Victoria Nursing Group Limited

Victoria Highgrove

Inspection report

59 Dyke Road Avenue
Hove
East Sussex
BN3 6QD

Tel: 01273562739

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Victoria Highgrove is a residential care home providing personal and nursing care for up to 21 people aged 65 and over. The home was providing care to 10 people aged over 65 at the time of the inspection, some of whom were living with dementia and other health conditions. The care home accommodates people in one adapted building which was under renovation at the time of the inspection. The building has three floors and an enclosed garden.

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

Medicines were not always managed consistently, and medicines administration charts were not always completed correctly, although we had no reason to believe anyone had come to harm because of this. People were protected from the risks of abuse and harm by well trained, safely recruited staff. Risks were managed, and people told us they felt safe.
People had their needs assessed before moving into the home and frequently afterwards. Care staff were trained to fill in care plans, and staff followed the plans. People enjoyed the homemade food prepared by the chef. A person told us, "We have excellent food." The home was clean and tidy despite extensive renovation work taking place. Staff worked well together and told us the home had a positive atmosphere.

People were well treated by caring staff who worked hard to ensure people had the care they needed. Staff encouraged people to remain independent and took notice of their views. People's privacy was respected.

People were able to follow their interests both in and outside of the home with support from staff including an activities coordinator. Staff ensured people were involved in the planning of their own care. People were encouraged to feedback to the registered manager about the care they received so it could be continually improved. People were well supported at the end of their lives.

The service was well led by a registered manager and a management team that staff liked and respected. A staff member told us, "The management is absolutely wonderful here." Staff were supervised and supported by the registered manager. People knew the registered manager who often worked alongside the care staff to assess the care they gave.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (Published 24 January 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective finding below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well led. Details are in our well led findings below.	**Good**

Victoria Highgrove

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Service and service type
Victoria Highgrove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with nine members of staff including the Care Quality Director, a manager from a second home, a senior nurse, the activities coordinator, and carers. The registered manager for the home was on annual leave on the day of the inspection.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked again at staff recruitment files.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Medicines were not administered consistently or in line with the service policy. Charts used to record medicines administered (MAR charts) were not always completed correctly. Staff did not always fill in MAR charts to show when medicine was offered but refused, and care staff sometimes used daily record notes to show when prescribed creams were applied rather than in accordance with the good practice of signing the MAR chart. Checks on the current stocks of medicines did not always match documentation. We did not see any evidence that people had come to harm, however, we identified medicines documentation as an area that needed improvement.

● Staff knew how to give medicines to people and people were able to take the medicines offered. A nurse told us, "He likes his pills in a spoonful of yoghurt, it makes them easier to swallow. It used to be milk but he prefers it this way."

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

● People were protected from the risk of abuse and harm. Staff had face to face training in safeguarding with the local authority. Staff understood the principles of safeguarding people and knew how to report concerns about risks of harm to people. A staff member told us, "If you feel there is harm or danger to a resident you report it, so the danger can be prevented. For example, if a procedure is not carried out in the best way."

● People told us they felt safe. A person said, "I feel safe because I am never left alone for long periods."

● People's care plans contained risk assessments tailored for the person. For example, a person at risk of falls had specific notes in the care plan to check for falls risks, clutter, and cables on the floor.

● Extensive renovation to the building was underway at the time of the inspection. There were risk assessments in place to ensure people were kept safe during the work. Builders had access to the building during the day and were monitored in the same way that visitors to the home were, with sign in and out sheets in a book by the door.

● People were kept safe from the building works, as the areas of the home currently undergoing works were sectioned off with secured panels to prevent access.

● People were able to move safely about the home. There was a lift to enable people to move safely between floors and stairs had hand rails.

● Documentation to show that equipment safety checks were carried out was complete. Fire safety checks, gas, water and electricity checks had been completed as necessary.

Staffing and recruitment

● Staff were recruited safely. Clear recruitment policies were in place and the service followed them. Staff were given a full induction before they started working with people.

