

Victoria Lodge Care Home Limited

Victoria Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Victoria Lodge is a residential care home providing personal care to up to 23 people. The service provides support to older people, most of whom were living with dementia. At the time of our inspection there were 17 people using the service.

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

People told us they felt safe and were comfortable to speak with staff or management if they had any concerns. Staff received safeguarding training and demonstrated their understanding on the prevention and reporting of abuse.

People received their medicines safely by staff who were trained and competent to administer them. Staff practiced good infection control to help protect people from the COVID-19 pandemic. Risks to people's health and the environment were assessed and managed safely.

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. People and their relatives were involved in the planning and reviews of their care. People were given choices and asked for their opinion of the service and support they received. One person told us, "I would not want to change anything. Food is good they asked my opinion on what I want."

People were supported by staff who upheld their dignity and encouraged their independence. Staff supported people to remain in control of their lives. One staff member said, "We check if they can manage on their own, if they need help, we get consent and help them."

People and their relatives gave positive feedback about the staff. One relative said, "There appears to be quite a lot of love there." A person told us, "The girls and the boys here all very helpful I can't say I have a favourite they are as nice as each other."

People, their relatives and staff told us they felt comfortable to make suggestions or complain and confirmed the management team would deal with any problems. Relatives told us staff and management kept them up to date. Comments included, "The best thing is that they keep in touch with me." People and their relatives spoke positively about the running of the service. One person said, "My family live near, they come to visit as much as they can, it's really nice to see them. They are made very welcome by the staff and comment on how clean this place is."

People were appropriately referred where professional advice was needed. Staff and the management team worked closely with them to improve people's care, safety and well-being. One relative told us, "They have a good relationship with the surgery. They seem to always get a doctor or nurse to check [person] over. The falls team are coming out." A visiting professional commented, "They do well, they are very responsive to the

patients needs."

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 12 February 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to safeguarding matters which had been raised. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, caring and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Victoria Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Victoria Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Victoria Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Victoria Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered managers in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 9 May 2022 and ended on 23 May 2022. We visited the location's service on 9 May 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we observed the care and support people received throughout the day. We spoke with four people who used the service about their experience of the care provided and eight relatives of people who use the service. We spoke with two healthcare professionals who regularly visited the service. We spoke with nine members of staff including the nominated individual, the registered manager, senior care staff, care staff, the chef and laundry worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at nine staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The inspection was in part, prompted by information we had received about safeguarding matters.
- Systems were in place to protect people from the risk of abuse. Staff received safeguarding training and were able to describe what constitutes abuse, and what steps they would take should they suspect people were at risk of abuse.
- People told us they felt safe. One person commented, "The staff, they are very nice, they really are very good they are always willing to help, they always knock on the door to check we are okay they don't just leave us."
- Staff confirmed they felt comfortable to report any concerns and knew when concerns would need to be shared with outside agencies. One staff member told us, "If I was worried, I would make observations and document what I would see. I would go to manager about this. If I needed to, I could go to the local authority safeguarding team or CQC."
- The registered manager was aware of their responsibility to respond, investigate and report any allegations of abuse in line with the local policy.
- A log of safeguarding concerns were kept; the registered manager used this to identify any patterns of concerns. Trends were identified where visiting professionals had raised concerns about care provisions. On the day of our inspection, the management team held a meeting with the visiting professionals to openly discuss concerns and work towards a resolution. The outcome of the meeting was shared with staff at a meeting later in the day.
- Accidents and incidents were analysed, where trends had been identified, staff had made appropriate referrals to professionals. For example, one person had fallen on several occasions in a short period of time. Their GP had been contacted for a medicine review, a referral to the falls team had been made and a sensor mat had been put in place to alert staff if the person required help. One relative told us, "They have a falls detector besides [person's] bed. It is a proper dementia home, in my opinion."

Assessing risk, safety monitoring and management

- People's care records and associated risk assessments were documented on an electronic care monitoring system (ECM). Staff were able to access the records on mobile devices which considered risks of health conditions as well as providing information on people's needs and preferences. A staff member told us, "Our care plan system is online so we have these little devices that we can check at any point these are very helpful to us and are kept up to date often."
- Risks associated with people's health needs had been assessed. For example, where people had catheters in situ, risk assessments and care plans guided staff on how to minimise complications associated with catheters and when to contact professionals for advice.

- Environmental risks assessments had been completed, for example, for people to have safe access to go into the garden. We observed people spending time in the garden, staff made sure people had drinks and sun hats and stayed with people to ensure they were safe.
- People had personal emergency evacuation plans (PEEPs) in place. PEEPs were kept in an emergency cupboard and in an emergency grab bag if urgent evacuation was required. Safety checks were carried out throughout the building. On the day of the inspection, the fire alarm system was tested as part of the weekly testing schedule and worked effectively. Staff stayed with people so the noise did not distress them.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager had made appropriate referrals to the local authority DoLS team for people. People were able to spend time in the garden and go out with friends and family. People were supported in the least restrictive way.

