Sharda Care Limited

Victoria Care Centre

Inspection report

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Date of inspection visit:
22 May 2018
31 May 2018

Date of publication:
27 July 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The comprehensive inspection of Victoria Care Centre took place on 22 and 31 May 2018. The first day of the inspection was unannounced.

Victoria Care Centre is a 'care home.' It provides nursing care and accommodation for a maximum of 115 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Victoria Care Centre accommodates 115 people in one purpose built building. During our visit there were no vacancies. People using the service had a range of needs, most were older people, some of whom were living with dementia. A service was also provided to younger adults and others who had varied needs including physical disabilities and/or mental health needs.

People's bedrooms were in units located on the four floors of the premises. There is a passenger lift that provides access to each floor. People have access to safe outdoor space and the home is located close to shops and public transport.

At the last comprehensive inspection of 12 and 13 May 2016 we rated the service good overall. The service was rated requires improvement in the area of safe as a breach of legal requirements was found due to the way people's medicines were managed by the service. At our focused inspection on the 24 November 2016, we found that the provider had taken action to address our concerns and met legal requirements that people's medicines were managed and administered safely by the service.

The service has a registered manager. A registered manager is a person who has registered with the CQC 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.

Staff engaged with people in a respectful and positive manner. They had a good understanding of each person's needs and knew how to provide them with the care and support that they required and wanted. People and their families were involved in decisions about people's care.

People's care plans were up to date and included information staff required for providing people with personalised care and support. People's healthcare needs were assessed and monitored closely. The service worked with healthcare and social care professionals to ensure people's needs were met.

Arrangements were in place to keep people safe. Staff knew how to identify abuse and understood the safeguarding procedures they needed to follow to protect people from harm.

Risks to people's health and well-being were identified, assessed and managed as part of their plan of care and support. Staff understood their responsibilities to deliver safe care and to report to the nursing staff or management any concerns to do with people's safety including any poor practice from staff.

Arrangements were in place to ensure that medicines were managed safely and people received the medicines that they were prescribed.

People using the service were supported to take part in a range of preferred and meaningful activities. The service had plans to develop and improve the range and number of activities available to people.

People's nutritional needs and preferences were met by the service. People chose what they wanted to eat and a range of snacks and drinks were available at any time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's privacy was respected. Staff understood the importance of treating people with dignity and respecting their differences and human rights.

Staffing levels and skill mix were flexible to ensure that people were provided with the assistance and care that they needed at all times. Recruitment procedures included a range of checks that were carried out to minimise the risk of unsuitable staff being employed to provide people's care.

Staff received an induction and the training, learning and support that they needed to develop their skills and to carry out their roles and responsibilities.

People, their relatives and staff had opportunities to provide feedback about the service, which the service used to drive improvement.

There were systems in place to assess, monitor and improve the quality of the services provided for people. The provider had a process for dealing with complaints.

The service worked in partnership with a range of healthcare, social care and educational agencies to develop and improve the service for people.

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?

Good

The service was safe.

People were protected by the proper and safe management of medicines.

Systems were in place to keep people safe. Risks to people were identified and measures minimised the risk of them being harmed. Learning from incidents took place.

People were supported by staff who had been carefully recruited. Staffing numbers and skill mix were adapted to meet the needs of people using the service.

Is the service effective?

Good

The service was effective

People had their dietary needs and preferences met by the service.

People received support from staff who received the training they needed to perform their roles and responsibilities in meeting people's individual needs.

People had very good access to medical care services. Staff supported people to access advice and treatment from a range of other healthcare services whenever this was required.

The service understood the requirements of the Mental Capacity [MCA] Act and Deprivation of Liberty Safeguards [DoLS], which helped ensure people's rights were upheld.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff. Staff were considerate of people's privacy and treated them with dignity.

Staff knew people well and understood their preferences and

individual needs. Good teamwork ensured that people received the care that they needed.

People and their families had the opportunity to be involved in decisions about people's care and the running of the service.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to take part in a range of preferred activities that minimised risk of social isolation.

People's needs were assessed with their involvement before they moved into the home.

Care plans clearly described how people should be supported. They were reviewed regularly to ensure they continued to meet people's needs.

There was a system in place to manage and respond to complaints effectively.

End of life care was provided with sensitivity and compassion.

Is the service well-led?

Good

The service was well-led.

The registered manager and management team provided effective and responsive leadership. They were committed to ensuring that staff delivered the service that people needed and wanted.

Staff were provided with the support and direction that they needed to meet the needs of people using the service.

There was a culture of working with a range of healthcare and social care agencies to develop and improve the service for people.

There were a range of processes in place to monitor the quality of the service and drive improvement.

Victoria Care Centre

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 was a comprehensive inspection: It took place on the 22 and 31 May 2018. The first day of the inspection was unannounced.

The inspection was carried out by two inspectors, a specialist nurse advisor, a CQC manager and two experts 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.

