

Regency Healthcare Limited

New Victoria Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

New Victoria Nursing Home is a care home providing personal and nursing care to 27 people at the time of our inspection. The service can support up to 30 adults living with dementia or mental and physical health conditions. Accommodation consists of single room accommodation with additional communal spaces for people's comfort and enjoyment.

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

The service was not always safe. We found care records were not always accurate. Where risks to people were identified, recorded documentation to lessen the risk was not in place. We found concerns with the cleanliness and maintenance of the environment we have made a recommendation around this.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The governance and quality checks in the home did not consistently promote the delivery of safe care and treatment. The registered provider had not established good governance in line with best practice and to ensure compliance with regulations.

The service was caring. One person told us, "Yes, they [the staff] are extremely caring." We observed positive interactions between people. Staff and people were comfortable in each other's company. Staff treated people with respect and upheld their privacy and dignity. Staff knew people well and encouraged them to be as independent as possible.

People told us they felt safe. There were enough staff to meet people's care and support needs. Staffing levels were increased if people required additional care. The service worked with a wide range of key organisations who were also involved in people's care.

There was a positive staff culture at the service and staff were happy in their roles. People, relatives, and staff were complimentary about the registered manager.

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 August 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

At our last inspection made a recommendation about the safe management and recording of medicines. At

this inspection we found although improvements had been made there were still improvements to be made.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, medicines and the management of the home. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, documentation, governance, recruitment and consent at this inspection.

We have also made a recommendation the provider considers current guidance in relation to infection prevention and control.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider and request an action plan following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

New Victoria Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector, a regulatory coordinator, 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

New Victoria Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. New Victoria Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 17 November 2023 and ended on 28 November 2023. We visited the service on both of these dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service, 1 visitor and 1 relative about their experience of the care provided. We spoke with 7 members of staff including care assistants, nurses and the registered manager. We walked around the home to make sure it was homely, suitable, and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We reviewed 5 people's care records and looked at 4 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider did not always assess risks to ensure people were safe. Risks to people's health, safety and wellbeing had not been consistently assessed and managed. Documentation did not include all the information to guide staff around how to provide safe care and treatment. Care records did not always reflect accurate information relating to people.
- People were at increased risk of harm as systems for monitoring and learning from accidents and incidents were not robust.
- There was no overall log of incidents and accidents. The registered manager confirmed that lessons learned, and actions taken to reduce incidents would be discussed with nurses and care staff via team meetings, handovers, and supervisions. However, without a log of these events lessons learned could potentially be missed.
- We found concerns around emergency evacuation documentation at the service. The documents to assist staff in evacuating the building in the event of a fire held incorrect information in the 4 peoples records we looked at.

We found no evidence that people had been harmed however, documentation and systems were not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment practices were not always followed which could put people at risk of harm.
- Records in relation to staff already employed did not show they had been safely recruited or that they were safe to continue working at the service.
- We looked at 4 staff recruitment records. There were gaps in records relating to staff's employment histories and appropriate references had not been obtained for all staff. Checks had not been completed to explore whether there were any health conditions which might impact on staff's ability to work safely.
- Not all staff had a valid Disclosure and Barring Service (DBS) checks and were working with an outdated record. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We found no evidence people had been harmed however, recruitment records were not complete. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action during the inspection to review the staff records.
- Staff were deployed effectively, during the inspection we observed staff responding to calls for assistance.
- People told us there were enough staff to meet their needs. One person said, "I am pressing my buzzer all the time. They don't take long; just a matter of seconds and they are here."

Using medicines safely

At the last inspection we made a recommendation around documentation for medicines. At this inspection we found not enough improvement had been made.

- Medicines were not always managed safely.
- Body map documentation was not in use for topical treatments in line with best practice.
- Where people did not require their medicines, the reason was not always recorded in line with best practice.
- People's medicine records did not contain the information care staff needed to make sure people receive their medicines as intended.

We found no evidence people had been harmed however, documentation did not always contain a complete and accurate record of the person's needs. This is a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We found the premises were not well maintained. We saw paintwork was chipped in some areas and poorly fitted flooring which could prevent adequate cleaning.
- The completion of cleaning tasks was not always checked and documented.

We recommend the provider follow best practice guidelines around infection prevention and control.

- There were systems in place to prevent the spread of infection or disease.
- Staff had completed training in infection prevention. Personal protective equipment was available and used by staff when providing personal care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The staff we spoke with demonstrated they were aware of how to recognise and respond to safeguarding concerns.
- The provider had policies to guide staff on how to report concerns of neglect or abuse.
- We received consistent feedback from people stating they felt safe living at the home.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working in line with the MCA. Appropriate legal authorisations were not always in place to deprive a person of their liberty.
- Documentation around capacity was not always completed. Where documentation was in place it did not contain all the relevant information. The assessments we viewed were not decision specific in line with the principles of the MCA.
- A person had been receiving covert medicines. The covert procedure had been implemented without a DoLS or best interests' decision prior to this being commenced. Upon reviewing the documentation for this individual, they had capacity, and should not have been subject to any restrictions.

The principles of the MCA had not always been carried out for all important decisions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always supported to eat and drink enough to maintain a balanced diet.
- Peoples care plans lacked information around likes and dislikes.
- Where there was a need for staff to record what people were eating and drinking, these were not always

adequately completed.

- We were not assured people received drinks prepared to the correct texture in line with professional guidelines. Daily notes for 2 people had the incorrect consistency of fluids recorded. One person's records did not reflect the current level of modified diet. This could have put people at increased risk of harm.