Staffing and recruitment

- There were enough staff to meet people's needs. The management team reviewed staffing levels according to people's needs and how many people were living at the service. We saw examples of where staffing levels had increased where people required one to one support.
- People and their relatives told us there were enough staff to meet people's needs, our observations supported this. One person said, "Oh yes I do feel very safe it's hard to say why it's just a feeling, I suppose because I know I'm not alone and if anything was to happen to me someone would help me straight away." A relative told us, "There seems to be staff around and they are approachable."
- People and staff appeared relaxed throughout our inspection. Call bells were answered promptly, and staff were available to assist people as needed and offer choices.
- Staff were recruited safely. Staff recruitment files included completed application forms, employment histories and qualifications, checks on people's suitability to work in a care setting were undertaken, such as references, eligibility to work in the UK and Disclosure and Barring Service were carried out before staff were deployed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were administered their medicines safely by trained staff who were assessed as competent to do so. People told us they received their medicines at the right time. One person said, "I think they take care of the medication; they bring the tablets along when needed. They're on time, if I had any pains, I could just tell them, and they would give me something."
- People were given their medicines in a person-centred way. People had medicine profile sheets to guide staff on their preferred way of taking their medicines and protocols to enable staff to identify when people required their 'when required' (PRN) medicines. Staff were observed to explain to people what their

medicines were for and ensured people were seated comfortably before administration.

- Where some people required their medicines administered covertly (without the person's knowledge but within their best interests) staff were working within good practice guidance. MCA assessments had been carried out and best interest discussions had been held with people's relatives, GP and the pharmacy. Staff offered medicines to people first and should they decline medicines would be hidden in food or drinks as agreed.
- Storage and recording of medicines were completed in line with current guidance. The service had changed pharmacy suppliers to aid a better service for people and to ensure medicines such as antibiotics were received in a timely way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Professionals were requested to show proof of their lateral flow device (LFD) test results prior to entering the service. Visitors and professionals were requested to wear personal protective equipment (PPE). One visiting professional told us, "They are very hot on signing in, showing your test and having your temperature taken. They have managed very well throughout the pandemic."
- We were assured that the provider was admitting people safely to the service. Isolation rooms were kept for people if required.
- We were assured that the provider was using PPE effectively and safely. Staff were seen to be wearing PPE appropriately throughout the inspection.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean, a cleaning schedule was in place to ensure bedrooms and communal areas were cleaned appropriately.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Measures were in place to enable people to see their friends and family safely. People could receive visits in their bedrooms or the garden in the nicer weather.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 supported by respectful and caring staff. All staff received equality and diversity training and had access to an up to date policy. The registered manager told us they have a diverse workforce at the service and held workshops to educate staff on different cultures.
- Staff knew people and their preferences but told us they would always check with the person what assistance they would like. People were able to express themselves as they wished to support their individuality. The manager told us one person wore the same dress daily, it was their decision and staff respected this, and made sure it was washed overnight to be available for the next day. One person told us, "I like to wear my pearls, it's my choice."
- People and their relatives spoke highly of the care staff. Comments included, "They are thoughtful to [person's] needs, my relative is really happy. They (Staff) are polite, friendly, and answer my questions." And, "They seem to understand my relative's dementia quite well, [person] is not able to make their own decisions, staff are around." A visiting professional told us, "They work really hard they are very caring, this is led by [registered manager]."

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

- People were encouraged to express their views and were involved in their care and support. People were given opportunities to plan and review their care. One person told us, "I don't know about my care plan because I don't want to read it, but I am always being asked if I'm happy with how they care for me and if I need any changes made."
- Staff updated people's care records, they told us relatives would complete an 'all about me' document to gain a good picture of people the absence of people being able to communicate their histories, goals and ambitions. One staff member told us, "We want to meet needs if residents can't express themselves. It gives us an understanding of people, for example, if someone was a postman, we understand they may want to collect the mail. For residents who can say what they want, we always get their feedback where possible, checking we are meeting their needs, if someone is not happy, we make changes and review this. We try to find solutions to keep people comfortable and happy."
- People were able to give feedback on the service on a monthly basis. An easy to read feedback sheet was completed by people to feedback on areas such as, the quality of care, food and activities. Most of the outcomes were positive.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff had received training and the registered

manager carried out checks to ensure people were treated with dignity and their privacy was maintained. Staff gave examples of how they respected people's dignity. One staff member said, "We always knock on the door and ask their permission before helping them. If most of the residents are in the lounge, and they need to use the toilet we make sure others can't hear us offer to help."

