

HC-One Limited

# Victoria Mews

## Inspection report

487-493 Binley Road  
Binley  
Coventry  
West Midlands  
CV3 2DP

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Tel: 02476651818

Website: [www.hc-one.co.uk/homes/victoria-mews/](http://www.hc-one.co.uk/homes/victoria-mews/)

## 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

What life is like for people using this service:

The property was clean, comfortable, with plenty of room for people to live. Everyone had their own room with en-suite facilities.

People told us they felt safe and happy and the service was their home.

There were safeguarding systems and processes in place that sought to protect people from harm. Staff knew the signs of abuse and what to do if they suspected it. There were sufficient staff in place, all of whom had passed safe recruitment procedures to ensure they were suitable for the role. There were systems in place to monitor people's safety and promote their health and wellbeing, these included risk assessments, risk management analysis tools and care plans. The provider ensured that when things went wrong, incidents and accidents were recorded and lessons were learned.

People's needs were assessed in detail before moving to the home so the provider knew whether they could meet the person's needs. Staff were sufficiently skilled and experienced to fulfil their roles, received training and were supported through regular supervision. People were prompted to eat and drink healthily and could choose what foods they wanted to eat. People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated kindly and compassionately by staff. People and their relatives were supported to express their views and make decisions about the care and treatment they received. Staff respected people's privacy and dignity.

People received personalised care, having their support needs and preferences detailed in their care plans. People were supported to lead fulfilled lives through activities of their choice. The provider had a complaints policy and process in place; people and their relatives told us they would feel comfortable raising complaints. When people were at the end of their life, the provider worked with them to meet their wishes and preferences and to live pain free.

People and staff thought highly of the registered manager and that the service was well managed. Staff knew their roles and understood what was expected of them. The registered manager knew their responsibilities in ensuring people received a safe, high quality service. People and staff were engaged in the service and their opinions were sought. There were quality assurance systems in place to assist the provider to monitor and improve its care and treatment of people. The service had built local community links to benefit the lives of people using the service.

At this inspection we found the evidence supported a rating of 'Good' in all areas, and continues to support

a rating of 'Good' overall. More information in 'Detailed Findings' below.

Rating at last inspection: At our last inspection in April 2016 we rated the service as 'Good' overall, we rated Safe as 'Required Improvement'.

About the service: Victoria Mews is a residential care home that provides personal care for up to 30 people. At the time of the inspection 29 people lived at the home.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings 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 Mews

## Detailed findings

### Background to this inspection

**The 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.

**Inspection team:** The inspection was carried out by one inspector 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 service.

**Service and service type:** Victoria Mews is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 2008 and associated Regulations about how the service is run.

**Notice of inspection:** The inspection visit was unannounced.

**What we did:** We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit, we reviewed three people's care records to ensure they were reflective of their needs, and other documents relating to the management of the service such as quality audits, people's feedback, and meeting minutes.

During our inspection visit we spoke with three people living at Victoria Mews and four visitors or relatives of people who lived there. We also spoke with the registered manager, the area operations director, a deputy manager, a chef, an activities organiser, a maintenance worker, and two members of care staff.

Some people were not able to tell us what they thought of living at the home; therefore we used different methods to gather experiences of what it was like to live there. For example, we saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home. As part of our observations we also used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: At our last inspection the service was rated as 'Requires Improvement' in Safe, as risk management plans required improvement. At this inspection we found, people were safe and protected from avoidable harm. Legal requirements were met.

### Risk management

- Staff knew people well. People told us they felt safe at the home. One person said, "I feel very safe." Staff had developed a good understanding of risks to people's health and wellbeing, and the steps they needed to take to reduce those risks. For example, people had risk mitigation plans on how to move safely, what equipment they needed and how to use equipment. Staff followed these plans.
- At our previous inspection we identified staff needed to monitor and respond to people's behaviours and anxieties to minimise risks to their safety and the safety of others, in a more proactive way. At this visit we saw improvements had been made. Staff received training in how to respond to behaviours that may place people at risk. Risk mitigation plans were in place for each person as well as behavioural monitoring charts. These identified what might trigger some behaviours, so they could be avoided. Staff were also given detailed information about each person, and what techniques to use to engage and stimulate them, so that risks were minimised. Lessons were learned from reviewing behavioural logs, to see if procedures and instructions to staff could be improved. The home was calm and people appeared content during our visit.
- The provider and registered manager monitored critical risks to people and risks around the home and premises, to ensure the home was maintained and environmental risks were reduced.

