# Abbeyfield Society (The)

# Victoria House

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This was an unannounced inspection that took place on 1 December 2015.

Victoria House is a care home registered to provide accommodation for older people who require personal care. The service can accommodate up to 30 people and is located in the Kew Gardens area.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In July 2014, our inspection found that the home required improvement regarding recording of medicine administered. At this inspection the home met the regulations.

People and their relatives thought the service provided by the home was of a very good quality. They told us that

# Summary of findings

the home had a friendly atmosphere and they and their relatives enjoyed living at Victoria House. They thought there were enough staff to meet people's needs and found the staff team were skilled, caring, attentive and provided care and support in a kind and friendly way.

The records kept were comprehensive and up to date. They recorded information in a clear and easy to understand way, were fully completed, and regularly reviewed. This meant staff were enabled to perform their duties well. People and their relatives were encouraged to discuss health needs with staff and had access to community based health professionals, such as GPs if required. They were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People and their relatives were positive about the quality of the meals provided and available choices.

Victoria House was well maintained, furnished, clean and provided a safe environment for people to live and staff to work in.

The staff we spoke with were competent, knowledgeable about the people they worked with and care field they worked in. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive manner. Staff said the home's manager and organisation provided access to good support and there were opportunities for career advancement.

People using the service and their relatives said the management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

# Summary of findings

## 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.

People said they were safe. There were appropriate numbers of skilled staff that followed effective safeguarding and risk assessment procedures.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

Good

**Is the service effective?**
The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and balanced diets were provided. The home was decorated and laid out to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures and staff was provided with training. People underwent mental capacity and DoLS assessments and 'Best interests' meetings were arranged as required.

Good

**Is the service caring?**
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. The care was centred on people's individual needs.

Staff knew people's background, interests and personal preferences well and understood their cultural needs. They provided support in a kind, professional, caring and attentive way that went beyond their job descriptions. They were patient and gave continuous encouragement when supporting people.

Good

**Is the service responsive?**
The service was responsive.

People had their support needs assessed and agreed with them and their families. They chose and joined in with a range of recreational activities. Their care plans identified the support they needed and it was provided. People told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Good

**Is the service well-led?**
The service was well-led.

Good

# Summary of findings

There was a positive culture within the home that was focussed on people as individuals. They were enabled to make decisions in an encouraging and inclusive atmosphere. People were familiar with who the manager and staff were.

Staff were well supported by the manager and management team and advancement opportunities were available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

# Victoria House

**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 checked 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 an unannounced inspection and took place on 1 December 2015.

This inspection was carried out by an inspector and 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 service.

There were 29 people living at the home. We spoke with 16 people, four relatives, five staff, one volunteer and the manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for five people living at the home and three staff files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

# Is the service safe?

## Our findings

People and their relatives said they thought the service was safe. They said that Victoria House was a relaxed place for people to live and provided a supportive atmosphere that made people feel safe. People and their relatives also told us they thought there were enough staff to meet people's needs. This meant people's needs were met in a safe, unrushed way. One person told us, "Staff look out for me and make me feel safe." Another person said, "I think they're doing alright. We're very well looked after…. You always think they could have more [staff] but they are not lacking and you can see they are trying to do their best….Oh yes, yes! I do feel safe here." A relative said, "A very happy, safe place."

During our visit there was sufficient staff cover to meet people's needs and the numbers of staff on duty matched those on the staff rota. This meant people's needs were met in a safe, unrushed way that they enjoyed. This was also reflected in the positive body language and responses to staff by people who had difficulty communicating verbally. The care practices we observed during lunch showed that staff met people's needs in a timely way and no one was kept waiting for their lunch. The manager told us that the staff rota was flexible to meet people's needs. Extra staffing was supplied as required and there was access to extra staff should they be needed. Relief staff cover was provided from within the home, organisation or an agency.

