

Wentworth Rest Home Limited

Villarose 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?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Villarose Rest Home is a residential care home providing personal care to up to 15 people. The service provides support to older people. At the time of our inspection there were 13 people using the service plus one person in hospital.

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

Record keeping related to the administration of some medicines was not consistently completed. Best practice for the administration of medicines was not consistently followed. Some audits were not consistently employed and failed to either identify concerns or drive improvement. Governance systems were not always robust or operated effectively to ensure all regulatory requirements had been fulfilled.

People told us they felt safe, however the provider failed to demonstrate that risks were consistently monitored related to people's health and welfare and in the maintenance of the building. People lived in a home that did not look visibly clean. There were not enough cleaning staff to keep the home clean.

Some care plans did not include all the relevant information on people's behaviours and health conditions. One person's dignity was not consistently upheld as the provider did not take timely action to protect their privacy. People were not always supported to have maximum choice and control of their lives however staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice but were not evidenced as being followed.

Observations showed people were happy and relaxed in the company of staff. One person said, "They [staff] are so kind and caring." Feedback on the manager was positive from people. A second person told us, "[Manager], she's great, we have banter. She gets on well with me and others. I like her." The manager engaged with people, visitors and staff, through daily interactions and having an open-door policy. People were supported to have access to healthcare professionals and their healthcare needs had been met. People spoke positively about the food and their nutritional needs and preferences were met. One person said, "The food is great, never had something bad. She's such a good cook, a bit like my mum was."

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

Rating at last inspection

The last rating for this service was good (published 17 October 2017).

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.

Following our feedback, the provider and manager have taken positive action to lessen the risk and drive improvement.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Villarose Rest Home on our website at www.cqc.org.uk.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, quality assurance, the management and administration of medicines and creams and staffing levels within the home. We also identified breaches in relation to record keeping around the Mental Capacity Act 2005 and taking timely action to protect someone's privacy and dignity.

Follow up

We will request 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 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?

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 well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Villarose 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 Health and Social Care Act 2008.

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

Two inspectors carried out the inspection

Service and service type

Villarose 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. Villarose 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 not a registered manager in post. The provider had recently appointed a new manager who had yet to register with us.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection We spoke with 4 people who used the service and 2 relatives and one person's friend about their experience of the care provided. We spoke with 7 members of staff including the manager, area manager, carers, maintenance staff and the cook. We had a walk around the home to make sure it was homely, suitable and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and reviewed a variety of records related to the management of the service, including policies and procedures.



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 good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- The provider failed to ensure everyone had a Personal Emergency Evacuation Plan (PEEP) to show staff how to safely support people in the event of a fire or the need for a building evacuation. Not all PEEPs held the correct information on which bedroom people resided in.
- The provider failed to have oversight on equipment to reduce skin breakdown. One person's airflow mattress was set incorrectly and there was no system to monitor the pumps settings.
- The provider failed to ensure equipment to summon assistance was consistently available to people. The emergency pull cord in people's ensuite bathrooms were tied up so should they be required they were inaccessible. One person's emergency cord had been broken and not replaced. These concerns had not been identified in any environmental audit.
- The provider failed to ensure that all care plans had strategies to guide staff on how to manage people's health conditions.
- The provider failed to ensure that all care plans had strategies to guide staff on how to keep people safe when they became distressed and what to do and say to reduce or ease their distress. Staff were very knowledgeable on how to support people effectively and keep them safe.
- The provider failed to ensure all staff had been trained in fire safety which included the use of equipment to move people downstairs, should this be required.

Systems and practices had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people living at the home. This placed people at potential risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team acted swiftly updating documentation, planning training and putting processes in place to manage and lessen the risks identified.

Preventing and controlling infection

- We were not assured that the provider was using PPE safely. We observed some staff not following best practice. Staff did not always wear their masks correctly.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home did not look clean and hygienic. We observed layers of dust in communal areas. Some furniture was worn, and paintwork was chipped in several places. This made cleaning and disinfecting the items difficult.
- Used bedding was carried through the communal areas of the home by staff and placed on the floor in the

laundry.

- The provider failed to ensure the environment promoted infection prevention best practice. Communal towels were stored on open shelves in bathrooms. This exposed them to any airborne bacteria that may be present.
- We were not assured that the provider was promoting safety as not all staff followed best practice in relation to health and safety. Two staff wore nail polish while handling food. Nail polish can indicate minimal harm, but the risk is still there. The Department of Health considers this as possible food contamination because it can irritate people's stomach.
- We were not assured that the provider was supporting people to minimise the spread of infection. We observed drinks being served in containers with corroded lids. This makes it extremely hard to keep them clean and free from things that do pose a health issue.