Before the inspection we looked at information we held about the service, including statutory notifications that the provider had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provided data about the organisation and service. We discussed the PIR with the registered manager during the inspection.

During the inspection we observed engagement between staff and people who used the service on all of the four units of the service. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI) in one of the units. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with the registered manager, deputy manager, quality and compliance manager, four unit managers, four nurses, one senior worker, one team leader, ten care staff, one chef, facilities manager, two housekeeping staff, activities coordinator, eighteen people using the service and two people's relatives. We also spoke with one healthcare professional during the inspection. We received feedback from a local authority commissioner following our visits to the service.

We also reviewed a variety of records which related to people's individual care and the running of the service. These records included written feedback about the service from a person using the service, a senior healthcare professional and people's relatives. We also looked at thirteen care files of people using the service, staff records and a range of other records and audits and policies that related to the management and running of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living in Victoria Care Centre. They told us, "They [staff] make you feel safe and they [staff] always come and see if you are alright" and "I'm happy safe and comfortable."

A person's relative told us, "I have no concerns with leaving [person] in their care."

Systems, processes and practices to safeguard people from abuse were in place. Staff had received training about safeguarding adults. They described different types of abuse and told us they would report any concerns about people's well-being or safety to management. Staff knew that they could report allegations and suspicion of abuse to the host local authority safeguarding team, police and the CQC.

People's finances were managed by their relatives or local authorities, not by the service. The service had arrangements in place to ensure that money was available to people at any time they could purchase items during outings and other occasions. Arrangements were in place to ensure that items such as toiletries could be purchased on people's behalf when needed. The money was then reimbursed by those who managed people's financial affairs. One person received the support that they needed from staff to handle small amounts of cash when purchasing items at a local shop.

Accidents and incidents were recorded and addressed appropriately. Staff understood their responsibilities to report and record incidents. The registered manager told us that management reviewed incidents and accidents regularly as part of the quality monitoring arrangements. They informed us that lessons were learnt from incidents and that action was taken to minimise the risk of similar incidents recurring. Records of lessons learnt, trends identified during regular review of incidents and accidents were not available. The registered manager told us that they would in future include that information in the monthly management quality report.

Risks to people were identified and managed so that people were safe. People's risk assessments related to a range of areas to do with people's care and safety. They included risks of people falling, use of bedrails, malnutrition, moving and handling and insomnia. People's risk assessments included preventative actions that needed to be taken to minimise risks and detailed measures for staff to follow on how to support people safely. People's risk assessments were regularly reviewed and updated when needed.

Effective systems were in place to manage and administer people's medicines safely. Nurses administering medicines were seen carrying out the task safely and in a sensitive manner. They wore a tabard that indicated that they should not be disturbed when administering medicines. However, we observed that despite one nurse wearing a tabard they were still occasionally interrupted when administering medicines. Following the inspection the deputy manager told us that she would ensure staff were reminded to not interrupt nurses administering medicines unless the issue is urgent.

Medicines quality checks were carried out regularly by senior staff and records showed that action was taken to address shortfalls and make improvements when needed. A pharmacist from the host local

authority also carried out regular checks of the medicines management systems. Staff including nurses who administered medicines received checks of their competency to do so. GPs carried out regular reviews of people's medicines. The registered manager told us, that the service had participated in a pilot to do with an electronic medicines' ordering system, which he told us had, "significantly reduced wastages, promoting faster medication delivery allowing residents to start treatment on time and giving some accountability and ownership to our nurses."

There were effective staff recruitment and selection procedures in place. The registered manager told us that some people using the service had participated in the recruitment of staff by asking prospective staff a range of questions. He told us that one person using the service had spoken to a prospective care worker about the importance of listening to people using the service. Staff records showed that appropriate checks including criminal record checks had been carried out so that only suitable staff were employed to provide people with care and support.

We looked at the arrangements that the service had in place to ensure there were sufficient staff on duty so people received the care and support that they needed and were safe. Night and day staff, we spoke with told us that they were very busy at times but felt that there were sufficient numbers of staff on duty to ensure people's needs were met. Staffing numbers and skill mix were based upon people's dependency needs. The quality and compliance manager informed us that staffing levels were adjusted when people's needs significantly changed and when people required support from staff to attend healthcare appointments. They told us that recently on one unit four people's needs had significantly changed so staffing had been increased in response to these changes to ensure people's needs were met and they were safe.

When we asked people if they thought there were enough staff on duty they told us, "I think so, sometimes they have agency or borrow another from a different floor. They have mainly permanent staff," "I think they could have a few more," "No, I don't think there ever is" and "It can get very busy so the bell is not always answered quickly." A person using the service told us, "When you press a bell, they [staff] are there in a minute."

During the inspection the atmosphere within all the units was calm and there was no indication that people's needs were not being met by the service. Call bells were answered without delay and staff were seen to be responsive when people requested assistance or whose actions indicated that they needed support from staff.

A written comment from a person's relative told us that there was consistency of staff, which benefitted people using the service. They informed us that it was good to "see many regular faces [staff]," which they felt was "important for the quality of care."

