Ms Lauren Amanda Walsh

Virginia Lodge Care Home

Inspection report

Old Road
Longtown
Carlisle
Cumbria
CA6 5TL

Tel: 01228791986

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Virginia Lodge is a residential care home providing personal care for 18 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

People's experience of using this service and what we found
People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The policies in the service supported good practice in relation to assessing people's mental capacity.

Audits did not always identify the deficits in the service. The registered manager had not always followed national guidance in relation to COVID-19.

The storage and disposal of people's medicines were not always safe. Staff understood people's personal risks. Fire safety arrangements for the building were up to date.

The registered manager had experienced difficulties in recruiting staff due to the location of the care home and the effects of the pandemic. There were sufficient staff on duty to meet people's needs.

Staff and the registered manager genuinely cared about people and displayed kindness towards them. They supported people to be independent and protected their dignity and privacy.

Care plans were person-centred with details about people's likes and dislikes. Although the service at the time of the inspection did not have an activities coordinator working in the home, staff tried to provide relevant activities. People's end of life wishes were documented. Communication care plans assisted staff understand the best way to engage people.

The registered manager had a two-year plan to make improvements to the service. The action plans were available to visitors. The plans had to be delayed due to the pandemic.

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

Rating at last inspection
This service was registered with us on 18/11/2019 and this is the first inspection.

Why we inspected
This was a planned inspection to provide a rating for the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

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 safe care and treatment, consent and good governance. During the inspection the registered manager began to make improvements.

For requirement actions of enforcement which we are able to publish at the time of the report being published. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for 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 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 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 well-led findings below.	**Requires Improvement**

Virginia Lodge Care 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.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Virginia Lodge 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. The service manager was also the provider. Registered managers and providers 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 it was registered with CQC. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and three relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, the joint owner of the service, senior care workers, care workers, laundry assistant and the chef.

We reviewed a range of records. This included three people's care records and multiple medication 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, including policies and procedures were reviewed. 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who visit the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Preventing and controlling infection; Using medicines safely

- Systems were not sufficiently robust to protect people from the risk of COVID-19. Staff were not wearing masks on the first day of our inspection. The registered manager believed the risks were managed and masks impaired communication to people living with dementia.
- The screening of visitors to the home was insufficient to eliminate those people who may have contracted the virus. Relatives confirmed they had taken tests prior to their arrival in the home but had not been requested to show the results. One relative said, "I do a lateral flow test. They don't ask me for the result but I tell them."
- The registered manager had put in place arrangements for staff testing and at a staff meeting in June noted to staff that testing rates had reduced. Staff testing records showed not all staff had been tested in line with government guidance.
- The storage of medicines was not always safe. The inspector found the door to the care office was unlocked on one visit and the medicine's cabinet was also unlocked on the two visits. Medicines which were subject to greater controls were not stored in an appropriate way.
- The disposal of medicines did not follow national guidance.

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 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the first day of inspection CQC asked a specialist nurse to provide infection prevention and control advice and support to the registered manager. The registered manager was given a list of priority tasks and had begun to work through them.
- The registered manager, following the conclusion of visits to the home provided a photograph to show they had improved the security of medicines.
- Guidance to staff on when to administer as and when required topical medicines was not always available. The registered manager immediately put the guidance in place. Staff administered people's oral medicines in a safe manner.

Systems and processes to safeguard people from the risk of abuse

- People were protected by staff who knew them well and understood when they needed to raise concerns.
- Staff had received training on how to safeguard people. They felt able to raise concerns with the registered

manager.
● Although some people were not able to speak for themselves, we observed they were comfortable in the presence of staff.

Assessing risk, safety monitoring and management
● Risks to people were well managed. Staff understood people's individual risks and what steps to take to reduce accidents or incidents.
● Relatives said people were safe in the home and used words such as 'very safe'.
● Processes were in place to manage any risks within the building. Fire safety checks were up to date. Gas and electricity supply checks were in place and in date.

Staffing and recruitment
● Staff underwent a robust recruitment process before they were employed in the service. Checks were carried out on the backgrounds of prospective staff to make sure they were suitable to work in the home.
● The registered manager explained that due to the location of the service and a national shortage of carers, it was difficult to employ staff. Staff who had been recruited during the pandemic had all left the service. Rotas showed there were enough staff on duty to meet people's needs.

Learning lessons when things go wrong
● The registered manager was open to learning lessons about people, their needs and new systems.
● There were no specific incidents which had occurred in the service from which lessons could be learned.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not working within the MCA applications procedures known as DoLS. Applications to the local authority to deprive people of their liberty had not been made prior to the inspection.
- The service had not followed guidance in relation to the use of bed rails.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effective. This placed people at risk of having unnecessary restriction in place. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the registered manager began to make improvements and take the necessary steps to make applications to the local authority to deprive people of their liberty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs and choices were assessed in line with national standards before they were admitted to the home. One relative confirmed this had taken place during the pandemic in a safe and socially distanced manner.

● The registered manager had consulted with people and their relatives to discuss how people's needs could be met.
● Staff supported people's oral health and encouraged them to maintain a healthy mouth.

