

Ms Lauren Amanda Walsh

Virginia Lodge Care Home

Inspection report

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Date of inspection visit:
18 October 2022
25 October 2022

Date of publication:
11 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Virginia Lodge is a residential care home providing personal care to up to 32 people. The service provides support to older people including those who may be living with a dementia and/or a physical disability. At the time of our inspection there were 19 people using the service.

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

People felt safe with kind and caring staff. Risks associated with people using the service or other elements of the home including safety, were assessed and monitored. Accidents and incidents were recorded and reported appropriately.

Medicines were managed safely. The service manager updated some records during the inspection and arranged support from the controlled drugs liaison officer to enhance practice.

Staff provided food and refreshments which people enjoyed and met their individual needs.

Infection control procedures were safe, and the home was kept clean and tidy.

There was enough staff to support people safely, although it was acknowledged it was busy at times. An ongoing safe recruitment process was in place to fill vacant posts. Staff were supported and received a range of training to support them in their roles. We have made a recommendation regarding staff appraisals.

A range of quality assurance checks were in place to monitor the service delivered to people.

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 4 November 2021) and there were breaches of regulation. 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

We carried out an unannounced comprehensive inspection of this service on 23 August 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve, safe care and treatment, consent and quality assurance.

We undertook this focused inspection 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, Effective and Well-Led which contain those requirements.

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.

For the key question of Caring and Responsive which were not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to good. This is based on the findings at this inspection.

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Virginia Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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

The inspection was completed by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Virginia Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Virginia Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was registered with the Care Quality Commission. The service manager was also the provider. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used feedback from the local authority safeguarding and commissioning teams. We contacted the local fire authority 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 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 this information to plan our inspection.

During the inspection

We spoke with 8 people and 4 relatives about their experiences of the care and support provided. We spoke with the service manager, operations manager, 2 senior care staff, 3 care staff, a cook and a domestic. We also emailed 20 staff for feedback.

We contacted the district nurse team, a specialist Parkinson's disease nurse, the care home team, the infection control team and 2 care managers. We received 5 responses.

We reviewed a range of records. This included 4 people's care records and multiple medicine records and monitoring charts. We looked at 3 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection we continued to seek clarification to validate evidence found. We looked at training data and quality assurance records.

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. The rating for this key question has improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to robustly follow best practice in preventing and controlling infection. This was a breach of regulation 12 (safe care and treatment) 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.

- 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 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. The home had an outbreak which was the first since the pandemic began.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was taking place in line with government guidance. Visitors to the home were welcomed.

Using medicines safely

At our last inspection the provider had failed to safely manage medicines. This was a breach of regulation 12 (safe care and treatment) 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.

- Medicines were managed safely, including their administration, storage and disposal. During the inspection, the controlled drugs safe was replaced and the service manager welcomed the controlled drugs liaison officer for their area to support them with any further enhancements in practice.

- People received their medicines as prescribed, particularly those with time specific medicines.
- The service manager acted immediately to our feedback to further develop medicines procedures, including updating records which lacked some detail. This had not impacted on people as staff knew them very well.

Assessing risk, safety monitoring and management

- Risks to people, staff and visitors were assessed and continually monitored.
- A fire risk assessment was in place. Monitoring of fire safety arrangements took place, including fire drills and checking extinguishers and systems regularly. An emergency fire evacuation 'grab' bag was in place to support an evacuation of the service should an emergency arise. This included personal emergency evacuation plans, torches and emergency blankets.
- The service was maintained, including regular checks on utilities and equipment.
- Special mattresses to support people's skin care, were not recorded in care plans or monitored to ensure they remained at the correct setting. The service manager addressed this immediately.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people. Staff had received training in safeguarding people and knew how to identify abuse.
- Staff said they would immediately report any concerns they identified.
- People felt safe, and relatives confirmed this. One relative said, "We are very happy that [person] is there. [Person] is very safe there, they pay great attention to that."

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- Accidents and incidents were recorded and monitored.

Staffing and recruitment

- There were enough staff to meet people's needs, although it was acknowledged some periods of the day were busier than at other times. Call bells were answered in a timely manner.
- Due to the current staffing situation nationally, it was acknowledged that agency staff had to be used at times. However, the provider had a robust recruitment drive in place to fill posts as quickly as possible and a range of incentives to attract suitable potential staff.
- Recruitment checks were in place. This included requesting references from previous employers and completing Disclosure and Barring Service (DBS) vetting checks to ensure staff were suitable to work with vulnerable people.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider did not have robust systems in place to ensure the requirements of the MCA was always followed. This was a breach of regulation 11 (Consent) 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 11.

