

Victoria Care Home (Burnley) Limited

Victoria Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Victoria Care Home is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 48 people.

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

People told us they felt safe living in the home and staff were kind and caring. Staff understood how to safeguard people from abuse and report any concerns. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection. Medicines were managed safely in the home.

Effective systems were in place to ensure lessons were learnt from any incidents and the registered manager understood their responsibility to be open and honest when something went wrong.

All people had a care plan which detailed their needs and preferences. The registered manager had ensured all staff had ready access to up to date information about people's needs. People were provided with appropriate activities and had access to a complaints procedure. Staff had good relationships with the people living in the home and we observed staff responding to people's needs with kindness and respect.

The provider, registered manager and staff had worked hard to address the shortfalls found at previous inspections and were confident the improvements would be sustained. The registered manager carried out a number of audits to check the quality of the service. They provided clear leadership and took into account the views of people, their relatives and staff about the quality of care provided. The registered manager and staff used the feedback to make ongoing improvements to the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 March 2020) and there were two breaches of the regulations identified in relation to the management of medicines and the deployment of staff. 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.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 17 and 18 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show how they intended to improve the service.

We undertook this focused inspection on 16 December 2020, to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-Led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the all reports' link for Victoria Care Home 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Victoria 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.

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 and a medicines inspector.

Service and service type

Victoria Care Home 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 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 announced. We gave 24 hours' notice of the inspection due to restrictions in place during the COVID pandemic.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with four people living in the home, four care staff, the activities co-ordinator, a housekeeper, the registered manager, the clinical operations manager, the training officer and the nominated individual.

We carried out a tour of the premises with the registered manager and reviewed a range of records. This included three people's care records and eight people's 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 were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager also sent us additional information 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 the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, the provider had failed to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff had addressed the issues from the last inspection, and we saw improvements to the way medicines were managed in the home. Medicine records were clear and accurate, and each person had a medicine risk assessment with personalised care information.
- Staff received medicines training and a medicines champion supported staff and liaised with healthcare professionals. Regular audits ensured medicines were checked and improvements made.
- Some improvement was required with recording of people's thickening agents and prescribed creams. We spoke with the registered manager and senior carers, they told us they would address this immediately.

Staffing and recruitment

At the last inspection, the provider had failed to deploy a sufficient number of suitably qualified and skilled staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had established systems to monitor the number of staff deployed in the home. People told us there was usually sufficient staff on duty. One person said, "The staff are there if I need help." We observed there were enough staff on duty during the inspection.
- The provider followed safe recruitment systems and processes to protect people from the employment of unsuitable staff. We looked at two staff files and found appropriate checks were carried out prior to employment.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. The provider ensured staff were using personal protective equipment (PPE) effectively and safely and the service was meeting shielding and social distancing rules. All staff were observed to be wearing appropriate PPE

during our visit.

- Staff were provided with infection control training on induction and through mandatory training programmes.
- The provider was admitting people safely to the service and was accessing testing for people living in the home and staff. The provider was promoting safety through the layout and hygiene practices of the premises and was making sure any infection outbreaks could be effectively prevented or managed. The provider's infection prevention and control policy was up to date.

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

- The registered manager and staff assessed and managed risks to people's health, safety and wellbeing. People's care records included clear and up to date guidance for staff about how to provide their care in a safe and consistent way.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics.
- The registered manager had reviewed the environmental risk assessments to ensure the safety of people's living space. The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. All safety certificates were complete and up to date.
- The registered manager had developed systems to learn lessons and improve the service when things went wrong. We saw there were appropriate forms to record any accidents and incidents. The registered manager had carried out investigations as necessary following any incidents to make sure any action taken was effective.
- The registered manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends. All accidents and any lessons learned were discussed at management, staff and handover meetings. Since the last inspection, the registered manager had reviewed and updated the handover record template to include information about people's needs, allergies and risks associated with their care.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured people were protected from the risk of 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 living in the home. One person commented, "The staff make me smile and take my mind off things. They do what they can to help me." The registered manager and staff were clear about when to report incidents and safeguarding concerns. Staff were confident the registered manager would act quickly to keep people safe if they reported any issues.