Staff were trained in safeguarding and aware of how to raise a safeguarding alert and when they should do so. Safeguarding information was provided in the staff handbook and a safeguarding pathway with local authority contact numbers was available to staff. There was one safeguarding alert currently being investigated. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from abuse and harm. Staff were trained in them and they were followed by staff during our visit. We asked staff to explain their understanding of what abuse was and the action they would take if they encountered it. Their response met the provider's policies and procedures. Staff told us that protecting people from harm and abuse was one of the most important parts of their job and included in their induction and refresher training.

People's care plans contained assessments of risk that enabled them to take acceptable risks and enjoy their lives safely. Staff evaluated and compared risks with and for people against the benefits they would gain from activities. There were assessments for relevant aspects of people's lives that included health, social activities and interactions. The risks were regularly reviewed and updated when people's needs and interests changed. The risks were assessed and managed according to individual people's needs and were up to date. The risk assessments recorded included; fall risk assessment, Waterlow risk assessment, nutritional risk assessment and moving and handling. Staff shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be comfortable using. The care plans contained action plans to help prevent accidents such as falls from being repeated.

The organisation had a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Successful candidates were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of the client group they would be working with. References were taken up prior to starting in post. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them. All staff had completed Disclosure and Barring Services (DBS) security checks to keep people safe.

There was a breach of regulations at the last inspection regarding accurate recording of medicine administered. We checked the medicine records for all people using the service, at this inspection and found them to be fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs.The staff who administered medicine were appropriately trained and this was refreshed annually. They also had access to updated guidance. Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility, administered and appropriately disposed of if no longer required.

Good

# Is the service safe?

The home looked very clean and well-maintained with no unpleasant odours evident. There was also a good stock of gloves and aprons for giving personal care.

Good

# Is the service effective?

## Our findings

During our visit people said they made their own decisions about their care and support and that their relatives were also able to be involved. Staff encouraged and enabled them to make decisions for themselves, were aware of people's needs and met them. They provided a comfortable, relaxed atmosphere that people said they enjoyed living in. The communication skills of the staff we observed, showed us that people were able to understand them and this enabled staff to meet people's needs more efficiently. People said the type of care and support provided by staff was what they needed. It was delivered in a friendly, enabling and appropriate way that people liked. One person said, "My daughter, who is a doctor, did research and her words were: "I hope you like it here because it is the best one there is." and I think she's right. Don't you." Another person told us, "I'd heard good reports about here so I came and had a look and moved in straight away….The chiropodist was in last week…all necessary ancillary services are on hand or available if you want them." One relative said, "This place is not regimented and everyone is always laughing." Another relative told us, "I looked at quite a few places and this is the only one that felt like a home."

Staff were well trained and received induction in line with the 'Skills for Care' induction standards and annual mandatory training. New staff spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there. There was a training matrix that identified when mandatory training was due. Training included infection control, behaviour that may be challenging, medication, food hygiene, equality and diversity and person centred care. There was also access to specialist service specific training such as end of life and dementia. Group training needs were also identified during monthly staff meetings. Quarterly supervision sessions and annual appraisals were also partly used to identify any gaps in individual training. There were staff training and development plans in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider and applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in people's care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding any support required at meal times. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by a local authority health team dietician and other health care professionals in the community, such as district nurses. People had annual health checks. Records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

Good

# Is the service effective?

People told us they enjoyed the meals provided. One person said, “We’re going to lunch if you’re interested.” When someone living at a service invited us to lunch with them in this way we felt this indicated not just the person’s sense of belonging and feeling ‘At home’, but also that they valued the experience of eating meals together, which the service was providing. Another person using the service said, “There’s a choice of what to eat for lunch and supper and if you don’t like [what’s on offer] there’s a another list of extra choices. And yes it’s tasty and it’s hot.” A relative told us, “The food is wonderful.” During our visit people chose the meals they wanted, there was a good variety of choice available, the meals were of good quality and special diets on health, religious, cultural or other grounds were provided. The lunch we saw was well presented, nutritious and hot. Meals were monitored to ensure they were provided at the correct temperature. There was information regarding the type of support people required at mealtimes, in their care plans and we saw it was appropriately provided.