Systems were in place to monitor the safety of the service. Records showed necessary service checks of gas, fire and electrical systems were carried out. The facilities manager told us that any electrical equipment brought to the home by people using the service received a safety check before it could be used.

The service had an up to date fire risk assessment. Routine fire safety checks and fire drills took place. People had personal emergency and evacuation plans (PEEP) which detailed the support people would need if the building needed to be evacuated in an emergency. The service had a business contingency plan which specified the arrangements in place for responding to a range of emergency events such as gas and water leaks. The service received from a range of organisations, regular safety alerts to do with equipment and other relevant issues to do with the service. Records showed that these safety issues were communicated to relevant staff and appropriate action was taken to keep people safe. For example, the

facilities manager told us that an alert had been received about the risks of using a kind of mouth swab, which led to these mouth swabs not being used by the service.

People were cared for in a clean and safe environment. Housekeeping staff were employed to clean the premises. We reviewed the systems that the service had to ensure people were protected from the risk of infection. Infection prevention control policies and procedures were in place. All the units within the service were clean and free from unpleasant odours. Hand cleaning dispensers were located within the home.

Staff had completed training on infection control and food hygiene. Protective clothing including disposable gloves, aprons and hair covers were used by staff when assisting people with personal care and during other tasks when required. Cleaning tasks were recorded. Regular cleaning of furnishings such as curtains was carried out. Step by step guidance was in place to ensure that bedrooms were cleaned thoroughly when vacated. Regular cleanliness and infection control checks of the service were carried out to monitor the cleanliness of the premises, and to make sure that people were at minimal risk of being harmed by infection. A person using the service told us, "The house is nice and clean."

Arrangements were in place to ensure that clothes and bed linen were laundered in a way that minimised the risk of spread of infection. Records showed that the service had acted to address shortfalls found during an infection control audit carried out in 2017 by the host local authority.

A food safety inspection carried out in 2017 by the host local authority had rated the service as very good.

Good

Is the service effective?

Our findings

People spoke in a positive way about the service and told us that staff provided them with the care and assistance that they needed. A person using the service told us, "The staff are good." Another person stated, "I have never met (such)a group of happy, hardworking, young people [staff] before."

People's care documentation showed that people had received an initial assessment of their needs and preferences before moving into the home so the service could determine whether the person's needs could be met by them. Assessment records showed that people and where applicable their family members or representatives had participated in these assessments. The assessments we looked at included details of people's individual needs including, personal care, health, communication, religion, sensory, nutritional, social and medical needs.

People's care plans and risk assessments were developed from their initial assessment. Staff described people's individual care needs and individual preferences. They informed us that they supported people to make choices. These included the time that people wished to get up, what they wanted to do, eat, drink and wear. We heard staff offering people a range of choices during the inspection.

Monitoring charts showed that people's specific needs including their nutritional, and pressure area care needs were monitored closely by staff. The service had a system in place where at the beginning of each shift they checked each person's monitoring records to ensure that they had been completed as required. Staff told us that any gaps in people's monitoring records were queried and promptly addressed. Food and fluid intake monitoring records had been completed fully and showed that people had been given enough to eat and drink each day. We noted that one person's monitoring record was not clear, we raised it with the unit manager who took immediate action to rectify the issue.

Nutritional assessments had been carried out. When people had been assessed as being at risk of losing weight, their care plans highlighted their weight must be monitored and for a GP to be informed of weight changes. Records showed that specialist support and advice had been sought, from a dietitian when required.

A pressure ulcer audit had identified how many people using the service were at risk of developing a pressure ulcer. Records showed that those identified to be at risk had preventative measures in place. A manager told us, "We have got nil cases of in house pressure ulcer development cases since more than a year. We have managed to heal many ulcers admitted with from hospital. We have strong clinical expertise in this area."

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. We checked whether the service was working within the principles of the MCA. Records showed

that on admission people had received a general assessment of their mental capacity, which was not decision specific about people's capacity to make particular decisions about their care and treatment. Following our visit, the registered manager told us that the generic mental capacity assessment forms had been archived and would not be used by the service.

Staff knew that when a person lacked capacity to make a particular decision about their care, a decision would need to be made in the person's best interest by healthcare professionals, and others involved in the person's care. Staff knew to report to nurses and/or management when they found people's ability to make day to day decisions had changed. Following our visit to the service the registered manager provided us with records that showed that people's mental capacity to make decisions about their care and treatment had been assessed by the service. When a person was found to lack capacity to make a decision, a decision about their care and treatment was made in their best interests. Examples included; one person had been assessed as lacking capacity to make a decision about the need to wear a lap belt when using their wheelchair. A decision in the person's best interest had been made about the need for the person to wear a lap belt to keep them safe. A second person had a decision made in their best interest about the need to have bed rails in place to prevent them falling out of bed, and a third person had had decisions to do with their personal care made in their best interests.