We found no evidence that people had been harmed however, systems were not in place to promote positive infection prevention practices. 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.

- The manager took action to mitigate the risk related to staff practice and corroded drinking containers.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was making sure infection outbreaks can be effectively managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visits were arranged in line with current government guidance. People told us their friends and relatives were made welcome and there were no restrictions on visiting.

Staffing and recruitment

- The provider failed to deploy enough staff to ensure the home was clean and hygienic. One staff member told us housekeeping staff work two days one week and three days the following week and it wasn't enough. The home did not look clean and hygienic.
- Staff told us there were not enough staff to meet people's needs. One staff member told us there were medicine errors as they could not concentrate on medicines administration as they had multiple tasks at the same time. At week-ends and some weekdays two staff were required to provide support to people with all aspects of their care, cook, serve meals, clean, administer medicines and manage any visitors and calls from professionals. A staff member said, "How can we give the best to people? I am in the job to give the best and we are not."
- Visitors told us there were not enough staff to meet people's needs. One visitor told us staff did not have time to help people to manage their continence. A second visitor told us their relative had not had a bath or shower for months. We looked at 6 people's records and these indicated 5 people had not had the opportunity to have a bath or shower for 18 days. One staff member told us, "They [people who lived at Villarose] have not had baths or showers."

We found no evidence that people had been harmed however, enough staff had not been deployed to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider stated recruitment of new staff was difficult, but they were committed to providing additional staff on each shift.
- Recruitment processes including Disclosure and Barring Service (DBS) checks were completed to help ensure suitable people were employed. DBS checks provide information including details about convictions

and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff did not consistently follow best practice when administering topical creams. Staff signed the medicine administration records to say creams had been applied when a colleague had applied the cream and they had not had oversight of its application.
- The provider failed to ensure all staff administering medicines were suitably trained. Some staff who were administered medicines had not received training to do so while in the employment of their current provider.
- Records to monitor the number of specific tablets on site (countdown sheets) were not consistently completed. When they were completed there were multiple times when the totals were wrong, and we saw no evidence that action had been taken or this had been noticed.
- Medicine administration records were not consistently signed. Staff did not notify the manager or record when this happened. This left people at risk of not receiving their medicines as prescribed.
- The provider failed to ensure protocols on when to administer additional medicines, should they be required were in place. This placed the person at risk of receiving medicines too soon, too late or not at all dependant on the staff members individual assessment of the situation.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely. 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

- People told us they felt safe living at Villarose Rest Home. One person commented, "Yes I do feel safe. I feel safe, I feel secure."
- Staff told us they knew how to recognise potential abuse and report any concerns.
- Staff told us they had not had any safeguarding training while working at Villarose Rest Home. One staff member told us, "I have not had any safeguarding training but [colleague] has shown me what I need to do."

Learning lessons when things go wrong

- The provider had failed to ensure audits had been completed consistently. Please see the Well-led section of the report.
- Reviews of incidents and accidents had taken place and action was taken to minimise the risk of reoccurrence.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider did not always work within the principles of the MCA. Appropriate legal applications requiring authorisation to deprive a person of their liberty were not in place for everyone who required one.
- Mental capacity assessments and best interest decisions were not always completed or recorded. Assessing a person's capacity accurately is important; otherwise, a person might be denied the right to make decisions because it is unwise and not in their best interests.

The provider did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider and registered manager failed to act in a timely responsive manner to ensure people's personal space and décor met their needs. This included making reasonable efforts that people's privacy was always maintained including when they were asleep or lacked capacity.

One person was not treated in a dignified and respectful manner that promoted their privacy. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accommodation was accessible and homely. Bathrooms could accommodate people who required support with moving and transferring to the bath. People were able to navigate around the building using corridors which were kept uncluttered and they had the use of a stair lift to go upstairs.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. One person was very proud of how they had personalised their bedroom. The manager had helped them collect items from their home when they moved to Villarose Rest Home.

Staff support: induction, training, skills and experience

- The provider failed to ensure staff had received training to complete their role such as medicine administration, safeguarding and fire evacuation training.
- The provider had failed to ensure all staff had received a suitable induction when they had been employed. One staff member told us, "My induction with [member of the management team] was not done. I just started figuring it out myself, making notes and talking to residents."

The provider failed to ensure staff had received the appropriate training necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. Assessments from health and social care professionals were also used to plan their care.

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

- People were provided with meals that met their preferences and nutritional requirements. Comments from people were positive and included from a relative, "They provide excellent food." Also, people said, "Excellent." And, another person said, "Too much sometimes but really good with the cook making homemade cakes."

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

- People were supported with their healthcare needs. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service. One visiting health professional told us the staff were good at communicating people's needs and had done, "an amazing job" supporting one person with their health care needs.