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).

- The provider followed the requirements of the MCA. People told us consent was requested before care was agreed or undertaken.
- Staff had received training in the MCA. Best interest decisions were in place when required.
- DoLS applications to deprive some people of their liberty in specific areas had been made appropriately.

Staff support: induction, training, skills and experience

- Staff received a suitable induction. One staff member said, "New staff have a good induction. They can have longer to settle in if they feel unsure about anything."
- Staff received a range of training suitable to their role, including a mix of eLearning and face to face. Staff confirmed if specific training was identified, the service manager would source this. The service manager was in the process of identifying suitable learning disability training for all staff in line with new legislation.
- People and relatives thought staff were well trained. One relative said, "The girls are very resourceful in

managing [person's] behaviour."

- Staff felt supported and received supervision with staff meetings taking place. The service manager was behind in staff appraisals but had started to address this and had planned dates for all staff over a year in post to have these completed.

We recommend the provider plans appraisals in advance to ensure these are completed in a timely manner and in line with best practice.

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

- People's needs and wishes had been assessed before moving into the home and then been regularly reviewed.
- Assessments were completed using nationally recognised assessment tools that reflected best practice and met legal requirements.

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

- People were supported to maintain a healthy balanced diet.
- Care records detailed people's food and drink preferences and any specialist dietary requirements. These were updated during the inspection.
- People and their relatives confirmed, they were happy with the food and drinks provided to them. One person said, "I like the food. They ask you what you want." A staff member said, "I know I work here, but I have to say the food here is very good. Residents are well looked after...definitely."

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

- The service was adapted to meet people's changing needs. A comprehensive refurbishment programme was in place. The service manager had used models of best practice, including Stirling University dementia design expertise to help with colour schemes.

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

- Staff worked with other health and social care professionals. There was evidence that a range of professionals had been involved with people's care, including occupational therapists, speech and language therapists, and specialist Parkinson's disease practitioners. One healthcare professional said, "Staff were supporting [person] well and maintained appropriate input to the team when needed."

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. The rating for this key question 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have robust quality monitoring systems in place. This was a breach of regulation 17 (good governance) 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 17.

- Managers and staff were clear on their roles. One staff member said, "We care for people how you would expect your own family to be cared for. We all have our jobs, but we work together as a team."
- People and their relatives thought the service was well run. One person said, "[Manager] is very nice. I speak to her often. She asks you about things." One relative said, "The home is very good at communicating with us; we have never had a complaint."
- A range of audits and improvement checks were in place to monitor the quality of the service. These were further reviewed and updated during the inspection. The service manager said they were continually adding to their audits and checks, so they could continuously monitor and improve the homes performance.

Continuous learning and improving care

- The service manager listened to people and relatives to continue to improve the care provided.
- A service improvement plan was in place which gave a clear focus on areas for development.
- The service manager listened and acted on all feedback given during the inspection and was open to any improvements they could make.

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 service manager promoted a positive, open and inclusive culture. One relative said, "The manager keeps in touch with us about what is going on. They are very easy to get hold of." One staff member said, "There is always an open door if you need to speak to someone."
- People were settled and content living at the service and all commented staff were kind and caring. One person said, "It's not home, but I am as content as anyone could be, the girls are lovely." Another person

said, "Oh I do like it here. It couldn't be better. They are so kind...they can't do enough for you."

- Staff felt part of a team and said they liked working at the service.
- The management team were visible throughout the home. Staff were relaxed in their presence and maintained professional and caring interactions with people to ensure their care needs were met.
- The service manager understood the duty of candour including the need to apologise if something went wrong.

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

- People and relatives said they felt involved. 'Resident Committee meetings' took place, which included discussions about activities people would like to be involved, menus or any concerns people may have. Relatives were communicated with during visits and via telephone calls.
- Staff meetings had taken place, which included discussions about recruitment and infection control. One staff member said, "It's a small home and we are constantly talking to each other and suggesting things."
- Management bulletins and regular newsletters were produced to share information with the staff and people using the service.
- Surveys had been completed with people or their relatives and responses were positive. There had been a delay in analysing this information and sharing it with relatives. The service manager addressed this immediately.

Working in partnership with others

- The staff team worked in partnership with health care professionals, including regular GP visits. A meeting was planned to take place with the district nurse team to help further enhance working practices.
- Advice and guidance was sought from health and social care professionals when required.