

Victoria Care Home (Burnley) Limited

Ash Grove

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ash Grove is a residential care home registered to provide accommodation and nursing care for 48 people. There were 32 people accommodated in the home at the time of the inspection. The home is set in its own grounds in a residential area of Burnley. Nursing care was not provided in the home at the time of the visit.

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

People told us they felt safe living in the home, and they were happy with the service provided. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. We found shortfalls in the recruitment of new staff. The provider and manager took immediate action to address these issues. Risk assessments enabled people to retain their independence and receive support with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection. The premises had a satisfactory standard of cleanliness.

People received their medicines safely and were supported to maintain good nutrition and hydration. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. The provider had appropriate arrangements to ensure staff received training relevant to their role. New staff completed an induction training programme. Staff felt supported by the management team.

Management and staff had developed friendly, caring and respectful relationships with people living in the home. People were treated as individuals which helped protect their dignity. People's equality and diversity was respected, and care was tailored to their needs, routines and preferences. Staff knew people well.

People were happy with the way the service was managed and staff told us they enjoyed working at the home. The management team monitored the quality of the service provided to help ensure people received safe and effective care. People asked for more opportunities to provide feedback about the service. The manager therefore agreed to increase the frequency of residents' meetings. The manager was supported by the provider.

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 8 January 2021).

Why we inspected

We received concerns about care practices and the management of the home. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Ash Grove on our website at www.cqc.org.uk

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Ash Grove

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.

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

The inspection was carried out by one inspector.

Service and service type

Ash Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager told us they intended to apply for registration.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

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.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with seven people living in the home, four members of staff, the deputy manager, the manager, the operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional.

We had a tour of the building with the manager and reviewed a range of records. This included two people's care documentation, three staff files and five people's medication records. We also reviewed a range of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to confirm evidence found.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The manager and staff had assessed and managed risks to people's health, safety and wellbeing. Staff had access to guidance about how to provide people's care in a safe way and risks had been kept under review.
- The provider had arrangements for the ongoing maintenance of the premises. The manager had carried out environmental risk assessments and ensured equipment was safe and regularly serviced. All safety certificates seen were complete and up to date.
- The provider had a business continuity plan which described how people would continue to receive a service in adverse circumstances. We also noted staff had developed personal emergency evacuation plans, which included information about how to support people in the event of a fire.

Staffing and recruitment

- Whilst the provider had an established recruitment procedure, we found shortfalls in the recruitment of new staff. The provider and manager took immediate steps to address the issues found and sent us a plan detailing their intended actions.
- We observed there were sufficient staff on duty on the day of the visit. People told us staff were kind and helpful. One person said, "The staff work very hard and look after us well."
- Existing and agency staff were used to cover shortfalls in the staff rota. The nominated individual explained they had implemented various ways to promote the recruitment and retention of staff.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had established systems and processes to safeguard people from abuse. Staff had access to appropriate policies and procedures and training and understood how to raise any concerns about poor practice.
- People told us they felt safe and were happy with the care they received. One person told us, "All the staff are lovely and do their best to help."
- Staff completed electronic records in relation to any accidents or incidents, including falls. The manager checked the records to make sure any action taken was appropriate and effective. The manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends.
- Any lessons learnt were disseminated to the staff team via handover, and in individual or group meetings.

Using medicines safely

- People told us they were satisfied with the way staff managed their medicines.
- Medicines were stored and managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.

- The staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.

Preventing and controlling infection

- People were happy with the level of cleanliness and hygiene in the home. On a tour of the building, we observed a satisfactory level of cleanliness in all areas seen.
- After inspecting the infection prevention and control arrangements in the home, we were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

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 comprehensive inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. However, there was no facility for people to sign to indicate their consent to care on the electronic care planning system. The deputy manager agreed to upload paper copies of signed consent forms to the system.
- The provider had ensured appropriate DoLS applications had been submitted to the local authority. Six applications had been approved, one with conditions. We checked the person's care documentation and noted the conditions were being met.

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

- The provider ensured people's needs were appropriately assessed before using the service. The assessments were comprehensive and helped to ensure effective care could be planned and delivered.
- People's diverse needs were detailed in their assessment and care plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.
- Wherever possible, people were invited to visit the service prior to making the decision to move into the home.

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

- People were supported to eat and drink. Risks to their nutrition and hydration had been assessed and documented in their care plan. Staff monitored people who were at risk and made a record of their food and fluid intake.
- The provider introduced new catering arrangements on the first day of inspection. This was a planned initiative. All people had been consulted and given the opportunity to sample the menu.
- People told us they enjoyed the food. One person said, "It was absolutely delicious." Following discussion with the manager, improvements were made to people's dining experiences on the second day of the inspection.

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

- People were supported to access healthcare services. Staff had developed supportive relationships with other agencies and professionals to provide a flexible and effective service, which adapted to people's needs. A visiting healthcare professional provided us with positive feedback about the service and confirmed staff made timely medical referrals.
- People's physical and mental health care needs were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

Staff support: induction, training, skills and experience

- The provider ensured staff had the appropriate skills and experience and supported them in their roles.
- New staff were supported through an induction programme and the provider's mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The manager monitored staff training to ensure staff completed the training in a timely manner.
- Staff were provided with one to one supervision and an annual appraisal. These forums facilitated discussions around work performance, training needs and areas of good practice. Further to this, the nominated individual told us about a new staff forum to enable staff representatives from the home to discuss new ideas and share information with the provider.

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

- People were provided with an appropriate environment which met their needs. The home was located in its own grounds in a residential location. Since the last inspection, new flooring had been laid in many areas, the kitchen and some bathroom areas had been refurbished and new felt had been installed on part of the roof.
- People were able to personalise their rooms with their own belongings. The nominated individual explained there were plans for redecoration of the bedrooms and other areas of the home.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager and staff had a clear understanding of their roles and contributions to service delivery. Staff told us they felt valued and supported. People were complimentary about the management team. They told us they were approachable, open and visible within the service. The manager told us they intended to apply for registration.
- The provider had established effective systems to monitor the quality of the service. The management team carried out audits and monitored the standards and quality of the service. We saw action plans were drawn up to address any shortfalls.
- The manager was supported by the operations manager who visited the home on a regular basis and carried out a range of checks and audits.
- The manager utilised staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings.

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 manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. People told us the manager and staff were open and honest. Good relationships had been developed between the manager, staff and people living in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and staff were committed to delivering a person-centred service to help ensure positive outcomes for people. They had a good understanding of people's needs and preferences.
- The manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support. Risks to people's health and well-being were assessed and kept under review; care records reflected people's choices and preferences.
- The manager sought feedback from relatives, people living in the home and staff. The feedback was mostly positive and appropriate action had been taken to respond to any queries or suggestions. People spoken with asked for more ways to express their views. The manager agreed to increase the frequency of residents' meetings and expand the scope of 'Resident of the day'. This programme looked at all aspects of people's care and support to ensure the service was continuing to meet people's needs.

- The manager had an 'open door' policy, so people and staff could approach them directly to discuss any concerns.

Continuous learning and improving care; Working in partnership with others

- The manager encouraged continuous learning and development. Staff training, supervision sessions, competency assessments and meetings were used to ensure learning and improvements took place.
- Staff knew how to raise any concerns and told us communication was good. They were confident the management team would respond appropriately to concerns raised.
- The manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care and support for people. The manager worked in partnership with other agencies, including the local commissioners who conducted their own reviews of the service.