs. One person said, "There seems to be adequate. I don't have to wait long." Another person said, "If I use the buzzer the staff come very quickly within five minutes at most. The staff know my routine and fit themselves to my routine." All the staff we spoke with felt there was enough staff. The registered manager had a dependency tool which reflected on people's level of need. This was reviewed monthly or when changes occurred.

Safe recruitment procedures were followed to ensure staff were safe to work with people. The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. One member of

staff told us, "I had to wait for mine to be renewed before I started, lucky it did not take long." Records that we reviewed confirmed these checks were made.

People had the opportunity to continue to manage their own medicines. One person told us, "I take my own medication in my room. The pharmacy brings it to the home and the staff leave a month's supply locked up in my room. They check that I have taken them and that I feel happy continuing." These people had completed risk assessments with the staff. Other people required support from staff with their medicine. One relative said, "I know what my relative cannot recognise or express their pain very well and the staff can see from their face when they are in pain; then they offer painkillers." We observed staff administering medicines and we checked the storage of medicines and how the stock was managed. We observed people when they received their medicine, this was completed on a person by person basis. The staff explained the medicine and took time to ensure the person had taken their medicine. All the staff required to give medicines had received training in medicine administration and their competency was reviewed.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw when people were unable to make decisions; these were reflected in a capacity assessment. Any decisions had been made through a best interest meeting and included professionals and people of importance to the person and the decision. When required a DoLS had been requested from the local authority and this information was cascaded to staff.

People told us, and we observed that staff assisted them to make their own decisions. One person said, "If someone doesn't want help, then staff are quite sensible and step back. They will try again later." We saw people's consent was obtained before they provided the support and the person's decision was respected. For example, one person was struggling to take their medicine, the staff member offered to use a spoon. The person declined this offer and the staff member accepted this and waited patiently whilst the person continued to take their medicine at their own pace.

Staff were able to reflect on guidance and evidence-based information in relation to people's long term illnesses. The guidance provided information on the impact of the illness and things to consider if they become unwell.

Staff had received a range of training for their role. This had involved some recent training in how to support people living with dementia. One staff member said, "I now have a better understanding of dementia, how it affects people with mobility, sight and every aspect." They added, "I now approach people differently which hopefully make things less stressful for them." We saw that the environment had been changed following the training. For example, to support people to orientate within the home. Pictures or items people relate to had been placed on their bedroom door. Other people had been able to personalise their space and people had been able to bring small items from their previous home for example, chairs or table.

People enjoyed the meals. One person said, "The food is nice. I get enough to eat and get two choices of the main course and sweet dish. You can help yourself to a drink or fruit if you want or off the trolley when it goes around." There was choice of dining areas and people chose to sit with their friendship groups. The dining areas were set with table cloths, menus and condiments. Some people were able to serve themselves and they received their vegetables and sauce options in suitable dishes. When people required assistance this was provided and equipment was used to support peoples independence. Refreshments were available all the time from a bar area in the lounge and a trolley was taken around the home between meals. The trolley contained a wide choice of drinks, cakes and healthy snacks. The cook had information in relation to people's dietary needs and ensured the menu reflected these along with people's preferences. People had been consulted about the meals and taste testing had been made available to reflect the changing menu from one season to the next.

People had their health monitored and regular appointments with healthcare professionals.One person told

us, "I got a chest infection before Christmas. The GP practice came and gave me anti-biotics, and it cleared up. I have appointment for the opticians and the dentist." Care records we reviewed showed when a person had received support from a health care professional it was documented and any changes to the persons care needs cascaded to the relevant staff members.

Good

Is the service caring?

Our findings

People were valued and treated with compassion and kindness by a highly motivated and dedicated staff team. Staff had built strong caring relationships with people and we saw interactions were person centred and respectful. One person said, "They respect my sense of humour and my age. I think it is a very good home." Another person said, "The relationship is very good with friendly staff. They know what I like and don't like. Their attitude is to make sure I get what I want and all the help that I want." All the people we spoke with reflected on the staff being like friends. They felt included in decisions and valued. One staff member told us, "The relationship is important as we want people to trust us so we can help them in the best way possible." Staff talked with us about examples of how the positive trust they had achieved, enabled them to support people with their emotions. For example, in relation to anxiety or a past bereavement. A health care professional said, "Staff know people really well here. The managers are also involved and are all very approachable."

