

Wentworth Rest Home Limited

Villarose Rest Home

Inspection report

256 Clifton Drive South
Lytham St Annes
Lancashire
FY8 1NE

Date of inspection visit:
12 September 2017

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17 October 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Villarose is registered for 14 older people and is situated close to St Annes town centre. It is a detached dorma bungalow. The home comprises of single bedrooms with some ensuite facilities, two lounges, a dining area and a sun lounge. The garden areas are accessible for wheel chairs and they have a parking facility at the front of the home.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the service remained Good.

This inspection visit took place on 12 September 2017 and was unannounced.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff spoken with were able to identify different types of abuse and had received training in safeguarding adults. One staff member said, "We have training up dated as well so we know the process."

Medicines were stored in a clean and secure environment. We observed staff followed correct procedures when they administered medication at lunchtime and fully completed associated records. In addition medication audits were now in place regularly to ensure procedures were monitored.

We found staff had been recruited safely, received ongoing training and, were supported by the management team. They had the skills, knowledge and experience required to support people in their care. In addition we found sufficient staff available to meet the needs of people who lived at the home. This was confirmed by all the staff we spoke with.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. In addition we found equipment had been serviced and maintained as required.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had been consulted about their care and had agreed with the support to be provided. We saw people had signed their care plans and consented to their care.

Care records we looked at confirmed people who lived at the home had access to healthcare professionals and their healthcare needs had been met. Staff had responded promptly when people had experienced health problems.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified care and support required for people who lived at Villarose.

People told us they were happy with the variety and choice of meals available to them. All comments we received were positive about the quality of meals provided and included, "The food is very good here we have a cook who prepares lovely homemade meals." Also, "The food is always homemade with good choices for us."

People who lived at the home told us staff were all caring and respectful. Relatives also commented in surveys how caring staff were. We also confirmed this by our observations during the inspection visit.

People who lived at the home were provided with information with regards to support from an external advocate should this be required by them. The service also had information in the reception area of the home in relation to advocacy services in the area.

The management team had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and surveys sent to staff, relatives and for people who lived at Villarose. A recent survey from staff, relatives and people who lived at the home returned all positive comments about how the home was run and care provided.

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.

Medication audits were now in place to ensure procedures were monitored and any concerns acted upon.

Safeguarding procedures were in place and staff had received training in safeguarding vulnerable adults.

Assessments were undertaken of risks to people who lived at Villarose. Written plans were in place to manage these risks.

Systems were in place to make sure the registered manager and staff learn from events such as accidents and incidents.

Staffing levels were sufficient and personnel had the required checks in place when recruited.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Villarose Rest Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 12 September 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the home. They included five people who lived at the home, the manager and four staff members. Prior to our inspection visit we contacted the local county council commissioning department and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We looked at care records of three people who lived at Villarose, staff recruitment records and arrangements for meal provision. We also looked at records relating to the management of the home and medication records. In addition we had a walk around the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with told us they felt safe when supported with their care. One person who lived at the home wrote in a survey, 'I am very happy and feel safe here.' A person who lived at the home said, "We are a small place and I feel so safe and secure. It gives me peace of mind at night."

The management team had procedures in place to minimise the potential risk of abuse or unsafe care. Staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at the home when our inspection visit took place.

Three care records we looked at contained relevant risk assessments to the individual who lived at the home, to identify potential risk of accidents and harm that may occur. Any potential risk identified and what action staff should take to ensure the person was kept safe had been documented. In addition risk assessments provided instructions for staff members when delivering support and care to ensure the person was safe.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medicines during the lunch time round. We saw the medicine facility was shut securely whilst attending each person.

People were sensitively assisted as required and we observed consent was gained from each person before having their medicine administered. The medicine administration recording form was then signed.

There were controlled drugs being administered at the time of our visit. We checked the controlled drugs records and correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. The correct dosage of remaining tablets was accurate to the medication record of two people we checked. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the management team had systems to protect people from the unsafe storage and administration of medicines. The management team had introduced improved auditing systems to maintain a robust check of medication. The manager informed us part of the auditing was competency checks on staff who gave out medication.

We observed the building was clean and tidy. Staff received infection control training and they had appropriate equipment to maintain good standards of cleanliness. The management team recorded water temperatures to ensure this was delivered within health and safety guidelines to protect people from the risk of scalding. Not all windows had restrictors to protect people from potential harm or injury. However, the manager took immediate action and sent us confirmation this was completed during the inspection process. This showed the management team recognised their responsibility in the upkeep of a safe

environment.

The management team followed their policies and procedures to recruit staff suitable to work with vulnerable adults. We found staff recruitment records contained required background checks, such as references and criminal record checks obtained from the Disclosure and Barring Service. We also noted staff files contained documented evidence employees completed induction training to support them in their new roles.

We discussed staffing levels with the manager and staff and observed how staff managed their daily routines. We found sufficient staff available to meet the needs of people who lived at the home. For example all staff we spoke with told us they were happy with staffing levels and one said, "We have plenty of staff to make sure everyone is looked after and we are able to spend time supporting residents." During our inspection, we observed staff were patient and responded to call bells quickly.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team. One staff member said, "No one leaves here once they start work we have a lot of staff who have been here for years it definitely helps provide a very good service for people." Comments received from people who lived at Villarose included, "The staff know what they are about. I like it because there is not a lot of chopping and changing. They know me well and that is a good thing." Also, "They seem to do a lot of training and that can only be good."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice. At the time of the inspection visit the manager told us they had not submitted any applications. However staff and the manager knew about DoLS and processes to follow through training provided for them.