Good

# Is the service caring?

## Our findings

People and their relatives told us that the service treated them with dignity, respect and compassion. Care workers responded to people promptly and knocked on doors and awaited a response before entering people's rooms. People said they enjoyed living at the home and were supported to do what they wanted to. Staff listened to what people said, their opinions were valued and we were told staff were friendly, patient and helpful. One person said, "The care is good here; it's very human and not 'off-hand'." Another person said, "Anytime night or day they will bring you a cup of tea if you want one…..[the staff] are all very approachable." A further person told us, "We're very well looked after. When I was ill they looked after me very well….. We're perfectly looked after here." A relative said, "This place is fantastic, I feel as supported as my mum does." Another relative told us "All (staff) are so kind and I feel so lucky to have found a place here for mum." A volunteer said, "This place has a heart and soul."

The manager and staff were kind to people using the service and welcoming to us and visitors to the home. Staff made an effort to ensure people's needs were met and this was reflected in their care practices. They were skilled, patient and knew people and their needs and preferences well. Staff made an effort individually and as a team to ensure people led happy and rewarding lives. People were treated equally and as equals with staff not talking down to them. People were listened to and their views and opinions valued. They were treated with kindness and understanding. Staff made an effort to take an interest in people and treated them with compassion. They spoke to people in an unhurried way so that people could understand what they were saying. Staff made eye level contact and used appropriate body language that people responded to. The caring approach of staff was supported by the life history information contained in care plans that people, their relatives and staff contributed to and regularly updated. The care plans also contained people's preferences regarding end of life care.

During lunch we saw people with dementia having their needs met by staff in a patient, inclusive and encouraging way. People were given meal choices and staff spent time explaining to people what they were, what they were eating and checking they had enough to eat. This was repeated as many times as necessary to help people understand, re-assure them and make them comfortable. People were stimulated by staff who prompted conversations with them and other people using the service. The conversations made the room come to life providing a convivial, interactive and relaxed atmosphere.

There was an advocacy service available through the local authority. Currently people did not require this service.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook. There was a policy regarding people's right to privacy, dignity and respect that staff followed throughout the home, in a courteous, discreet and respectful way, even when unaware that we were present.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

Good

# Is the service responsive?

## Our findings

People and their relatives said that staff and the management team asked for their views, opinions and choices, formally and informally. These types of interaction took place during our visit. Staff enabled people to decide things for themselves, listened to them, took action and needs were met and support provided appropriately. Staff made themselves available for people if they wished to talk about any problems or if they just wanted a chat throughout our visit. One person said, "We do have [activities] organised here from time to time…The routine is very flexible and in no way onerous…The atmosphere is pleasant." Another person told us, "It's very good. We're very happy. People are kind and caring; they don't boss us about. We can do whatever we want as long as it's not dangerous." A further person told us, "We all sit together a lot (indicating the grouping we were part of) and if there is someone missing we go and give them some coaxing [to join us]….. We don't go out on our own; they will always find someone to go with us [if we want to go out]."

There was a good level and quality activities based on staff and volunteer knowledge of people using the service, their likes, dislikes and this was reflected in the high take up by people of the activities available. There was a realistic timetable of events and several competitions running in the Christmas period giving a programme which was coherent, participatory, enjoyable and productive. We spoke with the activities co-ordinator who had the right personality and plenty of ingenuity. It helped that she had a good voice and enjoyed singing as she worked. She told me the monthly church service had taken place at the home that morning for people who can't easily get to the main church and we did see the priest as he was leaving. She told me that they had recently held a 1940's themed day when they dressed up and wore hats and decorated the room. A local photographer attended and took photographs and having secured permissions from people featured they were going to make a calendar to sell to raise funds. We sat in one of the sitting rooms during the afternoon whilst two volunteers, the activity co-ordinator and several people using the service worked together crafting Christmas gifts. People who were unable to sit at the table had something they could do in their armchairs. Others sat at the other end of the room chatting. There was a lovely warm cosy inclusive seasonal atmosphere.