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 good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- People's quality of life had been impacted by inconsistency in leadership, staffing, recording and support. One relative said, due to the high staff turnover, their family member had not bathed recently because they did not know staff well.
- The provider did not have established systems to continually assess, monitor and improve the quality and safety of the service. Some shortfalls had been identified at this inspection, for example, with medicines record keeping. The provider could not demonstrate that audits of medicines had routinely taken place. Without robust checks, the provider could not always identify where improvements were required, for them to take timely action.
- The provider's checks were not effective in identifying and driving improvements in relation to the home environment. We discovered shortfalls the provider had not identified through their own checks including pull cords being inaccessible, not having appropriate window coverings to protect people's dignity and privacy and poor cleanliness and maintenance in some areas of the home. There was a lack of evidence that audits had been completed consistently over the last few months. The manager stated, "They just haven't been done."
- Staff seemed clear about their roles and caring interactions were observed. However, they didn't always have time to complete all the necessary tasks well. Due to staffing levels the team had a high workload, mistakes were made, and the time staff had to spend with people was very limited. One staff member said, "We don't have time, [to talk to people] we are pressed." People also referred to staff being rushed or not always having time for a chat.
- We found the new manager was responsive to shortfalls identified and worked hard to ensure people had the best care, the right and safe care had not always been delivered.
- Audits had not consistently been completed for some months so the opportunity to identify areas of concern, learn from these and improve standards had been missed. The manager explained that they were putting in measures to monitor and improve quality, but this was not yet established.
- Not all training was up to date at the time of our inspection. The provider's records identified several staff had yet to complete mandatory training including safeguarding training, moving and handling, health and safety and infection, prevention control. The manager confirmed they had started to use a new e-learning system and this training had now been scheduled.

We found no evidence that people had been harmed however the provider did not consistently and

effectively operate systems to assess and monitor the service, mitigate risk and drive improvement. They did not have accurate, complete and contemporaneous records for each person and for the management of the regulated activity. 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

- People and their relatives were mostly happy with the care and support received. People spoke positively about the new manager and how they were putting measures in place to improve the service. However, this was not yet embedded. Staff and relatives weren't entirely confident they would succeed due to previous experience of the service and the high turnover of manager. Relatives stated "They [managers] start with great enthusiasm but this isn't always maintained." And, "The home has been in turmoil."
- Staff felt well supported and valued by the new manager telling us, "[Manager] is lovely, very approachable, she is always on the floor." Another member of the team told us the new manager will deal with issues quickly when this hadn't always been the case (with previous managers). The manager confirmed that they had been tackling issues within the team already, recruiting staff who had skills and values they thought were important to help provide better outcomes for people.
- There was a good approach to teamwork within the home. This was observed through interactions and staff working together on the day of the inspection. Minutes from monthly team meetings were evidenced and staff confirmed they felt comfortable raising issues or new ideas with the manager.
- People and relatives felt they could approach the manager if they needed to.

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 manager had engaged and been frank and co-operative throughout the inspection process.
- The manager understood our statutory notification process. This process is something providers must follow to inform us about certain things such as a change in management, a serious incident or instances of suspected or actual abuse.

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

- People said that they had not taken part in resident's meetings or asked to complete surveys. Meetings and surveys are important to help empower people to bring up issues or concerns around their care and drive improvements within the service.
- Evidence of staff meetings was seen. Issues in the home were discussed as well as staff practice. All staff could contribute to the meetings and their ideas were logged with actions agreed. Poor attendance due to staffing was identified but the manager said they were making efforts to increase participation and feedback of agreed actions,

Working in partnership with others

- The manager and staff sought appropriate healthcare for people using the service. One person mentioned how the GP was called and they were given appropriate care during a recent illness.
- A visiting district nurse said, "[Staff] they've done amazing." They had listened and provided a good standard of care to improve an individual's health and wellbeing. The nurse spoke positively about the communication between themselves and the team to enable a good outcome.

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 10 HSCA RA Regulations 2014 Dignity and respect One person was left at times in an undignified situation. Their privacy was not maintained at all times. 10(1)(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not consistently act in accordance with the Mental Capacity Act 2005 11(1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to consistently provide care in a safe way. They did not consistently assess and mitigate risks related to health and safety and the safe management and administration of medicines. 12(1)(2)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to deploy sufficient number of suitably, competent, skilled and experienced

staff to meet people's needs.

18(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to consistently and effectively operate systems to assess and monitor the service, mitigate risk and drive improvement. They failed to have accurate, complete and contemporaneous records for each person and for the management of the regulated activity.</p> <p>17(1)(2)(a)(b)(c)(d)(i)</p>

The enforcement action we took:

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