All but one member of staff that we spoke with had knowledge of the MCA. Following the first day of the inspection management took prompt action to remind all staff of the implications of the MCA. They told us that, "Staff knowledge has been checked during the handover and [it had been] found that staff are knowledgeable on these areas." The registered manager also informed us that practice based learning sessions about the topic were planned.

Staff told us that they asked for people's agreement before supporting them with personal care. A person using the service told us that staff always asked for their agreement before providing them with care and support.

The service had records of people's relatives who had lasting power of attorney (LPA). LPAs are people legally appointed to make decisions on people's behalf when they lacked the capacity to do so. The registered manager told us that people's relatives were being encouraged by the service to provide them with documentation that confirmed they were a LPA.

We recommended that the home contact the local authority or the Office of the Public Guardian Service to validate any Lasting Power of Attorney they had on record.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that people had received DoLS authorisations when needed.

We noted that keypads were located at exits on units and other areas of the service. The registered manager told us that people who could safely move freely within the home were provided with the keypad codes. This was confirmed by a person using the service. The registered manager told us that they would ensure that risk assessments about each person's use and/or restriction of controlled key code exits would be put in place for each person using the service. The deputy manager told us that this restriction was included in people's DoLS authorisations.

Staff told us that when they had first started work they had received an induction. A care worker spoke of

their induction having been helpful in preparing them for carrying out their role and learning about the service. Management informed us that when new care staff were employed they completed the Care Certificate induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff in the health and social care sectors.

Staff received regular training and support so they could carry out their roles effectively. We reviewed training records and staff had completed essential training. Future training and refresher courses had been scheduled for 2018. Training included fire safety awareness, moving and handling, health and safety, food and hygiene, infection control, MCA/DOLS, safeguarding, dementia awareness, dignity and respect, mental health awareness, Data Protection Act, equality and diversity and first aid. In addition to the provider's mandatory staff training the service carried out face to face learning sessions about a range of topics that included, skin tear management, diabetes, oral hygiene, mentorship and about people's specific medical needs.

Staff were positive about the training and learning that they received. Nurses received the support that they required to maintain their nurse registration and to keep up to date with best practice. The registered manager told us that he and the deputy manager were currently completing a leadership programme for care home managers. Following our visits to the service the registered manager told us "We have recently started delivering in-house short coaching session type workshops on different areas to share knowledge among ourselves. Even though this has been ongoing in an informal way, we will make it more structured from now on."

The registered manager told us that most staff had completed, or were enrolled on a nationally recognised qualification in health and social care. The registered manager told us that they encouraged and supported care staff to achieve health and social care qualifications.

Staff told us that they felt well supported, and records confirmed that they received regular one to one supervision with a senior member of staff. Supervisions were used to discuss with staff members their understanding of their role, training and any concerns they may have to do with the service. A staff member's supervision record showed that a range of areas had been explored which included, practice since the last supervision, alternative ways of working with people, training and people using the service.

Staff received annual appraisals of their performance and development. A member of staff told us that they felt listened to and that senior staff were responsive in ensuring their training needs were met. They commented, "I am happy. They [management] encourage me." Results of a recent staff survey showed that only 61% of staff reported that the quality and quantity of supervision and appraisals were good. An action plan had been completed in response to this that detailed the action that would be taken to improve staff's experience of supervision and appraisal.

People's care plans and other records included information about each person's health and medical needs and guidance for staff about meeting those needs. They showed that these needs were monitored closely by the service and by community medical services. The registered manager and a GP spoke of the project [Enhanced Health in Care Homes] that they were participating. This aimed to improve the quality of life, healthcare and planning for people living in care homes. It had led to people using the service having very good access to medical advice and treatment. GPs visited the service several days a week to review people's medical needs and treatment.

People also had access to other community healthcare professionals that included, chiropodists, dietitians, and opticians. People told us that they saw a doctor when they needed to. A person using the service told us

that staff contacted a doctor when they were unwell. The registered manager informed us that private physiotherapy was available and that the service aimed to employ a physiotherapist in 2019.

The menu included a range of meals and indicated that people were provided with choice. Pictures of meals were available to help people choose what they wanted to eat. A member of staff told us that people were asked the day before what they wanted to eat, and again each morning, which ensured people who had memory issues were accommodated. A care worker told us that if a person did not like what was on the menu they would always be offered a second choice and sometimes a third option to ensure that each person's preferences were met. A chef told us that recently 36 different meals had been provided to people using the service. Some people had their own specific menu that met their individual dietary needs and preferences. For example, one person had a meal plan that ensured their dietary needs due to a medical condition were met. People's food allergies and/or food intolerances were identified and communicated to kitchen staff. The menu included details about ingredients within each meal that people might be allergic to or intolerant off. Snacks and a range of drinks were available at any time.

A person using the service told us that they received meals that met their cultural dietary needs. The person told us, "They respect culture, different culture different food." Comments from other people included, describing the food as "alright, there is plenty of it," "There is a variety of food. There are two set menus, but if you don't like either, you can request what you want and they'll send it up," "It's [food] good, it depends, sometimes they have different chefs I think, but it's okay" and "They have a menu with two options."

