

Mr & Mrs K Powell

Victoria Court Private Rest 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Victoria Court Rest Home is a residential care home providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

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

Risks to people were still not consistently well managed and left people at potential risk of harm. Where risks related to the environment and premises were identified, action was not always taken in a timely manner to reduce the risks. Improvements were needed to medicines management.

Staff received appropriate training and supervision to provide effective care. The registered manager worked in partnership with other organisations to support people's needs. People were positive about the food. Improvements were needed to provide a more supportive environment for people living with dementia. We have made a recommendation in this area.

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.

Staff respected people's privacy and dignity and encouraged people to remain independent. People were positive about the support they received.

Care plans were not always reviewed appropriately. We have made a recommendation in relation to care planning.

Quality assurance processes were not effective and had not identified concerns in relation to management of risk and medicines management. The provider had not responded in a timely way to recommendations made from external inspections.

Rating at last inspection: The last rating for this service was good (published 13 March 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to

hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to management of risk, medicines and governance.

Follow up

We have requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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 not always well led.

Details are in our effective findings below.

Requires Improvement ●

Victoria Court Private Rest 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 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 team consisted of two inspectors.

Service and service type

Victoria Court Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 sought feedback

from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has remained the same.

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: Using medicines safely; Learning lessons when things go wrong

- There was a failure to assess risks to people and provide staff with guidance and direction on how to reduce those risks. This included risks associated with people's mobility, falls risk and skin integrity. Staff did not have up to date information about these risks and how to mitigate them and support people.
- One person had acquired a pressure sore in September 2021, but their skin integrity plan had not been updated since May 2021. Whilst the pressure sore had now healed there was not record of the pressure sore, what treatment was in place or how staff should support the person.
- Accidents and incidents had not been used to update mobility risk assessments reflecting any changes to people's needs and whilst staff had tried to remedy this before our second day of inspection, they had not included all accidents.
- A legionella risk assessment had been completed in 2018. This included recommendations however, the service was unable to provide evidence this work had been completed. Legionnaires' disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing viable Legionella bacteria.
- Water temperature checks had only been completed since October 2021 following the recruitment of a new maintenance person. In some rooms the temperature was consistently recorded as hotter than the recommended temperature of 43 degrees centigrade. Water temperature that reaches 43°C or more could put people at risk of scalding. The maintenance person told us a part had been ordered to remedy this.
- Whilst brackets were in place that demonstrated wardrobes had previously been secured to the wall, seven wardrobes were found to no longer be safely secured. This could pose a risk of wardrobes falling forward and injuring people. Following the inspection, the administrator told us all wardrobes had been checked and were now secure.
- The controlled drug (CD) register was used to record medicines that required additional security. However, whilst this had been checked regularly and counts reconciled, the audit did not pick up on two occasions where transdermal patches had not been administered as prescribed. A transdermal patch is a patch that attaches to the skin and contains medicine. One person's patch had been administered a day early and one person's patch had been administered a day late. The registered manager subsequently reported these errors to their relevant safeguarding authority.
- Liquid medicine was found without an opening date which meant people could be at risk of having medicines administered passed their expiry date. Following the inspection the acting manager told us following an investigation it was found to be within the expiry date.

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

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood their responsibility to report this. Staff were confident the management team acted on their concerns.
- People and relatives told us they felt safe. One person told us, "I feel very safe." A relative told us, "[Person] feels very safe, staff have been here a long time."

Staffing and recruitment

- Staff had been recruited safely.
- People told us they were happy with the support they received. We saw people had support when they needed and there were enough staff to respond in a timely way. One person said, "When I use my buzzer, they come pretty quick. Staff help me to get washed and dressed. They keep me supplied with tea and biscuits and would bring me up a meal if I wanted it in my room rather than the dining room."
- Staff feedback was varied about staffing levels. One staff member said, "I was quite shocked compared to my last job, there is no pressure and we are not rushed, we can take our time." Another staff member said, "We have enough usually but there are some days with sickness when it is hard, but everyone does help."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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's care and support was considered in line with good practice guidance. An assessment was carried out before people moved into the service.
- A relative told us, "This home gave us lots of information and I am so glad [person] is here."

Staff support: induction, training, skills and experience

- Staff received training to support them in their role. A staff member told us, "The training we get is okay and if we need more training we can ask. I have had practical manual handling and catheter training from a nurse."
- A training plan was in place to record the training staff had received.
- Staff told us they received supervision regularly and felt supported by the senior team. One staff member said, "I find the manager very supportive; I can ask about anything."

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

- People were supported with their dietary needs. Guidance from relevant healthcare professionals, such as speech and language therapists (SALT) was in place where required.
- People were positive about the food and confirmed they were offered a choice. One person told us, "The kitchen staff are kind and cut up my food for me. We are having fish and chips today as we usually have a takeaway on a Friday." Another person said, "Food is plentiful as I am getting a belly on me."

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

- Whilst care records required updating staff knew people very well and staff we spoke with were aware of current care requirements for people. A relative told us, "They picked up an infection before we did. That impressed me they had picked up the infection so quickly as there was a very subtle change and they got the GP and dealt with it."
- The service had processes in place to refer people to external services, which were recorded in their care notes.

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

- Communal areas were very homely and comfortable for people.
- We found a lack of signage or orientation clues in corridors, although bedrooms were personalised there was very little to support people to find their rooms or orientate themselves to find their way back to communal areas.