- Staff promoted people's independence where possible. People told us staff were available to help them but did not take away their autonomy. Comments included, "I try to be as independent as I can but at my age you do need a little help there's always someone that can help me." And, "They always make sure I'm clean and tidy I do most things myself, but they help me if I need, I just have to ask." Our observations confirmed people were encouraged to keep their independence. For example, the management team had bought adapted crockery to aid people to eat without assistance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- At our last inspection, the registered manager had not always notified CQC of events within the service. At this inspection the registered manager understood their duty to notify CQC of events within the service, records confirmed this had been done appropriately.
- The management team demonstrated an understanding their regulatory requirements and worked well together. The nominated individual told us, "[Registered manager] is passionate about care, I am passionate about enabling normal living." We saw people were able to live their lives as they chose to, and staff supported them to do so. For example, in the height of the COVID-19 pandemic, a person attended a family funeral following a robust risk assessment and staff assistance to maintain their safety.
- The management team carried out quality assurance processes and action plans were developed based on the findings. For example, an audit of medicines identified a clinical room was required for the safe storage of medicines. This had been completed, and we observed the clinical room to be clean and well arranged. Other quality assurance systems were in place, such as, for health and safety. We saw where issues had been recognised, they had been actioned and rectified in a timely way. For example, a replacement of the front door for the service's security.
- The management team learned from internal audits and put measures in place to address shortfalls. For example, it was recognised staff required additional familiarisation with the care planning system. Office days were arranged for staff so they could learn more about the system to allow them to update people's care preferences as well as the management team.
- People's relatives spoke highly of the management team. Comments included, "They have a genuinely good understanding of dementia. There's a good atmosphere." And "If there is anything wrong, they act quickly. They have taken the trouble to understand my relative. There is a personal touch."
- The registered manager demonstrated a good knowledge of the duty of candour. They described the duty of candour as being transparent and admitting mistakes when things went wrong.
- The rating from our last inspection was clearly displayed in line with our regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team created an inclusive culture in the service. People's opinions were sought, valued, and their input acted upon. One person told us, "I can go to the manager if I wanted to change anything, but

I don't. My room is alright, actually they chose the furnishings but checked I was happy with them. I feel comfortable going to [registered manager] or [nominated individual]. Another person said, "The chef comes out to check we're ok with the meal it's like a restaurant."

- People and their relatives told us they would feel comfortable to raise concerns or complaints with the management or staff. When asked, one person told us, "I'm very happy here the staff are all very kind and helpful I think everyone tries to be kind. If had any problems I'd speak to one of the staff." One relative told us, "If I had any issues, I wouldn't have a problem to speak to them. If there is a problem, they would act on it, I get the feeling that they would do something about it."
- The registered manager attended daily handover meetings with staff. This was to ensure they had an accurate overview of people's needs and the service provided. One staff member told us, "We have staff meetings and we have the handovers. Handovers always have the manager there so the manager can be informed of all the happenings in the home. They always let us know if there have been any changes as well." We observed a handover, staff were informed of the outcome of a meeting held with professionals. A compliment from a relative was shared with staff, and a resident who was new to the service had an opportunity to introduce themselves to staff.
- One person had difficulties hearing and preferred staff to write what they wished to say on a white board. This communication was effective. Staff spent time to write conversations down, rather than just questions with yes or no answers. This gave the person opportunities to be engaged and involved with the service.
- Staff received time with the management team to discuss any issues, professional or personal development. Staff said they felt valued and supported. Comments included, "I have worked for Victoria lodge about four years. I have worked for other homes and this one is definitely the best. This is because all the staff and all the residents work well together, we all get along really well and our managers all very helpful." And, "The management are open, I can see either as needed. They have been very good to me. I can't praise them enough; I am grateful to them."

Continuous learning and improving care; Working in partnership with others

- The management team attended seminars with the local authority and other health agencies to continually improve care services. They worked with an industry consultant to benchmark the service and make improvements to people's lives and well-being.
- External audits were carried out by professional bodies. Where areas of improvements were identified, the provider acted quickly to rectify them. For example, West Sussex Fire and Rescue service undertook a fire safety inspection. Their findings were addressed by the provider within a month of the fire safety inspection.
- Learning sessions led by senior care staff had been implemented. This included people's needs being discussed in line with learning objectives. For example, the individual needs of a person who lacked mental capacity, were discussed in depth, and coupled with conversations with staff about their understanding of the Mental Capacity Act 2005. This made sure staff acted within people's best interests and within legislation.
- Staff worked with a variety of professionals to include district nurses, the dementia crisis team, GPs, speech and language therapists (SaLT) and the falls team. Relevant referrals to professionals were made and staff were seen to follow professional advice. One visiting professional told us, "They do refer to appropriately. They don't leave things too long." Another visiting professional said, "They are all approachable, they are all lovely. [Registered manager] is very aware of the home's needs, always seems to be quite on ball."