We noted that people had time to eat their meal at the pace that they wished. Staff were attentive, frequently asking people if they wanted a second helping and/or more to drink. Staff provided people with assistance with their meals when they needed it.

The chef was knowledgeable about people's dietary needs. They told us that they asked people for feedback about the meals and addressed any issues promptly. However, records of this were not available. The chef told us that in future people's feedback and any action taken in response to this feedback would be documented to show where improvements had been made. Following the inspection, the registered manager told us that the chef now recorded feedback about the food.

The premises were suitable for people's varied mobility needs and well maintained. There were two outdoor areas accessible to people using the service. Where outdoor events and activities took place. The fourth floor outside terrace area contained no furniture other than a bench. Staff told us due to its location it was more susceptible to unsuitable weather conditions so was rarely accessed by people. There was picture signage that indicated the use of each room and to help people with orientation.

People told us that they were satisfied with their bedrooms. One person told us, "We are lucky I think, very lucky. I love my room it's lovely". Another person using the service told us, "I would recommend it here all the rooms are en-suite and you can have anything personal with you."

Good

Is the service caring?

Our findings

People told us that staff were kind to them. Comments from people included, "Staff are kind and respectful," "I'm quite happy here, it took a while to get used to their faces. The staff, night and day are very good," "I'm quite happy, there is nothing not to be happy about. They can't do any more, I'm well looked after, it's nice to say that away from home" and "I have no immediate family, I call the staff my family."

A relative of a person using the service told us, "I am happy with the care given to my [relative]."

Written compliments included, '[Person] was blessed with the care, love humour and support from you [staff] all. No one could have predicted that the care and compassion would have been so amazing.'

The atmosphere of the service was relaxed. Staff were welcoming and friendly. During general observation and focused observation (SOFI) we saw positive interaction between staff and people using the service. Staff were attentive to people, and spoke in a respectful and sensitive manner with them. We heard staff say good morning to people and ask them throughout the day how they were and if they required any assistance. However, on one unit during lunch we observed task based interaction between people and staff rather than informal relaxed conversation.

People's care plans and activity records included details about people's life history, interests and lifestyle. A person's 'map of life' included information about their previous employment, country of birth, family, religion and interests and dreams. Photographs showed that the person had been supported by the service to achieve a dream they had of visiting their previous work place. However, one person's life history information referred to them as "customer" not by name, which was impersonal.

Staff spoke a range of languages which helped them communicate with people whose birth language was not English. The registered manager provided us with an example of the positive effect that staff had on a person's rehabilitation by communicating with the person in their birth language. We saw a member of staff engage in conversation with a person in the language that the person spoke. They both then started singing in that language, which appeared to make the resident happy.

We noted that people had been provided with the opportunity to choose the care worker that they wanted to assist them with their personal care needs. On one unit two people had chosen the staff that they wanted to assist them.

Some people had memory boxes located outside their bedroom which contained special items belonging to the person, which included photographs and other items to do with the person's life to help them recall memories.

We noticed during breakfast on one unit that music was playing in the background. It was quite loud and was of a type that was not beneficial to a calm atmosphere. We asked a member of staff if any of the people using the service had chosen it and was told by a care worker that the people were, "unable to choose".

They then changed the music without asking anyone what they would like to listen to. We discussed ways to involve people in making choices with the registered manager.

We noticed that most people using the service on one unit were given drinks in plastic cups, some with feeder lids. There was no indication from speaking with people using the service and observation that all the people were not able to use an ordinary cup or mug. Following the inspection we discussed this with the deputy manager who told us that she would ensure that each person's ability to use ordinary cups was assessed and that they would be provided with them if they were able to safely use them.

People's independence was supported. We saw some people using the service access the passenger lift, independently and spend time in the ground floor communal bistro area. One person told us that they were being supported by staff to move on to a more independent living service. People who had mobility needs were provided with the equipment they needed such as a walking frame so they could move about independently within the premises. People told us, "They [staff] are good and yes they are respectful and treat me with dignity," "I am very independent but when I call them [staff] they help" and "I fix my room, do my bed and fold my own clothes."

Staff were seen to respect people's privacy. They knocked on people's bedroom doors and asked permission to enter. They made sure that doors were always closed when people were receiving assistance with their personal care. Records showed that staff had completed dignity and respect training. People using the service told us, "They [staff] treat you as if you are family. They [staff] aren't rude and they have respect for their residents" and "They are good and yes they are respectful and treat me with dignity." A person using the service told us that, "Staff do not go into my room when I am not there. They respect my privacy."

Staff were aware of the importance of confidentiality. They knew not to speak about people to anyone other than those involved in their care. People's care records and staff records and other documentation were stored securely and accessible only to staff.