We recommend the service finds out more about current best practice, in developing a more supportive environment in relation to the specialist needs of people living with dementia.

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.

- Records were in place to evidence when deprivation of liberty application had been applied for.
- When people lacked capacity to make decisions for themselves best interest decisions had been made. Records relating to capacity required updating and the acting manager was in the process of transferring all this information onto an electronic care planning system.
- People were supported to be involved in daily decisions about their care. People told us staff always asked for consent. One staff member told us, "We always ask people, and I make sure I let them know all the options. We cannot force people to do anything they do not want to do, if there was a concern, I would let the senior know, or people's advocates." Another staff member said, "In this home it is so nice to see residents have the freedom to do what they want."

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 relaxed in the presence of staff and the management team. Staff knew people well including their preferences for care.
- Staff were caring and respectful in their interactions and people were seen talking and engaging with them. One person told us, "I do really like it here, and staff are very nice." A relative said, "Staff have been here a long time and they treat [person] as an individual." Another relative said, "[Person] has relaxed since they have been here. Has had no anxiety attacks since they have been at Victoria Court."

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

- People and relatives were supported to be involved in their care and support. One relative told us, "They ask my opinion about things, they tell me about GP visits."
- During our inspection, we observed staff offering people choices. For example, about food or drinks or where people would like to sit.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was considered and promoted by staff. Staff were respectful when speaking with people. A staff member told us, "I always let people know what I am doing and keep them covered as much as possible during personal care."
- One relative told us, "[Person] is very able in many ways and previously lived alone with carers. They have allowed themselves to be cared for but they manage most things. What I like is they are still enabling [person] to dress and maintain dignity." A staff member said, "One person likes their back washed and then does the rest. They have their own routine which we follow."

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

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.

- People's communication needs were considered as part of their care plans.
- One person showed us some of the aids they used such as a talking clock and talking books. A staff member told us, "We have a person that uses flash cards, and we also can use their facial expression to understand what they are trying to communicate."

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 with their families and friends within current guidelines. A relative told us, "They have taken COVID-19 seriously, I do the tests, I wear a mask. I wash my hands when I get here and do not get too close. Staff always seem proactive and organised."
- Whilst some people told us activities had reduced, staff were still committed to providing people with things to do to occupy their time. One person said, "Not as much as there used to be but we still have the occasional activity, the staff do try." A relative told us, "There are bits to do with flower arranging. In the evening they have a cup of tea and a chat, look at photographs and listen to music. They know the music [person] likes."
- A staff member told us, "With COVID-19 some people cannot go to their clubs, but staff are doing activities such painting nails, writing letters, reading books and music events."
- During the inspection we saw staff painting nails, playing bowls and supporting people with their own activities."
- Staff knew people very well. A relative told us, "It is very personalised care here."

Improving care quality in response to complaints or concerns

- Where the service had received a complaint, this had been investigated and responded to appropriately by the registered manager. People and relatives, we spoke with told us they had no concerns or complaints about the quality of the care. One person told us, "If I had any complaints I would talk to [registered manager] but I have never complained, as I do not have any complaints."

End of life care and support

- People were cared for when they required end of life care, with the support from GP's, district nurses and palliative care nurses. A relative told us, "The palliative team can support [person] here."

- Information related to people's end of life wishes were recorded in their care plans. This information will be updated when care plans are transferred to the electronic care plan system.

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

- Senior staff reviewed care plans, but changes and updates were not consistently completed. For example, most care plans had not been reviewed since May 2021.
- The acting manager was in the process of transferring paper care plans on to an electronic system but at the time of inspection only one care plan had been transferred. Whilst records were not up to date, people and relatives told us communication about care and support was good.

We recommend the provider follows best practice guidance in relation to reviewing and updating care plans in a timely manner.

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 deteriorated to 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.

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

- The providers systems and processes for monitoring the quality of the service were not effective and improvements were needed to ensure people received safe care and treatment.
- Audits had not picked up the concerns we found in relation to risk and medicines. Risk assessments not being up to date had also been identified at the previous inspection.
- Recommendations made in external reports such as Legionnaires and food safety inspections were not followed up or actioned in a timely way. Whilst the food safety inspection was scored as very good, recommendations such as a gap round a sink area and fly screens to be fitted had not been completed. The acting manager informed us following the inspection that the recommendations in the food safety inspections had been completed. There was no information or action plan found in relation to the Legionnaires recommendations. This could put people at potential risk of harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager told us since COVID-19 had started things were hard and staffing was challenging, which meant staff morale was low.
- Staff were kind and caring in their approach and people and relatives were positive about the care received. One person told us, "This is a nice place." A relative said, "[Registered manager] I love [registered manager], and they are very approachable. If I had an issue I just phone them and they sort it out."

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 deputy manager and administrator responded proactively to our requests for further information.
- Notifications had been submitted in line with legal requirements. Relatives told us they were informed of any accidents or incidents. Following the identification of medicine errors during the inspection the relevant safeguarding agency was informed straight away."

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

- The relatives we spoke with said they were consulted about the care their family member received.
- Staff told us they felt supported by senior staff. One staff member said, "We have mini chats for new rules introduced to keep us updated. I do feel supported."

Working in partnership with others

- Advice and guidance was sought from health and social care professionals when needed.
- The service worked closely with other agencies and relatives to enhance care delivery.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate safety, risk or medicine processes were effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.