### Safeguarding systems and processes

- There were policies and procedures in place for staff to follow keep people from harm. Staff completed safeguarding training and had regular updates to keep their knowledge up to date. They told us they would have no hesitation in raising concerns with a manager if they suspected abuse. This meant staff knew how to keep people safe from potential harm or abuse.
- We saw detailed records were kept of safeguarding concerns and alerts and that, where necessary, information was shared with the local authority and the Care Quality Commission (CQC). Previous concerns had been investigated fairly and in a timely manner. This demonstrated the provider acted appropriately when there were safeguarding concerns.
- There were easy read posters, leaflets and electronic screen devices located throughout the home so that people and their relatives knew how to raise concerns with staff. This showed that the provider thought about how to communicate with people about keeping them safe.

### Staffing levels

- The provider had completed robust checks to ensure staff were suitable for their role. These included checking their references, assuring their identities and right to work in the UK, as well as completing checks on their character. This meant the provider recruited employees suitable for working with vulnerable people.

- People and relatives told us, and we saw, there were a sufficient number of staff at the service to keep people safe and to monitor the communal areas of the home, throughout our visit. We saw a person who required support was attended to immediately. The provider maintained a rota and ensured there were enough staff on shift at all times. This meant people received support in a timely manner and felt they could rely on staff to meet their needs.

#### Using medicines safely

- We checked people's medicines and their medication administration record (MAR) folders and found that staff were recording and logging people's medicines correctly and in accordance with best practice guidance.
- Senior staff were trained to administer medicines and they were competency checked to ensure their understanding of processes and procedures. We spoke with staff and were confident they knew how to administer medicines and knew what to do if there were administration errors. This meant people were supported to receive their medicines in a safe way.

#### Preventing and controlling infection

- There were effective measures in place to ensure that risk of infection was prevented and/or minimised. Staff wore personal protective equipment, such as gloves and aprons, when necessary and understood the principles of infection control. The building was clean and tidy. The service had been awarded a five-star food hygiene rating. This meant people were kept safe from infection as much as possible.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There was an accident and incident policy and these events were recorded, investigated and shared with the provider. The provider and management team analysed incidents and shared learning across the organisation with specific information for staff teams being fed back through lines of management. For example, learning from medicines errors following an analysis of what went wrong.

# Is the service effective?

## Our findings

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

Good: 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's needs continued to be assessed before admission to the home. These assessments included input from people and their family members, were comprehensive and covered people's physical and mental health needs as well as their background. Staff had ample information to provide effective care.
- People's needs were regularly reviewed to ensure the home continued to be right for them. A relative told us, "[Name] has been here for six months now. Initially there was an assessment of their needs, they liked living here so their needs were reviewed. [Name] liked the home so much they decided to stay."

Staff skills, knowledge and experience

- People told us the staff knew their roles. One relative said, "They are well trained and always know what to do." Staff received an induction upon starting work at Victoria Mews. Inductions included meeting people, learning about the role, introduction to moving and handling, communication, confidentiality, duty of care and positive behaviour support. This meant staff knew how to provide effective care and support to people.
- Staff received relevant, ongoing training for their roles and the provider monitored this to ensure employees skills were kept up to date. There was an on-site training room which could be used for practical training, and staff were provided access to a computer to complete online training packages. There were development opportunities in place for staff; some staff had completed national vocational qualifications in health and social care. This demonstrated staff were given the right guidance and knowledge to support people.
- Staff received regular meetings with their manager, and other staff, in line with the provider's policies. Staff told us they felt supported by the provider and registered manager, with a registered manager who was approachable. The registered manager operated an 'open door' policy which meant staff could speak to them whenever they needed to. Additional management support was available to support staff each day. In addition, the provider recognised the valuable contribution staff made to the quality of care people received. They recognised staff's contribution by their thanks, sharing people's compliments, and also awarding staff with a 'kindness in care' award each month for nominated staff members.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough and maintain a balanced diet. During mealtimes people were offered a choice of different meals, through a menu and a visual choice. Those that required it were given assistance by staff to eat. Kitchen staff kept a record of each person's dietary requirements and where people required a specialist diet, for example, when a person required foods of a softer texture due to swallowing difficulties, these were prepared separately. People told us they enjoyed the food on offer. One relative commented, "[Name] is on a soft diet. They show them plated meals (to choose from). They pay special attention to people when they are eating, they don't just leave them."