We found no evidence that people had been harmed however, documentation and systems were not in place or robust enough to demonstrate the risks around eating and drinking were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs had been assessed prior to admission. The registered manager confirmed they work together with discharge teams and will also visit the local hospital to conduct their own assessments.
- People's needs were not always clearly reflected within their care plans. Key information about people's needs were missing from their care records. For example, two people who had been assessed as requiring support with eating and drinking. However, the care records contained no information to inform staff about how best to support them.

Records relating to people's care and treatment were not always accurate and complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's individual needs were not always met by the adaptation, design and decoration of the premises.
- While some improvements had been made to the service, people did not have access to outside spaces for them to enjoy. A relative said, "It is clean, but it could do with a little bit of decorating, the lift floor is a disgrace".
- The environment was not dementia friendly. Although there was some signage within the home, the environment could be improved to support those people living with dementia. A staff member told us, "Things could be done to make home better."

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. Staff completed an induction and a range of training the provider considered mandatory.
- Staff were positive about the training and support they received. One staff member told us, "Supervisions and appraisals are supportive, and I feel supported by my line manager."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Staff worked with health and social care professionals to support people's health needs. One person told us, "They have had to get a doctor for me a few times, but the nurse is very good."
- People were supported to live healthier lives, access healthcare services and support.

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.

The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service supported people to make choices in their daily lives. We observed staff offering choices and encouraging people to make their own decisions.
- Staff said they had time to talk with and listen to people. One person told us, "I can feel lonely at night, so I press my buzzer and they [the staff] come and talk, they [the staff] are all nice to me."
- People could express their views as part of daily conversations.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect, compassion, and kindness, they were given emotional support when needed. We observed staff speaking with people who lived at the service in a respectful and dignified manner. A person said, "I am happy here; I wouldn't want to go anywhere else."
- People were complimentary about the attitude and kindness of staff. Staff and people living at the service had developed good relationships. Staff knew about people's preferences and how best to support them. One person told us, "Yes, they [the staff] are kind and caring I have no problem with them. They [the staff] look after me."
- Staff respected and promoted people's privacy, dignity, and independence. Staff knocked on people's doors and waited for their agreement to enter.
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities. One person said, "I can just please myself and do what I want to do."
- People's information was stored and held in line with the provider's confidentiality policy.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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; End of life care and support;

- People told us they were supported as individuals, in line with their needs and preferences, however we found documentation lacked information about people's individual choices, likes or dislikes.
- Records for 1 person stated the individual required emotional support but provided no further detail of what this support consisted of. Information relating to how another person's medical condition may impact on daily life was not evident.
- Clinical instruction from health professionals was not always documented in care records. This meant we could not be assured care was delivered in line with people's identified needs and treatments.
- Information in people's care records regarding end-of-life wishes was inconsistent as care records did not contain the amount of detail required to accurately reflect people's views or wishes.

Records relating to people's care and treatment were not always accurate and complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was not always meeting the Accessible Information Standard. People's communication needs were not always understood and supported.
- People's communication needs were not always reflected in their care plans. In 1 person's care records it said for staff to observe non-verbal signs of discomfort, anxiety, and pain. There was no information around what the non-verbal signs were or how staff could recognise them.

Records relating to people's care and treatment were not always accurate and complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 supported to maintain relationships, follow their interests, and take part in activities that were relevant to them. One person said, "We play games with each other."
- There was an activities coordinator at the service and people told us they were supported to take part in activities. A person told us, ""They [the staff] take me for a coffee." We observed people being supported to

play dominoes.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- Everyone we spoke with knew how to make a complaint and would feel comfortable doing so and believed that their concerns would be acted upon. One person said, "Occasionally I have had to mention something, but it is always sorted out straight away."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- This is the third consecutive inspection where the provider has been rated requires improvement and improvements have not been embedded or sustained. The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people. Audits were not always recorded and had not identified and resolved the shortfalls we had identified during the inspection. Where issues had been identified there were no formal action plans in place to show what was required.
- Accurate, complete, and contemporaneous records were not reliably maintained. For example, risk assessments and care plans did not consistently contain enough detail and MCA records did not adhere to the associated legislation. The care records did not always guide staff in the current way of providing support to people.
- Policies and procedures were in place; but there were occasions when the provider did not follow their policies. For example, the medicines policy stated, there should be an assumption someone can administer their own medicines unless a risk assessment is completed to state otherwise. We spoke with the registered manager and nurse who confirmed risk assessments were not in place.

The governance system was ineffective. Areas of concern on inspection had not been noted and fully addressed. Records relating to peoples care and treatment were not always accurate and complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a positive staff culture at the service and staff were happy in their roles. One staff member told us, "I love my job. There are highs and lows. Staff really care and go out of their way."
- 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 understood their responsibilities under the duty of candour.
 - Good relationships had been developed between management, staff, people using the service and their family members.

- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one-to-one support sessions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Staff and management meetings took place regularly and there were open forums for information to be shared.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence. People we spoke with were consistently positive about the registered manager and felt they could approach them with any concerns.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed.
- We viewed feedback in which the registered manager was praised by the local hospital for their efforts in supporting the NHS in a time of crisis.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>considering reg 11 in MRM further information requested</p> <p>The provider had failed to act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. The provider had failed to follow the best interest process in accordance with the Mental Capacity Act 2005.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider was not taking adequate steps to ensure fit and proper persons were employed.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to the health and safety of people using the service and do all that was reasonably practicable to mitigate any such risks.

The enforcement action we took:

We issued a warning notice for this regulation

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have established and effective systems in place to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate, complete and up to date records for people and the management of the service.

The enforcement action we took:

We issued a warning notice for this regulation