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 requires improvement. At this inspection, this key question has now improved to 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

- People received person-centred care and support in a way that was flexible and responsive to their needs. People were happy with the care they received. One person asked if staff could support them with regular showers without prompting. The registered manager immediately agreed to make the necessary arrangements.
- Each person had an individual care plan, which was reflective of their current needs. Staff reviewed the care plans at regular intervals. The registered manager had ensured all staff had ready access to people's care plans and other essential information.
- Staff had a good knowledge of people preferences and were responsive to their needs. They maintained daily records of care and detailed handover records. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.

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.

- The registered manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or the use of pictures.
- People's information and communication needs had been considered as part of the assessment and care planning processes. We saw staff members engaging with people during the inspection, which prompted conversation and helped to avoid isolation.

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 supported people to maintain relationships with their friends and families during the pandemic. This was achieved by the use of technology including computer tablets, telephone calls and an audio-visual television. Relatives were also sent regular newsletters and could book an appointment to visit the home in a designated room.
- Staff encouraged people to make daily choices in relation to meaningful activities. The provider employed an activity coordinator, who arranged daily activities on an individual and group basis. We saw detailed activity records were maintained which included an analysis of how people had enjoyed each activity as well as any recommendations for future activities.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their issues would be taken seriously. We saw complaints had been investigated and the outcome recorded.
- People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint.
- Any complaints or concerns received by the registered manager were regularly reviewed and audited so the provider could identify and act on any recurring themes.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. Wherever appropriate, people's end of life wishes, and preferences were recorded and reviewed as part of the care planning process. We saw a card from a relative, which thanked staff and the registered manager for their kind care for their family member at the end of their life.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free. Staff had access to training and the provider's policies on end of life care.

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 requires improvement. At this inspection, this key question has now improved to good. 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

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. Staff morale had improved, and they felt valued and supported. One member of staff told us, "Everyone is happy and we're all moving forward in such a positive way."
- The registered manager carried out a number of audits and checks covering all aspects of the service. We saw any actions had been recorded on the service improvement plan, which was colour coded to enable the registered manager to track progress of the actions.
- People and staff spoke positively about the way the service was managed and the registered manager's leadership style. One person told us, "[The registered manager] is very nice. It's good to see the staff smile and laugh" and a member of staff commented, "Everything has improved so much and it's all down to the registered manager."
- The registered manager was supported by the clinical operations manager, who visited the home at least once a month. During their visit they carried out a series of detailed checks and audits. The clinical operations manager explained the checks and audits had been developed into a computer application, which will allow for remote oversight.

Continuous learning and improving care

- The registered manager utilised meetings with staff, both on an individual and group basis, to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the registered manager was open to feedback.
- The registered manager had used coaching and reflective practice as means of developing the staffs' insight and skills. Staff had responded well to this approach and they spoke with enthusiasm and interest in their roles.
- Since the last inspection, a new comprehensive staff training and induction programme had been introduced, which was carefully monitored and checked the training and development officer.

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 registered manager and staff were committed to providing people with positive outcomes. They knew people well and understood their needs and preferences. People told us they were happy living in the home, their opinions were sought and acted on and they were treated with respect.

- The registered 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 registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong. Staff said the registered manager was approachable; they were confident the registered manager would take appropriate action to respond to any concerns.

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

- The registered manager encouraged feedback from people. The quality of the service was monitored by speaking with people, regular meetings and customer satisfaction surveys to monitor whether they were happy with the service. Regular meetings gave people and staff the opportunity to share their views. We saw minutes of the meeting and responses from the latest relatives' survey during the inspection.
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs. People were involved in the development and review of their care plans, where possible. Regular contact had been maintained with people's relatives during the pandemic.
- The registered manager and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.