- Lunchtimes were a social experience for people, tables were laid with tablecloths, cutlery, table mats and flowers. Music was playing in the background. People were offered a choice of where they sat and who they sat with.
- The service promoted healthy eating and monitored people's weight where appropriate. Staff coordinated care with nutritionists and dieticians to ensure people's individual needs were met. This ensured that people received the right support to manage their health and wellbeing.

#### Staff providing consistent, effective, timely care

- People told us they were supported with their healthcare and saw the doctor and other health professionals such as opticians and dentists regularly. A relative confirmed, health professionals visited the home to offer people on site support. One relative told us, "The doctor comes in once a week. The chiropodist also visits regularly. [Name's] feet are very well looked after." Care records provided an overview of the health care appointments people attended, and showed where professionals had made any recommended or actions for staff to follow. One relative commented on how quickly healthcare was sought for their relation saying, "Recently I was concerned that [Name's] ankles were swollen. Staff had already spotted this and got the doctor to visit. They are fine now."
- Staff communicated effectively with other staff. There were systems in place, such as daily journals, handover sheets and a communication book, to share information among staff. This meant that staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs were met.

#### Adapting service, design, decoration to meet people's needs

- The premises and environment met the needs of people who used the service, because it was a purpose-built home. Corridors and doorways were wide, and people could use their wheelchairs and mobility aids to access areas around the home.
- People were involved in decisions about the premises and environment; they could decorate their room how they liked. The provider had an ongoing improvement plan to update the decor around the home, including developing new areas where people could meet with friends and family and take part in activities. For example, the provider's improvement plan included developing an area as a 'pub', to create another social area. The provider concentrated on the latest best practice guidelines for people with cognitive impairments, such as dementia, in developing new areas of the home. People were asked for their opinion of these new initiatives and how new areas should be decorated. This encouraged people to feel comfortable and take ownership of where they lived.

#### 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and found the service to be compliant. There were DoLS in place for people using the service to keep them safe from harm. The service kept record of the authorisations and applied for them appropriately.
- Staff had received training and understood their responsibilities around consent and mental capacity. We witnessed staff seeking consent from people as they went about their daily duties. People's capacity had

been assessed where they needed assistance to make decisions. These highlighted what people understood and their ability to retain information.

- Where people had assigned advocates or family members involved in making decisions about their care, the provider kept records of these so that appropriate people could be consulted when decisions needed to be made in people's best interests.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed staff being kind to people. One person told us that staff were "Lovely", a relative said, "The staff are perfect with [Name]. Some places change their staff a lot, they don't here, the staff team are consistent and know people well."
- The provider assigned each person with a member of staff who got to know them well, called a keyworker. Keyworkers made sure care records were up to date and reflected people needs.
- Staff communicated with people in a warm and friendly manner, and gave people the time they required to answer. Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check with several people if they needed a snack, and drink or if they were in pain. A relative said, "The staff are caring, it's their manner and the way they speak with people."
- Staff responded quickly when people needed assistance, and they provided emotional support to people if they became anxious or needed reassurance. This showed that people were supported in a compassionate manner.
- People living in the home could not always use verbal communication to express their wishes but staff were skilled in looking out for other signs and body language which people used to communicate their preferences. Care files had good communication profiles which detailed how each person communicated which meant that staff had a consistent understanding of how they should speak with people.
- People's wellbeing was considered. The service used various systems to monitor people's wellbeing. Records indicated that where people's wellbeing appeared to decrease the service sought to provide them with more support. People were encouraged to maintain relationships with family members and friends, to provide support and companionship. One relative said, "I can come and visit whenever I like, even at night."