We observed that staff checked on people's well-being throughout the day. Staff greeted them, with conversations or facial recognition of a smile. We saw people laughed and smiled when they were talking with staff. We observed that people enjoyed starting conversations with staff and engaging with them. For example, after a game of bingo, the conversation started with talking about the game of bingo but then developed into a wider conversation which showed the staff's knowledge about the person. For example, their previous location and their links with their friends within the home. We saw a staff member had noticed some fresh flowers which a person had received for a special occasion. The staff member spoke to the person about the flowers and the cards they had received. . One staff member told us, "We spend time with people. It's nice to have a cuppa and a chat." Another staff member said, "It's good to know things about people as this can open up the conversation and develop the rapport and trust." They went on to say, "You often need a different approach with each person, I can be 30 different personalities in a day."

Staff were affectionate. We saw staff had time to sit with people; touch was used in an affectionate and appropriate way. For example, staff stroked and held people's hands. There was lots of laughter and a gentle sense of fun between people and staff. One person said, "Their attitude is to make sure I get all the help that I want. They respond to me emotionally as if I am a relative." A staff member told us, "When the weather is good we go into the garden or to the park opposite, so people can engage with the public. It's good for people's mental health and wellbeing."

Relatives we spoke with identified examples of exceptional care after their relatives had fallen. One relative said, "After [name] had a fall, one member of staff sat with them until they recovered some confidence." They added "Staff supported them when walking, but recently the support has reduced at their request. They respect the person's wishes but ensure they are safe." Other relatives commented on the responsive nature of staff when their relative changed their behaviour or manner. One relative said, "They gave them encouragement to get their independence back and spent time with them to improve their mood." This was evidenced during the inspection visit, when one person became distressed. Staff were attentive and responded by engaging with the person and listening to them. Later on the person told us they had received some pain relief and we saw staff continued to check on the person offering warm gestures and affection.

We also observed that staff allowed people to perform tasks for themselves, and only offered assistance in the least way possible. For example, one person enjoyed washing pots. The water temperature had been adjusted so that they could be independent in this activity, but it remained safe from any possibility of the water scolding them. This ensured that maximum independence was encouraged and people could remain as active as possible in their own care.

People had established meaningful friendships and these relationships were supported, through seating arrangements and encouraging similar interests of the small groups. One person said, "Staff will talk to me, listen and support me. I get company here. I know most of the others and have made some good friends." There was a feeling of equality between people and staff, with spontaneous moments of humour and laughter. One staff member said, "I find the ethos here is real. People matter, I feel proud how we treat people."

People were supported to maintain their diverse cultural, gender and spiritual choices. Information was obtained during their initial assessment and during their time as relationships developed.
Different methods of communication had been used to support people. For example, one relative told us how staff knew their relatives expressions. Staff discussed this with us, one staff member said, "We can tell their decision by eye direction. We can also tell how they feel by their facial expressions." Another person from a different culture was being supported with their native language. The person was slowly reverting back to this language. So that staff would continue to converse with them and support decision making picture cards with the words in the person's native language had been developed. They were also seeking support from family members in conversation development. An electronic tablet had been introduced and we saw it had been used to support this person. One staff member told us, "We have done a virtual cruise of their home country, it has widened our understanding of where they used to live."

For the people currently living at the home, all their spiritual needs were being met. For example, the home had a regular monthly visit from a Church of England minister and those people who had a Catholic belief received common at intervals in line with their request. The registered manager told us, "If other people required a different spiritual need we would look to the local community to make that connection." Other community links had been made with the local school and college. These supported the home with groups attending and students on a work placement.

Information was offered to people in different formats. For example, larger print or on different coloured papers to make the text more visible. One person said, "They put things on the pink paper and I can see it better. It makes all the difference."