● Staff recruitment files were up to date and included full employment histories and appropriate references. Checks were carried out to ensure that staff were safe to work within the health and social care sector. For example, we found details of Disclosure and Barring Service (DBS) checks for staff.

● Staff qualifications were recorded. For nursing staff this included records to show nurses were currently registered. The service supported nurse registration and paid their fees each year as part of a staff incentive scheme.

● The provider ensured there were enough staff to support people. They used a dependency checking tool to ascertain the correct staff numbers and ratios. At the time of the inspection, due to the building work there were fewer people than usual at the home, we saw that people did not have to wait for care they needed.

Preventing and controlling infection

● People were protected from the risk of infection. The home was clean and was cleaned frequently by dedicated cleaning staff. A person told us, "The rooms are cleaned on every week day, but I don't think they have housekeepers at weekends." Communal areas were carpeted, a staff member told us, "We have a cleaner, we have spill kits and the cleaner can clean the carpets with a wet carpet cleaner."

● Staff used personal protective equipment (PPE), such as disposable aprons and gloves, when providing personal care to people. A person told us, "It is safe here as everyone is aware of infection control. They wear gloves and aprons and there is hand gel."

● Clothes and bedding were washed onsite in a laundry room, a staff member told us, "If anyone has an infection we keep their things separate."

● Staff understood the importance of food hygiene. Food hygiene at the service was rated five, the highest available rating from the food standards agency.

Learning lessons when things go wrong

● The registered manager was keen to have a culture of openness and learned from issues and mistakes.

● During the inspection we noticed an unlocked door to a room that workmen were working in. All doors to the building area should have been sealed off. The care quality director immediately contacted the head of the building works to ensure the door was secured.

● The registered manager acted on complaints or issues raised by people and their families. A relative told us, "Residents and relatives' meetings are held regularly, and everything can be discussed."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed by designated staff who filled in care plans with information relating to people's physical, mental and social needs. The registered manager told us, "Each member of staff has the responsibility for a care plan, or more than one, and will update it as required."
- Staff had training in how to write care plans and were able to access books or a guide on how to fill them in correctly. Senior management staff audited care plans to ensure they were filled in correctly in line with best practice. The care plans were kept electronically which helped staff with prompts to fill in each section about people's care.
- People's care plans included risk assessments, and these showed that people were encouraged to remain as independent as possible. For example, where a person was at risk of falls from bed, bed rails were used, full risk assessment including the effect on the people were in the care plan.
- People had effective care. Staff kept up to date with best practice advice. People were prompted to manage their own care where possible. A member of staff told us, "Oral care is done in the morning as we get people ready. We encourage people to do it themselves. One of the ladies, I help with her denture care."

Staff support: induction, training, skills and experience

- Staff were well trained and knowledgeable about the people in their care, and in the care, they provided. Staff completed induction training before starting work at Victoria Highgrove.
- Continual refresher training was available, via online training and face to face training courses. One staff member told us, "We do practical training in small groups, we lift each other up in the hoist." Some staff were completing the NVQ level 2 in social care.
- People felt that the staff were knowledgeable about them and provided effective care. A person told us, "All regular staff are hardworking and efficient, and we are used to their ways and personalities. It is reassuring."
- When people at the home had specific care needs, staff were trained in these to enable them to continue to give effective care. A member of staff who had extra training to spot symptoms around diabetes told us, "I know residents really well, so if there are changes I would report it to a nurse." Staff were trained in catheter and stoma care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by caring staff who assisted them to eat and drink when necessary. People enjoyed the food which was prepared and cooked by a chef who was knowledgeable about people, their

diets and foods they preferred. A person told us, "His soups are delicious." And another person said, "I have to ask for a smaller portion at supper or I put on a bit too much weight."
● Staff were aware of the importance of nutrition in care. People were assessed on admission, and then reviewed as necessary to ensure they remained a healthy weight. Staff used weight measurements and visual checks, for example skin assessments to check that people were not dehydrated.