People told us they enjoyed the meals provided for them and were happy with the choices made available to them both at lunch and breakfast time. We arrived at breakfast and found the cook preparing a variety of food that included bacon and eggs, cereal and toast. We observed trays being prepared for people to have breakfast in their room and some were sitting in the dining room. One person we spoke with who lived at the home said, "You can have anything you want the cook is very good."

We observed lunch served in the dining room, staff promoted lunch as a social occasion and supported people where this was required. Those people who lived at the home told us they liked the meals and comments were positive. One person said, "The food is very good here we have a cook who prepares lovely homemade meals." Another person added, "The food is always homemade with good choices for us."

The cook had a good understanding of special diets. The cook said, "At the moment we have people on celeriac diets which is not a problem." A person who lived at the home said, "The cook knows me well and because I have chewing problems she cuts my food up to help me. A wonderful person." Menu programmes we looked at evidenced people had a good selection and variety of meals. Staff completed fluid, food and weight monitoring charts and screened each person for any nutritional risks.

The kitchen was clean and hygienic. Cleaning schedules were up to date and signed off when cleaning tasks were completed. The cook informed us only staff who completed food and hygiene training prepared meals. This was confirmed by discussion with staff and the manager.

Staff and the management team worked closely with other healthcare services in maintaining people's continuity of care. They recorded visits from or appointments with, for example, GPs, dentists and district nurses. Care records of people who lived at Villarose included test results and outcomes from health visits,

as well as actions taken to support people.

We had a walk around the building and found it was appropriate for the care and support provided. There was a chairlift that serviced the first floor to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

Is the service caring?

Our findings

We were able to speak with five people individually and with a group of people who were sat in the lounges. They were all positive in their comments about how caring and supportive staff were. Comments received from people who lived at the home, "It would be wicked of me to say anything else but how superb all the staff are." Also, "The manager and everyone else are patient, respectful and kind." In addition another person said, "They treat everyone as an individual person which is what I like."

We observed many instances where staff respected people's privacy and dignity. For instance staff knocked on bedroom doors and waiting for a response before entering. They also called out their name to ensure people knew who was at the door. One person who lived at the home said, "They don't just presume you are in they always knock."

We observed several people who lived at the home being supported to mobilise and saw this was carried out with compassion and sensitivity. Staff chatted with the person when helping them and people responded to their presence. This showed people were comfortable and confident in the presence of staff. One person who lived at the home said, "They are sensitive and know I need help walking but they do it so gently, I have every confidence in them."

Staff had a good understanding of protecting and respecting people's human rights. We were told training was provided in this area. Staff and manager were able to describe the importance of promoting each individual's uniqueness. We found there was a sensitive and caring approach practiced by everyone at Villarose during our inspection visit.

The registered manager had information available about access to advocacy services should people require their guidance and support. We saw a poster for advocacy services pinned on the wall. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded if applicable so staff were aware of these. We were told people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. We also had discussion with the manager and staff who had received training in end of life care. For example 'six steps' training had been completed by staff. This was information sharing on the pathway to quality end of life care. This showed the registered provider respected people's decisions and guided staff about positive end of life support.

Is the service responsive?

Our findings

People who lived at Villarose told us staff were responsive to their care needs. For example one person said, "I needed to see a dentist and the staff responded straight away. They only think about the residents." Care plans of people who lived at the home contained information about people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about support people required. One staff member said, "We are a small home so get to know residents well and are able to know when someone is not there self."

People who lived at Villarose told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focused on them and they were encouraged to make their views known about how they wanted their care and support provided.

There was a complaints process document which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be acted upon appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We noticed there was complaints procedure document on view in the reception area of the home so people could access information if they wished to. A complaints log was kept however no complaints had been received by the service.

The management team and staff had considered good practice guidelines when managing people's health needs. For example, written information was provided about people who lived at the home to take with them should they need to go to a hospital. The documentation contained information providing clear direction as to how to support a person and include information about the person's communication, care needs and medication.

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we discussed the organisation structure for Villarose with people who lived there and staff, they all told us the home was run well and organised. One person said, "We have a great manager and owners whose main concern is us the residents." A staff member said, "Open and transparent that is what the management are."

The registered manager and manager assisted people and their representatives to comment about their experiences of living at Villarose by sending out annual surveys. In addition staff surveys were also completed annually. This was in the format of satisfaction surveys that checked all aspects of their care and how the home was run. We found responses from the last survey were positive. Comments included from relatives, "The staff are caring and friendly". A person who lived at the home wrote, 'I am happy here'.

We found there was a structured management and staff team with clear lines of responsibility. The registered manager was also the owner and was supported by a manager who undertook some management tasks including administering medication. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported.

The registered manager had procedures in place to monitor the quality of service provided. Regular audits had been completed. These included reviewing care plans of people who lived at the home and medication. The manager was in the process of developing further auditing systems to ensure the service continued to develop and monitor the service they provided. The manager told us audits were an important part of their quality assurance systems.

The registered manager told us they were in contact with other health and social care organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. They worked with for example Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

People who lived at the home and staff told us the owners and manager were approachable and always available should they have an issue or concern. One person who lived at the home said, "We are like a family home and talk every day. They always like to hear suggestions about anything. What I like [manager] is willing to listen." A staff member said, "We don't have formal meetings but [owner] and [manager] discuss the home every day."

The service had on display in the reception area of the home their last CQC rating, where people who visited

the home could see it. This is a legal requirement from 01 April 2015.