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

- People and their relatives were involved in making decisions about care and support. Care plans were regularly reviewed and changes were made when required. One relative told us, "They hold regular reviews of people's care packages. In addition, they [the staff] always talk to me outside of reviews and keep us updated."
- Where people needed assistance to take part in discussions, easy read, large print and picture documents and cards were available to assist people. This meant people were involved, as much as possible, in making decisions about their care and treatment.
- Resident meetings were held regularly. Minutes from those meetings showed a range of information was discussed, which included planned changes around the home, activities plans and food choices. This showed people were involved with decisions about how to spend their time and supported to express their views.

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms and told us their privacy was respected. Staff told us how they respected people's dignity by ensuring their privacy and by listening to people. One relative told us, "Staff knock and ask if [Name] needs anything, for example, if they can give her a shower."
- The provider followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.
- Activities were offered that sought to promote people's independence as much as possible. For example, people were encouraged to take part in exercise to maintain their mobility. Staff encouraged people to sit where they liked, and helped them make everyday decisions to maintain their choices and independence. People could spend time how they wanted to.
- People were supported to receive care and support from others. When and where people needed support in their lives that was beyond the remit of the provider, the provider advocated for people and sought that support. For example, people were supported to meet with legal, clinical and welfare professionals. This meant that people's human rights were upheld.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

### Personalised care

- Each person using the service had detailed care plans that identified and recorded their needs and highlighted any risks. Care plans covered topics from physical and health needs, activity engagement, preferences and risk assessments. There were also plans for when situations arose such as safeguarding and positive behaviour support. Care plans were regularly audited, checked, and kept up to date regarding any changes in people's care needs.
- Staff recognised the importance of care plans and followed people's care plans. Staff updated records of the care people received daily. People's preferences had been gathered and support was delivered in line with their wishes. People's care plans provided staff with information about how people liked their care to be delivered. For example, if people wanted to receive care from male or female care staff. Staff and management had a good knowledge of people's personalities, and personal history, and could tell us the specific things that certain people enjoyed doing.
- People were supported to take part in activities of their choice. People were provided with meaningful activities, and were encouraged to take part in sociable events. People's personal beliefs and backgrounds were respected by staff. We saw that people who practiced religion, were supported to do so. People's cultural choices were discussed with them, so that staff knew how to support them.
- People had an opportunity to tell staff about activities they enjoyed at a monthly meeting each person had with the activities co-ordinator (as part of the provider's monthly audit 'Resident of the day'). Activities and events were advertised around the home, which included exercise sessions, sing-a-longs, games, seasonal events, and trips out and about. A relative told us, "[Name] liked to have a 'sing song' and watch Westerns. The staff try to accommodate that. There are always activities going on." We saw people were engaged in a sing along session during our inspection visit. People were encouraged to join in, staff sang along and asked people to dance. Some people had 'pom-poms' to shake to the music, which also promoted exercise and movement. This meant people were enabled to live rich and meaningful lives.
- Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people effectively. This included hearing aids, visual aids, pictures and large print documents.

### End of Life care and support

- In a circumstance where people needed end of life support, the provider had policies and procedures in place to meet people's health needs and their wishes. People's choices for their end of life were recorded in their care plan, when they wished to share this with the provider. One relative explained that a relation had died whilst living at the home and said, "We were very happy with their care. The end of life care was exemplary."

### Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People and their relatives told us they were confident in raising concerns with the registered manager and staff if they had any issues. One relative said, "If I had a complaint I would speak to the registered manager, he welcomes it. I don't think I ever have (complained)."
- The provider had a complaints, compliments and suggestions policy staff were aware of. It had been provided to people in an easy to read format and was displayed around the home. The information told them how to keep themselves safe and how to report any issues of concern or raise a complaint.
- The provider had a complaint logging system, showing how many complaints they received, and the provider tracked complaint information to see whether improvements to their services could be made. This demonstrated that people's concerns would be listened to if raised.