Staff support: induction, training, skills and experience
● Staff were supported through a period of induction to become familiar with people's needs and the workings of the home.
● The registered manager provided a training programme for staff to support them in their respective roles. Staff also had regular supervision meetings with their line manager to reflect on their practice and raise any concerns.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff provided the required support to help people eat and drink. The service had a two-week menu in place which offered a choice of meals each day. People were given a choice before each meal but could change their mind at the dinner table. Alternatives were provided by staff if a person chose not to eat their meal.
● Staff provided adapted cutlery to assist people to eat. Although people were unable to tell us about the menu, we observed people enjoying their meals. Staff offered people help to cut up their food to supporting them enjoying their meal.
● Staff provided people with regular drinks and encouraged them to consume fluids to maintain their hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The registered manager and staff worked with other agencies to meet people's care needs. Records showed staff sought advice and support from other healthcare professionals.
● One relative described the improvement to a person's legs following staff actions when they had sought advice from healthcare professionals.
● Staff prepared electronic handover information for the next shift due to come on duty. The information directed their colleagues to other records about the involvement of outside professionals to provide consistent care

Adapting service, design, decoration to meet people's needs
● The service required updating to meet the needs of people living with dementia in line with best practice. The registered manager had a plan in place to improve the building to meet people's needs.
● The provider ensured people were comfortable with appropriate adaptations including seating and equipment designed to reduce risks and encourage independence. Handrails were available for people to use along the corridors.
● The registered manager was aware of the repairs and redecoration which needed to be carried out to the building. They explained that due to the pandemic they had experienced significant difficulties in getting trades people in to do the work.

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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
- Staff ensured people were well treated. They spoke to people in gentle tones, provided reassurance if anyone became distressed and knelt down so they could speak to people face to face.
- Irrespective of a person's capacity or ability staff treated people equally and afforded people the same standards of care. We observed people were dressed appropriately in matching clothes and were well presented.
- Relatives spoke about the kindness of staff. We observed one member of staff who provided exceptional care. They said, "I like to treat people as if they were my own parents."
- Staff had engaged people's relatives to support them make decisions.

Supporting people to express their views and be involved in making decisions about their care
- Staff provided people with the opportunity to make decisions throughout the inspection and supported them in their choices. This included providing constant supervision for one person who wished to walk around the home.
- Although people were not always able to speak for themselves, staff listened to people's comments and paid due regard to their behaviour to support them in the right way.

Respecting and promoting people's privacy, dignity and independence
- Staff respected people's privacy and dignity. Personal care took place behind closed doors. Staff knocked on people's doors before entering.
- Staff supported people to be independent. Care plans explained what people were able to do to support themselves.
- People's personal information was stored on a password protected computer system which was only accessible by authorised staff.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The service had care plans in place which described in detail how to meet individual needs and preferences.
- Staff regularly reviewed care plans to ensure they reflected people's needs.
- Staff were able to describe people's likes and dislikes.

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.

- Staff had supported people to maintain relationships with their relatives during the pandemic. Relatives confirmed they had used window visits to maintain contacts.
- The activities coordinator employed by the registered provider was not at work during the inspection. The care staff had worked together and provided some activities, including playing dominoes and having meaningful conversations with people. Kitchen staff provided baking opportunities once per week.
- Staff described a recent visit from an organisation which worked with people to increase their movement to music. One member of staff said people had joined in and enjoyed the experience.

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.

- Staff had put in place communication plans to describe how best to meet people's communication needs. This included people's preferences regarding the use of their glasses and hearing aids to assist communication.
- Information about resident's meetings and resident's newsletters were provided in larger print.
- The provider had an AIS policy in place which described to staff what they needed to do to meet the required standard.

Improving care quality in response to complaints or concerns

- The registered manager had not received any complaints about the service, but had appropriately responded to concerns raised about service delivery to one person.
- Relatives told us they had not needed to make a complaint about the service. One relative said, "No I have no complaints."

End of life care and support

● Staff had addressed people's end of life care preferences. They had worked with other professionals to consider if people wanted to be resuscitated in the event of their heart stopping.

● People who wished to pass away in the care home had done so with staff being supported by the community nursing team.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems to measure quality performance were not always accurate. For example, auditing of falls had not taken place.
- The registered manager had not put all the national guidance in place to reduce risks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was well-led. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took a hands-on approach and had recently worked nightshifts to cover for absent staff which took time away from their management role.
- The registered manager had fulfilled their statutory duties and made the required notifications to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: 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's policies and procedures were indicative of a person-centred culture to achieve good outcomes for people.
- Staff we spoke with were clearly committed to providing person-centred care.
- Staff felt supported by the registered manager. Relatives felt able to approach the registered manager and voice any concerns.
- The registered manager understood their duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Relatives had been asked for their views during the pandemic. The responses to the questionnaires were positive.
- The registered manager explained they had difficulties in getting all the staff together to seek their views during the pandemic but had tried to seek the views of staff about the service in smaller groups. The registered manager did not wish to increase the risk of COVID-19 transmission when bringing staff together and not all staff were able to participate in on line meetings.
- The registered manager had an action plan in place to improve the safety and quality of the service. The

plans covering a two-year period were on display to visitors to the home. The registered manager's ability to make progress had been significantly impeded by the requirements of working during a pandemic.

Working in partnership with others

- The service was working with other health and social care professionals who were involved in people's care.
- People's care records showed involvement and guidance from other agencies such as GPs and the care home support team.

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 11 HSCA RA Regulations 2014 Need for consent The registered manager had failed to seek the appropriate consents from the relevant people. Regulation 11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. Regulation 12(1) The management of medicines was not always safe. Regulation 12(2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17(2)(b)