Information in relation to advocacy was available; however at the time of the inspection no one was accessing this level of support. One person said, "I am aware of advocacy, as I used to have someone come from the nearby hospital, but I don't require this now." A relative said, "They have not needed an advocate as we have trust on both sides." Other people were supported by family members or those people important to them.

People were included in deciding on the level of privacy they wished. One person said, "If I don't want the staff, they understand and leave me alone." Another person said, "Staff connect with me, because we have a joke together. I prefer to stay in my room and they knock on my door and check I'm alright"

One person had requested a key. They told us "I wanted a key to keep my room secure. I talked with the manager and it was sorted straight away." People's information was stored securely and access was only available to those who had the authorisation. When people went out either alone or with family, staff always

checked they had everything they needed. One person said, "If I go outside they open the door and check that I'm alright."

People's needs were respected. When people required personal care this was done discreetly. Some people had a catheter and when care was needed, the people were supported in the privacy of their room. A health care professional told us, "When we visit, staff always support people to their room and ensure the person is comfortable. They will stay with them if they wish them to."

Staff had recognised how intrusive calls bells could be. People were able to request support through the call bell system and some people had wrist alarms. When the call bells were activated they transmitted to pagers carried by all the care staff. One staff member said, "I prefer it to be this way as we can still respond, but we don't have call bells ringing all the time. It's more peaceful this way." They added, "It works really well." This meant people were afforded more privacy and were not distracted by noise. It also ensured attention was not highlighted where people may need personal care.

The consistent positive support and absolute commitment towards peoples care was reflected by people, relatives and visiting health professionals. One person told us, "If I am to finish my days here, I would be happy to. It's a very good place for me." A relative said, "Staff are very caring, supportive and helpful. My relative has said they wouldn't like to go anywhere else and that means a lot to us as a family."

Staff told us about their experience at the home. One staff member said, "I love this home, I feel so comfortable here; it's all about the people." Another staff member said, "It's a great environment, it's not like work here." The new staff we spoke with told us they had applied for a job at the home as they had heard about its positive reputation. A staff member said, "The management is solid and the staff are team great. But overall, it's the care for the people which is most impressive."

People's visitors were welcome at any time and relationships were supported. Staff were observed to welcome visitors and their responses showed they knew them well. One relative told us, "I feel supported by the staff for my own needs, along with my relatives, they care about us all." Another relative said, "I'm always able to talk to the staff and together we come up with solutions if there is a problem. There is a two way dialogue, they listen and care about my relative."

Good

Is the service responsive?

Our findings

People were consulted about their care requirement. One person told us, "I have a care plan. It is reviewed every month and I am asked if I have any worries." All the people and relatives we spoke with had great confidence about discussing their ongoing care with staff and felt they were listened to and their concerns or needs were acted upon. One relative said, "I know my relatives care plan is updated and we discuss any issues." Care plans we reviewed showed that each person's needs had been considered. They identified people's preferences like preferred name and lifestyle. For example, with their clothes and hairstyles.

We saw that staff had received a handover before they commenced their shift. One staff member told us, "The meeting is informative and means we can respond to peoples changing needs." We saw the handover information being referred to when a person was noted to be sleepier than usual. The staff member said, "They have had a restless night." The registered manager told us they had changed the way the handover is completed. Staff now arrive 15 minutes before they start their shift and then during their working day take back the 15 minutes as a break. One staff member told us, "The change has made a big difference, as we have time to get the information and we are all on the floor ready to provide care when the staff change over."

People had been offered opportunities to follow areas of interest or join in activities. One person said "We do crosswords together. There are activities and we join in, usually its things you can do in a chair like exercises or listen to music." Other people told us they enjoyed the choice, they said, "I can choose to do whatever I want to." One relative said, "[Name] loves the garden and the staff help them out in the garden and encourage them to do whatever they want to." There was a varied programme of events which was displayed on the notice board and in a newsletter. The activities coordinator said, "All the provider's activity workers meet three times a year to generate ideas, share experiences and to bounce ideas off each other. In the morning I tend to do group work and in the afternoon one to one work with people. We saw that people enjoyed the activities that were on offer. Some people chose to join in the activity and then returned to their room, other people enjoyed the social company within the lounge. One person had previously been interested in art and this activity was being offered and the person was being consulted on how to develop this area with their knowledge.