## Is the service well-led?

### Our findings

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

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

Plan to promote person-centred, high-quality care and good outcomes for people

- People and staff told us they thought highly of the registered manager. They described them as being approachable. One relative said, "He is always around. Their door is always open."
- The registered manager and the regional manager could convey the provider's commitment to providing person-centred care in discussions with us, and it was evident from documentation and systems in place, people were at the centre of the work the service provided. Values were displayed around the home, and staff followed the provider's ethos of "Kindness makes everyone feel at home."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well run. Staff said they were clear in their roles and understood what the provider expected from them as these expectations were outlined at induction, training and through the supervision and management. This meant people received good treatment from staff who knew what they were doing.
- The registered manager understood their role and could share information with us about the quality performance of the service, the risks people and the service faced and knew their responsibilities regarding regulatory requirements. This demonstrated the manager was clear about their role and in being so, provided people with a better service.
- The latest CQC inspection report rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff

- People, their relatives, staff and visiting professionals were encouraged to provide feedback on their experiences of Victoria Mews. The provider sought people's views through a range of techniques including the internet, suggestion boxes, an electronic screen in the reception area, and regular reviews and surveys. We saw the most recent survey which showed people were happy with their lives at the home. One hundred per cent of the people surveyed said they received good or excellent quality of care. We saw evidence that indicated people's feedback led to changes at the home. For example, some comments related to improving the food at the home. The provider responded by conducting a kitchen audit to see how things could be changed and as a result, kitchen staff had received enhanced training.
- Resident meetings were held and discussed topics such as what was planned at the home, and what changes people would like to see. Around the home the provider showed people how they had taken on board their feedback, and made changes, through a 'You said, and we did' display. People and their relations were also kept up to date with any changes in a monthly Newsletter. One relative said, "We get the monthly newsletter. We are very happy with [Name's] care. There's nothing to improve. We can't fault it."

These methods involved people in how the service was developed.

- Staff meetings were held each month to gain staff feedback and keep staff up to date with any changes, such as policies and procedures. Staff had an opportunity under 'Any other Business' to raise items for discussion. Staff told us they felt they would be listened to by the registered manager and the provider. This showed staff were involved in shaping and understanding the service.

Continuous learning and improving care

- The provider completed various audits to assess the quality of care and support in place using their internal auditing process. This internal audit process meant the registered manager was required to conduct regular audits, and report their findings to the provider. The results of audits, and all quality assurance checks were shared with the provider, including when actions had been completed, and what lessons were learnt. This meant the provider could share learning between their homes, so registered managers could learn from each other. Regular audit schedules included checks on medicines, infection control, care and care records. There was a monthly audit calendar so staff knew what audits needed to be completed, and who was responsible for conducting checks. Every month each person had a personalised audit conducted on their care, which was called 'Resident of the day'. Staff concentrated on speaking with the person, about their experiences of the home during the previous month, including whether they liked the food on offer and whether they enjoyed the activities. Staff made changes to people's care and support in response.
- The provider had a continuous improvement plan in place at the home. This described the provider's immediate and long term goals around how they planned to make improvements. For example, the provider was planning to introduce a comprehensive 'dementia programme' at the home, to improve the daily experiences of people who had a diagnosis of dementia. Plans included an enhanced training programme for staff, refurbishment of some areas at the home, and a new member of the management team to focus on best practice principles regarding dementia care.

Working in partnership with others

- The provider and registered manager worked with others, such as health professionals and local organisations to support people. For example, the registered manager gained advice and support in how the home could improve through their local authority, training organisations, local charities that supported people with advocacy services, and experts in dementia care (Alzheimer's Society).
- The registered manager attended regular leadership and management meetings with other registered managers and the provider to share learning from Victoria Mews and the provider's other homes. The service had links with the wider community, such as local school groups. These partnerships demonstrated that the provider sought best practice and was innovative in enhancing and developing the service to ensure people received high quality care and support.