

Mr & Mrs K Powell

Victoria Court Private Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Victoria Court private Rest Home is a residential care home providing personal and nursing care to 18 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

People and their relatives gave us positive feedback on using the service. One relative said, "The staff do a lovely job here, they are great." One person told us, "The staff are really good to you."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

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.

The registered manager had been successful in driving improvements at the service. Systems had been put in place to monitor the service and improve outcomes for people.

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 February 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

Why we inspected

This inspection was prompted by a review of the information we held about this 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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Victoria Court Private Rest 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. Victoria Court Private Rest Home is a care home without 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.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from health and social care 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 of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 2 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, administrator and care workers.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection In December 2021, we found the service was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to risks not being managed safely and lessons not being learned. We found at this inspection improvements had been made and the service was no longer in breach.

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

- Since our last inspection the service had implemented a new electronic risk assessment and care planning system. Improvements had been made in people's individual risk assessments and care plans. These now identified risks to people and contained guidance for staff to follow to safely support people.
- Any changes to people's risks were documented and updated in care plans immediately.
- Accidents and incidents were analysed, and lessons learned shared with staff. Risk assessments were updated following accidents with any further mitigation to risk added.
- Assessments were in place for the safe moving and handling of people. One person said, "The staff are very patient when supporting to move from wheelchair to chairs."
- Fire risk assessments had been completed, equipment had been maintained and staff had participated in training for fire evacuation.
- There was a maintenance person employed to carry out day to day maintenance at the service. For more specialist work the provider used external contractors.
- The provider had an action plan in place for improvements at the service and they were working through these. The registered manager told us that people had been involved with the refurbishment and had picked out the wallpaper and colour of the carpets at the service.

Using medicines safely

- People received their medicines safely.
- The registered manager had put systems in place to monitor medicines to ensure people were receiving these as prescribed.
- Staff had received training in administering medicines and had their competency checked to do so.
- Liquid medicine was dated with the opening date, to ensure medicine remained effective, and could be disposed of if not used for too long after the opened date.
- Medicine records reviewed were in good order. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- Regular audits were completed to check medicines were being managed safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had received training in safeguarding and knew how to raise concerns. One member of staff said, "I would go to my manager or senior first. If I needed to go outside of the company I could go to the council or CQC."
- People told us they felt safe living at the service. One person said, "I feel safe here, there is always staff around and they are always checking in on you."
- The registered manager had worked with the local authority to investigate safeguarding concerns and worked with them to keep people safe.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff had been recruited safely. The registered manager told us they were now fully recruited for staff at the service.
- Appropriate checks were in place before staff started worked including providing full work histories, references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- We saw there were enough staff available to meet people's needs promptly. One person said, "The staff are very good, if you use your bell they come."

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protection equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The registered manager had followed guidance on visiting and people were able to receive visits from

their relatives and friends safely.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection In December 2021, we found the service was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to good governance systems not being effectively in place. We found at this inspection improvements had been made and the service was no longer in breach.

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

- The registered manager had made improvements to quality monitoring systems, which provided better oversight to ensure people received safe care.
- Audits identified concerns and allowed for overall monitoring of the service. There was an action plan in place which was kept up to date with outcomes and actions completed. This helped identify on-going improvements being made at the service especially with the environment.
- Recommendations the service had received from external audits were being implemented. Such as improving fire prevention equipment and training for staff, and improving laundry facilities following an infection control audit.
- There were systems in place to monitor staff training and to ensure staff kept their training up to date. Where additional training was identified to benefit the safety of the service this had been sourced, such as fire warden and fire evacuation training.
- The registered manager held regular meetings with staff to discuss the running of the service and shared any lessons learned to help improve outcomes for people.

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

- There was a positive culture at the service. Staff morale had improved, and the registered manager told us they were fully recruited for staff. One member of staff said, "The staff are kind we have a lovely team."
- A relative told us they were very happy with the service they said, "We are very happy with the care, [person name] is very perky." One person said, "This place is run well, the staff are very good."
- Staff promoted a positive culture, one member of staff said, "We want to support people with their independence."
- The registered manager told us they had been promoting positive outcomes for people with the increase in activities. They told us they recently had a clothes shop come in for people to try and buy new clothes. They had started exercise classes which were popular and were in talks with a local religious leader to start

coming in and providing worship for people who wished to join in.

- One person said, "We have plenty to do, I like reading and we have newspapers and magazines, and the staff give us manicures and paint our nails, and the hairdresser comes in."
- Notifications had been submitted in line with legal requirements and the registered manager understood their role under duty of candour.

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

- The registered manager engaged regularly with people and their relatives, through one-to-one meetings and quality questionnaires. In a recent survey to people and relatives everyone rated the care provided as excellent or good.
- The registered manager engaged with staff through meetings and asked them to complete surveys along with other visiting healthcare professionals to gain feedback on the service.
- The registered manager belonged to networks which helped support development and kept them up to date with current guidance and legislation.
- The registered manager and developed good working relationships with other healthcare professionals such as the palliative care team, district nurses and GP services.