Two of Victoria Care Centre's values were to celebrate diversity and to promote individuality and independence . The registered manager told us, "We have policies and procedures in place to ensure everyone is treated fairly, equally and [for] protecting their human rights." Records showed that staff had completed equality, diversity and inclusion training. Staff spoke of valuing people's differences and were aware of the importance of respecting people's diversity and human rights. A member of staff spoke of the importance of all staff respecting people's race, gender and religion and of the need to be "compassionate to old people." A person using the service told us, "They don't treat anyone different than any other."

People's care plans included information about their preference regarding the gender of staff who assisted them with their personal care. However, records did not indicate that staff had a good understanding of people's sexuality needs. The section about sexuality in people's assessment records was sometimes blank or had minimal written information. A person's sexuality needs were recorded as '[Person] is a gentleman who presents as very polite.' Two people's care plans records did not include information about the people's cultural and religious needs. Following the inspection, the registered manager told us that he would ensure people's care plans were reviewed and developed so that they were more personalised. He told us that staff would receive appropriate training and he would liaise with external agencies who specialise in equality and diversity to improve the service provided to people.

People and staff confirmed that festive occasions and people's birthdays were celebrated by the service. Representatives of places of worship regularly visited the home. Staff told us the service ensured that people

of other faiths had their religious needs met. One person was regularly accompanied by their family to attend a place of worship. The service had a room allocated for staff to use for prayers.

People were supported to maintain relationships with family and friends and were provided with emotional support when they needed it such as during difficult significant events in their lives. A person's relative told us that they had received substantial and meaningful support from staff during a difficult time when coming to terms with a person needing full time care. They also told us that after a time they had felt able to visit the person less frequently as they knew the person was, "well taken care of."

Good

Is the service responsive?

Our findings

People told us that they felt that staff understood their needs. When we asked people using the service if they were involved in their care they told us, "Yes but a lot of times they [staff] just know what I need. They [staff] have the details of your medical history. They [staff] do everything for me" and "I am involved in care decisions." A written comment from a person using the service included the statement, "I am being well looked after here."

A person's relative told us that the nurses, "Were always on hand to answer my questions," and kept them, "informed about everything to do with [person's] care." Another person's relative told us, "I am very happy with the care [person] is receiving. [Person] always looks well. The staff are very friendly."

Written feedback from people's relatives indicated that they were happy with the service, comments included, "I have noted that the record keeping is up to date and that regular updates are made to care plans. I feel confident that [person] is receiving good care."

Staff knew how to access people's care plans and told us that they received frequent updates during each shift about people's needs from nurses and other staff. We listened to a staff 'handover' meeting and heard staff being informed about people's current needs and about any issues to do with care and treatment. However, we noted that during another 'handover' people using the service were referred to by their room numbers rather than their names. Senior staff from all areas of the service also met every day at 11 o'clock to discuss a range of areas to do with the service and any significant issues to do with people using the service. Care staff told us that they would always report to senior staff any changes in people's needs. A member of staff spoke of the importance of good communication and teamwork particularly between care staff, the kitchen and laundry staff.

Staff who provided people with care and support had access to people's care plans which included specific information about each person's needs and preferences. Staff wrote detailed 'daily' records of people's current needs and progress during each working shift to ensure that staff were always fully informed about people's needs. Staff also completed a 'walk around' checking each person at the start of each shift. Staff spoke about people's individual needs and preferences including their communication needs, and about the care and support people needed. Records showed that staff were knowledgeable about people's needs and monitored their care during the day and at night.

Staff knew the importance of following guidance detailed in people's care plans to ensure they were consistent and responsive in the way that they cared for people. People's care plans were reviewed monthly and updated when people's needs changed. Records of care plan reviews did not show that people had been asked for their feedback about their care and the service that they received. The registered manager told us that action would be taken to, "Encourage residents to be actively involved with the care plan review process." He also told us, "All care plan reviews would be done by involving residents," and that care plans would be more personalised by being written in the first person when appropriate.

The service had arrangements in place to hold a 'resident of the day'. On that day the person's care plan was reviewed and staff were asked about their knowledge of the person's needs. Following the inspection, the registered manager told us that they were planning to, "review the current system for resident of the day by introducing extra care and activities for the resident of the day."

The registered manager told us that the service had been responsive in ensuring that by working with a local authority care commissioning team and another service they had enabled a person using the service to receive medicines via a syringe driver. This had ensured that the person's treatment needs were met by the service and had supported the person's choice to end their life in the home rather than having to be transferred to another service.

The service had commenced the 'red bag' scheme. People's personal information, relevant paperwork and some personal items were put in a red bag that accompanied them when they were transferred to hospital. This aimed to help improve communication between care homes and hospitals and support people's wellbeing and care.

We discussed the Accessible Information Standard [AIS] with the registered manager. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. Information to do with the service was in mainly written format, but pictures were available to support people to make choices about what they wanted to eat. A care worker told us that people were also shown pictures of care staff to help them decide who they wanted to assist them with personal care. The registered manager told us that the format of information would be responsive to the person's needs such as producing documentation in a person's birth language and/or picture format when they were unable to read English.

