

Victoria Lodge (Select) Limited

Victoria Lodge

Inspection report

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13 June 2022
14 June 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Victoria Lodge is a residential care home providing regulated activity of accommodation for persons who require nursing or personal care personal to maximum of 63 people. The service provides support to older people some of which have dementia. At the time of our inspection there were 61 people using the service.

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

Systems and processes for safeguarding and whistleblowing were in place and understood by staff. People had risk assessments in place and told us they felt safe in the service. We found sufficient staff on duty to meet the needs and preferences of people. People's medicines were safely managed and administered correctly. Current government guidance for infection control was being followed.

There were clear roles, and these were understood by staff and management. There was oversight of care and support in place for people to express their views and be involved in the care they received.

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 requires improvement (published 25 June 2019).

Why we inspected

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 use of manual handling, falls management and personal protective equipment use. As a result, we undertook a focused inspection to review the key questions of safe 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 and Well-led sections of this 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

Inspection team

The inspection was carried out by two inspectors and one assistant inspector.

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 manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 June 2022 and ended on 21 June 2022. We visited the location on 13 June 2022 and 14 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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

We spoke with nine people who used the service and 14 family members. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to five members of staff including the registered manager, team leader and care workers. We spoke with one professional who worked with the home.

We reviewed a range of records during the inspection. This included six people's care records, risk assessments and medicine administration. We looked at two staff files, including recruitment, induction, training and supervision records. A variety of records relating to the management of the service, including audits, people's feedback, 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- We found nine closed sharps boxes which were not all labelled correctly with open and close dates. The registered manager made arrangements for the disposal of these boxes and implemented a new procedure to prevent this happening again.
- There were robust procedures to ensure people received their medicines as prescribed. All staff trained in medicines were aware of and demonstrated they understood the procedures in place.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and count sheets accurately recorded the total of each medicine in stock.
- People's medicines were managed appropriately by staff who had been trained in this area and had their competencies regularly checked by the registered manager. One staff member said, "We staff who administer medicines have regular training and competency checks."

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe in Victoria Lodge and had a good rapport with staff. One person said, "I definitely feel safe." A relative said, "[Person] always seems very happy and smiley, when the staff approach [person]. When the staff talk to [person] they response positively." Another relative said, "I think [person] is as safe as they can be."
- The provider had clear safeguarding and whistleblowing systems which the staff knew how to effectively use. A staff member said, "If I saw anything untoward, I would report it. Would report it to the Manager, Area Manager or CQC."
- Staff received training to know how to safeguard people from abuse. They understood how to recognise abuse and action to take. One staff member told us, "We have regular training and e-learning in safeguarding."

Assessing risk, safety monitoring and management

- We found staff had a good understanding of safe manual handling and were familiar with the different lifting equipment required to support people's needs. Staff demonstrated good knowledge and understanding of people's care plans and risk assessments.
- Risk assessment documentation was in place to assess and manage risks to people. Staff understood people's risks and how to reduce these risks. For example, staff knew those at risk of falling and the aids prescribed to them and support needed to minimise falls and injury from falls.
- Risk assessments and care plans were regularly reviewed by key people as required, to ensure they continued to meet people's needs and mitigate potential risk.
- The environment was well maintained with risk assessments and procedures in place to ensure the

maintenance work was carried out timely to keep people safe.

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.

Staffing and recruitment

- We found the provider had robust recruitment processes which promoted people's safety. We saw the provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.
- The number of care staff on duty during our inspection was sufficient to meet people's needs. The registered manager implemented procedures which ensured sufficient numbers during times when staff were unwell. One staff member told us, "Yes there are enough staff but sometimes when sickness makes us short; activity staff will transfer to care to support."
- Staff received an induction prior to commencing work. One staff member told us, "I had an induction programme when I first started."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- 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.
- 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.

Visiting in care homes

There was a clear visiting procedure which facilitated people having visits from friends and family in their rooms. Visitors completed Lateral Flow Tests (LFT) and had their temperatures taken. Visitors were provided with PPE in line with government guidance before their visit began.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed for trends, so lessons could be learned to reduce the chance of reoccurrence.

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 Good. The rating for this key question has remained 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

- The provider did not have a clear procedure to manage the disposal of sharps boxes. The registered manager immediately made arrangements for the disposal of these boxes and implemented a new procedure to prevent this happening again.
- Staff confirmed they were lateral flow testing daily for COVID-19 however the registered manager did not have a written log of staff results. The registered manager immediately implemented a log to maintain oversight of staff testing.
- The provider had policies and procedures in place to promote and direct the smooth running of the service and staff knew how to access them. A staff member said, "A copy of the policy and procedures are in the staff room."
- The registered manager completed competency checks on the staff to ensure their practice remained within regulatory requirements. The provider had processes in place when things were failing.

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

- People we spoke with were positive about the service they received. One person said, "Staff are very nice and helpful with what you want." Another person said, "The manager is very nice. The staff treat us like human beings. They always help you if you have a problem."
- The registered manager promoted a positive culture where they supported and empowered the staff team to be able to deliver person-centred care. A staff member told us, "This home is a really loving and caring home and everyone gets on well here and the residents are very well looked After and cared for; we make sure we try to live up to the standards."
- Staff felt able to raise concerns with the registered manager without fear of what might happen as a result. One staff member said, "I feel supported by the Manager and Senior Care Staff."

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 registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.
- Where incidents had occurred, these were investigated, and apologies given where the service was found

to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.

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

- We found the staff and registered manager involved people as much as possible in their care. For example, regular meetings were held with people in order for their views to be heard.
- Regular staff meetings and supervisions were held where staff were updated on developments and received feedback. Staff were encouraged to be involved in the development of service delivery.
- People and relatives were encouraged to input to the development of the service through residents' meetings and surveys. A relative told us, "I have completed questionnaires and sent them back." Another relative said, "I have been offered to attend meetings, but I haven't found it necessary."

Continuous learning and improving care; Working in partnership with others

- The providers oversight systems identified actions which the registered manager used to promote development within the service delivery. For example, the falls records and analysis led to referrals to external professionals.
- The registered manager and staff worked well in partnership with other professionals such as GP's and district nurses which helped to give people using the service a voice and maintain their wellbeing and ensure they received the care they needed. A professional said, "[Staff] are really good on pressure care and using hoists. They raise any concerns and will ask us to take a look at people if needed."