Adapting service, design, decoration to meet people's needs
● The premises were being extensively renovated during the inspection. We saw plans for how the building would change when the work was completed. Some areas of the home were out of use for residents for safety reasons however, where this was the case staff ensured other options were available. For example, access to the garden was restricted so staff were taking people to another of the group's homes to use the garden there. A person told us, "Every carer knows I like to have fresh air and exercise every day. The activity coordinator takes me down the road into the other garden each day. I love it. On warm days I potter in the garden."
● Accessible areas were clean and free of trip hazards and clutter. Due to the building work there were few signs on doors and walls to orientate people, however staff were available at all times to assist people if they needed help.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff worked together as part of a team. A staff member told us, "It's a really positive environment to work in." and, "I get on really well with the other staff." Staff ensured that people's notes about care were passed on to other health care professionals as necessary.
● People were supported to obtain treatment with other healthcare professionals. The service ensured people had access to dental care, chiropody and physiotherapy. A person told us. "We have access to all NHS services, GPs, dentists, opticians, etc."

Ensuring consent to care and treatment in line with law and guidance
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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● The service understood and worked within the principles of the MCA. We spoke to staff who understood the importance of helping people to continue to make their own decisions as far as their capacity allowed. A staff member told us, "MCA is about people lacking some capacity and if there is anything we can do to help them make decisions."

● Two people were living at Victoria Highgrove under a DoLS. These people's care plans included details, mental capacity assessments had been completed and applications had been made to the local authority for DoLS.The care quality director was clear about DoLs and about ensuring decisions were made in people's best interests. They told us, "It's not about feeding people, or plonking them down in front of a TV, it's about quality of life."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by staff at the service. We saw staff speaking kindly to people and assisting them in a caring manner. Staff knew people by name and were able to engage people in conversation about their interests.
- Staff supported people where English was not their first language by using picture books and translation apps to communicate. Staff took time with to people to ensure people's needs were always met.

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

- People were able to express their views about the service. Staff took time with people, talked to them and ensured people's views were listened to. A staff member told us, "On quiet days we go to people's rooms for a chat or some people like a walk so we go out down the road with them."
- Some people at the home had advocates to speak on their behalf. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. The staff held meetings with family and advocates to receive feedback or to discuss changes.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain independent. A person told us, "They encourage me to look after my own personal care for as long as I am able, they encourage me to be independent." And another person told us, "I can have an unsupervised shower and I hope to carry on doing that for as long as possible."
- People told us staff responded promptly when they needed them. A person told us, "You don't have to worry about care. If anything is wrong, they come as quickly as possible."
- People's privacy and dignity was respected. We saw staff knock on doors before entering people's rooms. People at the home were clean and well dressed.
- Signs on the front door indicated visiting hours. However, when we spoke to the care quality director they confirmed that with prior contact relatives and friends could visit at any time, and the visiting hours were to protect people's meal times and quiet times in the evenings.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personal to them. Care plans were written by staff that knew people well and the plans were updated often. Plans included the full needs of a person and were not restricted to their physical needs. Care plans included information on people's religious beliefs, their past, and their current likes and dislikes.
- People were involved in the ongoing updating of their care plans. A person told us, "I have discussed mine with the nurse and I think it is reviewed every so often."
- Care plans included communication needs for the person, along with a narrative containing information about the person's life before they lived at the home.
- People with protected characteristics were well supported by staff at the home. The nursing group had an LGBTQ champion who worked with the homes. They worked with staff to improve staff understanding of the issues surrounding privacy and dignity for those with protected characteristics.
- People were able to express a preference for male or female staff and this was documented at pre-assessment. Senior staff recognised there could be challenges faced by people with protected characteristics when attending medical appointments so they sent a carer to act as support if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to follow their interests with support from the activities coordinator. Residents held the activities coordinator in high regard. Many people benefitted from one to one time with the coordinator, for example if they could not leave their rooms. One person told us, "She is a great comfort to me, I look forward to her daily visits."
- People were able to have input into the activities at the home. The activities coordinator distributed a monthly newsletter to people and their relatives and asked for feedback on events that people would like to do.
- The coordinator was not at the home every day but had a full plan of activities and events for each week. A staff member told us, "We have bingo, colouring and we have music. We had a cycling event one Monday and people went cycling!"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The registered manager was aware of the need for people to access information about the service and their care. Large print books and leaflets were available for people with poor sight. Picture cards and books were available for people to communicate where they could not speak for any reason. Where English was a second language staff worked with translation apps on electronic devices and used phrasebooks to communicate.