People were supported to take part in activities of their choice. A person using the service told us, "There are different activities, sometimes twice a day, to keep you busy." The service employed an activities coordinator and an assistant activities worker. The registered manager told us that they were in the process of trying to recruit two more assistant activities workers to promote and increase the provision and choice of activities for more people using the service.

Recent photographs showed people participating in a range of activities including, baking, quizzes, current affairs, reminiscence, bingo, bread making, peeling/preparing vegetables and shopping trips. A musician regularly provided entertainment for people. The service has a cinema where films chosen by people using the service were regularly shown. There was also a library with an array of books, CDs and magazines. However, at the time of the inspection we were told that no people using the service were actively using the library. The service has a pet parrot that spent time with the activities coordinator visiting people using the service.

On the day of inspection, the activity coordinator carried out some activities with people, which included involving people in a group gentle activity exercise. Photographs showed that several people using the service had recently gone on a day trip to Buckingham palace, and to an air force museum. The registered manager told us that some people had been supported to carry on skills and interests that they had before moving into the home. Photographs showed a person using the service helping to paint an area of the premises.

Several people spent most of their time in their bedrooms. We saw that the activity coordinator visited each person, speaking with them and spending some one-to-one time with them. We heard her ask them whether

they wanted to take part in activities. People told us, "They have movie nights, exercises, coffee mornings, barbecues in good weather and a musician that comes during the month," "For those that can't leave their bed, staff go and spend time with the residents. They also do outings, I've been to Buckingham Palace." Some people spoke of not participating much in activities. Comments included, "I don't go out very often," "I sometimes get taken into the garden but, not often," "I don't get to do activities" and "I just watch TV as I am in bed."

The activities coordinator's records of the activities that people participated in were not linked with the records of activities that were completed by other staff. Therefore, the records did not provide an accurate picture of the number and type of activities people took part in. Gaps in these records could indicate some people were at risk of isolation. Staff were responsive and acted promptly to ensure that the records of people's activities were recorded in one record. The registered manager told us that they aimed to ensure staff engaged more with people and people's relatives to ensure that people had the opportunity to participate in more activities. In the provider information return that we received from the registered manager it informed us that plans for improvement included 'more activities.' They also told us that there were plans to provide more outdoor activities.

The home had a system for recording and dealing with complaints appropriately. People and their relatives knew who to contact if they wished to make a complaint. Records indicated that complaints had been taken seriously, managed appropriately and action had been taken to address issues and make improvements. For example, complaints about 'missing clothes' had led to the purchase of a labelling machine and the implementation of an inventory list of each person's clothes. Staff told us this had significantly reduced the issue of clothes going 'missing'. A person using the service told us, "I haven't got any [complaints] at all. I'm looked after, they're all quite nice."

The service had received several written compliments from people's family members and friends. These included, 'I would like to thank you (deputy manager) and all your staff for all your unfailing and thoughtfulness in looking after [person]. We are indeed grateful for all your efforts under sometimes difficult situation. In the beginning we had a few communication problems but this was sorted out. The last few weeks it has been very good and staff have been wonderful and helpful. Staff do a great job.'

We found some do not attempt resuscitation [DNAR] forms had not included the full name of the staff member involved. Following the inspection, the registered manager told us that all DNAR records had been checked and found to have been completed accurately. They told us, "On an ongoing basis, this will be monitored and ongoing discussion will be carried out to ensure DNAR and any other documents are completed accurately.'

People had advanced care plans in place, which included some information about their preferences at the end of their life. The care plans included details about the person's religion and their preferred place of care if their condition deteriorated. However, they lacked detail about whether the person had any particular wishes they wanted fulfilled when they were near the end of their life. Such as, whether the person wanted a religious representative to visit them, details of who they wanted to be with them at the end of their life and personal wishes such as having calming music and low lighting. A health professional told us that the service was encouraged to discuss people's wishes about their care and treatment at the end of their lives during the initial assessment of the person's needs.

A person's relative provided positive feedback about the care a person received at the end of the person's life. They told us that they were happy that the person could stay at Victoria Care Centre at the end of the person's life. They also told us that they had been fully involved in the person's end of life care and had been

kept well informed about it by the service.

The registered manager spoke of the close working with local hospices in developing and improving end of life care. He told us that the service was working with the host local authority and a local hospice to arrange for nurses to complete an end of life care programme. In 2017 the service completed end of life project in collaboration with a palliative unit team, which included some staff receiving end of life care training and the implementation of a specific method of medicines administration that benefited people at the end stage of their lives. A member of staff told us that they had received end of life training from a palliative care team, which had been "very good."

The registered manager told us that two families had received support from the service which enabled them to organise their funeral reception gathering at the service. A specialist healthcare professional complemented the service's practice regarding end of life care.

Good

Is the service well-led?