People and their families knew how to make complaints. One person said, "If I had a complaint I would go to one of the boss. I have never made a complaint or had a concern." The registered manager told us, "We take all concerns seriously and investigate them through our complaints process." We saw any complaints which had been raised had been addressed.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we had not reported on this. We saw that this area of support had been considered and people's wishes had been recorded. We saw a thank you letter from a relative, following the support the home provided to someone who required end of life care. It reflected how caring and kind the staff had been during this

sensitive time. A health care professional said, "They were really great. They moved the person into a ground floor room with more space so that a bed could be brought in for the relative to stay. They involved all the health care people and made the person comfortable. They even provided a staff member to sit with them when they were alone."

Good

Is the service well-led?

Our findings

Victoria Court 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.

There was a clear vision and a positive culture was promoted. All the staff we spoke without exception said it was a great place to work. One staff member said, "I enjoy working here, it's all about the people." The home had a warm friendly environment as identified by all those we spoke with. There was information on large notice boards within the reception of the home. The noticeboard provided guidance information in relation to the home and how to access other service for example, safeguarding or the ombudsman. The other notice board provided information about what has happened or was due to happen in the home, for example, planned activities and events. The home was noted to be clean and without any unpleasant odours. The deputy told us, how an audit had identified that the reception area was sometimes not always fresh smelling. So the cleaning schedule was changed. Relatives told us they had noticed the improvements in this area.

People had been consulted about the home. One person said, "We do have residents meetings. People who come make their point of view known and things are actioned. Recently we asked for new cutlery and it was provided." A relative told us, "They have combined the relatives and people who use the service meetings together. The meeting notes are written up and displayed on the notice board. We saw the information was available and there was also a board, 'You said' and 'We did.' This identified that an orientation board had been requested. These boards show the date, time and daily aspects. Two boards had been purchased. The new boards showed the correct time, date and the day's weather. One person told us, "It's my job to update it, I do it after breakfast."

There was a separate meeting for the meals. One person said, "I wanted something different than the choices at main and evening meals. They listened and provided something different instead." People felt the registered manager listened to them. One person said, "I went to a meeting the other day, I got some information about the home and felt I was listened to."

The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.

The home used methods to drive improvements. These include audits, feedback from people, relatives and professionals in additions to their own learning from events or training. We saw when an audit had been completed any actions were followed up and checked that they had been completed. For example, following a hearing appointment someone's needs had changed, these had not been updated. This was noted and we saw the update had been completed. We saw on the health and safety audit there had been an issue with the location of the bins. This was being addressed by the provider as it required a structural

change. The provider had employed a new regional manager and they had completed an audit about the home. The deputy told us, "This first one picked up lots of things, as it was the home seen through someone else's eyes. We learn something new every day." Areas identified on the audit had been transferred to an action plan which the registered manager was completing.

Staff felt supported. One staff member said, "If you are unsure about how to do something you get support, they will suggest ways you could try." Another staff member said, "I love that we get thanked at the end of each shift and in supervisions. It means a lot." The provider had an apprenticeship scheme. The home had achieved a company award in this area as they had been successful in the apprentices they had supported. One of the apprentices obtained a fulltime position and the other one went on to work in childcare. The registered manager told us they would be looking to repeat the scheme again in September.

The provider had encouraged the development of partners and we saw that the staff worked with a range of health care and social care partners. In the providers PIR they had identified ways of how they could connect to the community. One initiative was the, 'spare chair Sunday' this was to invite people who maybe alone to join the home for a meal. It was hoped possible recipients could be identified by the district nurses. This had been discussed at the meeting for people who use the service, to ensure they were happy to open their home to other people in the community.