Improving care quality in response to complaints or concerns

● People and relatives are encouraged to feedback to the senior team with any issues they may have. The provider prefers and informal approach to complaints with an open-door policy, and staff that are keen to resolve issues quickly. There is also a clear complaints procedure at the entrance to the home should people which to complain in a more formal manner. People felt confident they could speak to the registered manager about anything. When asked what they would do if they were unhappy with any aspect of care, a person told us, "I would talk to the manager."

End of life care and support

● People's care plans included information about their wishes at the end of their life, including their religious beliefs. Nursing staff ensured people had end of life medicines accessible should they be needed, and people had access to specialist healthcare professionals.

● People were supported by staff, and relatives and friends were invited to remain with people in their final days.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was a proactive leader that staff felt confident to turn to with any issues. A staff member told us, "Staff morale has improved since the new registered manager arrived. There is a nice atmosphere here now." Another staff member said, "The management is absolutely wonderful here."
- People knew the registered manager well, a person told us, "My daughter would discuss anything with the manager, they have a good team of nurses and carers."
- Staff benefitted from the role of the LGBTQ champion, as the provider had introduced a more comprehensive equal opportunities monitoring form and senior staff started staff meetings with a request for staff to express their preferred pronoun (e.g. he, his, her, she, them, theirs etc.) TV monitors in the reception explained the use of preferred pronouns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and the registered manager understood the duty of candour and ensured people's relatives were kept informed of events at the service and any changes in people's health or care needs.
- The registered manager ensured that legal requirements were met and that notifications of events at the home were sent to the CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The care quality director used audits to measure the quality of the care and the outcomes for people at the home. Audits were carried out and recorded regularly.
- The registered manager was keen to be 'hands on' in their approach to quality assurance. A member of staff told us, "The registered manager will work on the floor, in uniform, to see staff caring."
- Staff understood their roles in the home and carried them out to the best of their ability. Staff had appraisals and one to one supervision with senior staff. A member of staff told us, "We have appraisals every six months. They are good if you need to raise concerns."
- The registered manager and staff were supported by the provider and senior staff at other homes in the group. When the registered manager was away there were always other managers staff could turn to for advice and help.

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

● The service had links with the local community. People at the home were encouraged to see the health care providers they chose. A person at the home did not want to see the visiting optician as they believed they would get better service at the optician's office. The staff arranged for the persons relative to accompany them out to a booked appointment.

● The LGBTQ champion had worked with the registered charity Switchboard to develop understanding of the issues surrounding privacy and dignity for those with protected characteristics, so this could be fed back to staff.

Continuous learning and improving care

● Staff were encouraged to speak to senior staff if they had any ideas for improving care. The senior team also urged staff to speak up if they saw anything they felt was unsafe in care at the home. The care quality director told us, "We have an open-door policy, staff are happy to talk to the registered manager and staff see we take concerns seriously. If staff see we don't dismiss concerns they are more likely to report."

● The service made good use of technology, a TV screen in the reception area displayed real time quality assurance results, such as falls records. The system populated graphs to identify positive or negative trends within the data which were then acted on as appropriate.

Working in partnership with others

● Health care providers had good links with the home and worked with them to provide care people needed. Services included a local pharmacy, social workers, physiotherapists, speech and language therapists and occupational therapists.