Our findings

People told us that they were happy with the service. Comments from people included, "[Registered manager] is a gentleman, he listens." "The manager comes every morning to ask how we are. I think he's a good man, a nice man" and "I would like to thank the nursing staff and management for their wonderful approach and professional care. Thank you, all staff and management for your concern and the way that you treat me."

Recent written feedback from people's relatives about the service indicated that they were happy with the service. Comments included, "I am happy with the care they [staff] have given [person]" and "I can tell the staff at VCC [Victoria Care Centre] do their best and treat [person] well and support [person] as much as they can."

People and relatives told us that the registered manager, other management staff and nurses were pleasant and that they felt able to approach them at any time with any concerns or other feedback that they had about the service. They told us that they were kept informed of any changes and other issues to do with people's care. A person's relative commented, "I am happy with the staff and management of Victoria Care Centre."

The registered manager ran the service with support from the deputy manager, quality compliance manager, unit managers, nurses and the facilities manager. Staff were knowledgeable about the lines of accountability. They knew they needed to keep nurses and management well informed about people's needs and of any issues to do with their care.

The registered manager ensured that their knowledge and skills were up to date. He was currently completing and advanced healthcare qualification, which included research into falls, and had recently completed an advance care practice course.

The registered manager spoke of the importance of involving staff fully in all aspects of the service, listening to them and encouraging them to feedback suggestions about ways to improve and develop the service. He told us that the slogan for the year was, "Happy staff, happy care and happy residents.' He had an 'open door' policy but also allocated time one day a month for staff to speak with him about any areas to do with the service. He provided us with examples of where staff had been open and transparent and had spoken up about issues to do with the service including poor practice from staff.

Staff told us that they felt able to speak up. Records showed that management had listened to staff and addressed issues to do with the service that they had raised. A system was in place to ensure that exceptionally good practice by staff was recognised by the service.

Staff voice meetings had recently been introduced. Staff from all areas of the service discussed the aims and objectives of the service and ways to achieve them. They also spoke about areas that needed development and improvement and strategies to resolve issues. For example, staff had discussed the amount of

paperwork that they needed to complete and had developed an action plan to research ways to reduce it and be more effective in keeping records.

The service had a thought/theme of the day chosen by staff which the registered manager told us is usually to do with the service's values or related to a topic such as infection control where improvements had been found to be needed. Feedback from staff during a recent staff survey indicated that staff were satisfied with their job and enjoyed working at Victoria care Centre. An action plan had been developed in response to staff's feedback.

Regular general staff meetings took place where best practice issues and topics were discussed.

Minutes of meetings showed that people and relatives meetings had taken place to inform people of changes to the service and to listen to their feedback. The registered manager told us that people were asked prior to the meetings whether they wanted any item added to the agenda. Areas to do with the service that had been discussed during these meetings included, food, activities, staffing, laundry and food safety. Records of these meetings showed involvement from people but did not show that actions from previous meetings had been reviewed and completed. The registered manager told us that in future this information would be recorded. Some people told us that they hadn't been asked for their feedback and commented, "I am never asked to go to meetings" and "I am not asked if anything could be improved. I would like to be asked. Following the inspection we spoke with the registered manager who told us that they would look in to this and ensure that people were informed about meetings and provided with the opportunity to feedback about the service.

The service worked in partnership with relevant agencies, including local authorities, clinical commissioning services, universities to do with student nurse placements, and hospices. The service was participating in a project [Enhanced health in care homes]. This project included the development of the current effective and responsive GP arrangements in the home, red bag scheme, end of life care and bespoke training for staff to improve people's health, well-being and develop more personalised care. A healthcare professional told us that they regularly met with the registered manager and discussed issues to do with people's care and treatment. Another healthcare professional was positive about the working relationship that they had with the service. We also saw written positive feedback from a senior healthcare professional. A quality check carried out by the host local authority in October 2017 showed that the service had addressed the deficiencies found.

Arrangements were in place for monitoring, developing and improving the quality and safety of the service. Each unit carried out regular checks of the service they provided. Action plans from these audits were provided to senior management who reviewed them to check that shortfalls had been addressed. A range of other quality checks were also carried out. The service had carried out 'mock' inspections of areas of the service that had included checks of medicines management, staff recruitment and whether staff always treated people with respect. Action plans showed improvement had been made when shortfalls had been identified. Minutes of meetings and records of audits were completed. We noted that these records, did not always indicate that previous minutes and actions had been reviewed during each meeting. The registered manager told us that they would ensure that this information was recorded.

The service had a range of up to date policies and procedures in place. The policies included best practice guidance and procedures that staff needed to follow and act upon in all areas of the service such us responding to complaints and health and safety matters. New staff received a handbook when they commenced work. The handbook included summaries of some policies such as confidentiality, dignity and respect, whistleblowing and fire safety that staff needed to know about.

The service has a system in place for ensuring that maintenance issues are responded to without delay. Records showed us that prompt action had been taken to resolve a range of maintenance and safety issues. One person told us, "My TV went wrong and was replaced within hours'.