Throughout our visit people were consulted, by staff about what they wanted to do and when. We saw this during activity sessions where people were encouraged but not pressurised to join in. People were also encouraged to interact with each other rather than just staff. There were daily activities provided that included quizzes, bingo, cinema club, reminiscence sessions and arts and crafts. There was also a visiting hairdresser during our visit. One person said, "Some of them do walks. We've had some lovely trips out; Hampton Court, Kew Gardens, St Martin in the Fields – we attended a service with a choir singing. We had a very good show [here] yesterday; some guitarists came in." Another person told us, "People come in to see us… The Friends of Abbeyfield take us out; we've had some lovely outings with them." A relative said, "The activities co-ordinator is excellent." Other relatives told us they thought the activities provided were appropriate and that people enjoyed them.

People were provided with written information about the home and what care they could expect, before moving in and fully consulted and involved in the decision-making process. They were invited to visit as many times as they wished before deciding if they wanted to live at Victoria House. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. People were referred privately and by local authorities. Assessment information was provided by local authorities and sought for the private placements where possible. Any available information was also requested from previous placements and hospitals. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home carried out a pre-admission needs assessments with the person and their relatives. People's visits were also used as an opportunity to identify if they would fit in with people already living at the home. There was a review of the placement after six weeks.

The home's pre-admission assessment formed the initial basis for the care plans. The care plans were focussed on the individual, contained social and life history information and were live documents that were added to by people using the service and staff when new information became available and if they wished. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and the care plans re-structured to meet their changing needs. People

Good

# Is the service responsive?

agreed goals with their lead staff that were reviewed monthly and daily notes also fed into the care plans. The daily notes confirmed that identified activities had taken place. People were encouraged to take ownership of their care plans and contribute to them as much or as little as they wished. Care plan goals were underpinned by assessments of risk to people.

People and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff said they had been made aware of the complaints procedure and there was also a whistle-blowing procedure.

People and their relatives were invited and encouraged to attend regular meetings to get their opinions. One person told us, “We have residents’ meeting where we all put our opinions if there is anything we want to talk about.” The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information was monitored and compared with that previously available to identify that any required changes were made.

Good

# Is the service well-led?

## Our findings

People were actively encouraged to make suggestions about the service and any improvements that could be made during our visit. Relatives told us there was an open door policy that made them feel comfortable in approaching the manager, staff and organisation. One person told us, "The manager always makes sure you come back here as soon as possible if you have to go into hospital….A carer always goes with you if you do have to go." Another person said, "The atmosphere is good. I could tell as soon as I came here that they wanted me here." One relative told us, "The manager is very kind. I would say she is excellent."

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said that they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. There was a charter for people using the service that outlined what they could expect from Victoria House, its staff and the home's expectations of them. We also saw people and their relatives being actively encouraged to make suggestions about the service and any improvements that could be made.

There were clear lines of communication within the organisation and specific areas of responsibility within the staff team. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Staff told us that they received very good support from the manager and management team. They thought that the suggestions they made to improve the service were listened to and given serious consideration by the home. They told us they really enjoyed working at the home. A staff member said, "You couldn't wish to work in a better place." Another member of staff told us, "The manager is so supportive."

Records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. This included hospital admissions where information was provided and people accompanied by staff. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. A range of feedback methods were used in respect of service quality. These included audits, home meetings, review meetings that people and their family attended, operations managers' monthly visits, pharmacy reviews, weekly and monthly health and safety checks and operational business plans. There were also monthly critical friend visits from other managers within the organisation to quality assure all aspects of the service in a cycle, annual policy and procedure reviews and visits from the local authority commissioning and quality teams. A critical friend is someone who provides constructive criticism.