

Victoria Care Home (Burnley) Limited

Victoria Care 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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Victoria Care Home provides accommodation and personal care for up to 48 people. The home is set in a residential area in Burnley. Accommodation is provided in single rooms over three floors. A passenger lift provided ready access to all floors. At the time of the inspection, there were 23 people accommodated in the home. The third floor was not in operation.

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

People told us they felt comfortable and safe living in the home. The staff understood their responsibilities to raise concerns and report incidents or allegations of abuse and had received training. However, there had been a seven day delay in reporting one allegation of abuse to the local authority. While staff had carried out risk assessments, we noted risk assessments had not been carried out in respect of risks posed by one person's distressed behaviours. The provider operated an effective recruitment procedure, however, there were not always enough staff on duty to meet people's needs. The nominated individual assured us the staffing levels would be reviewed. Staff were not provided with adequate documentation or training to ensure medicines were managed safely. Cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had appropriate arrangements to ensure all staff received training relevant to their role. However, one new member of staff, who was working unsupervised had not completed any induction training. We also noted two agency staff members had not completed the provider's induction training for visiting staff. The nominated individual addressed this issue during the inspection. People's needs were assessed prior to them moving into the home. People were provided with a nutritionally balanced diet. People were supported to maintain their health and two visiting healthcare professionals provided positive feedback about the staff team and their management of healthcare needs.

Staff treated people with kindness and respect and spent time getting to know them and their specific needs and wishes. Our observations during the inspection, were of positive interactions between staff and people who lived in the home.

All people had a care plan which detailed their needs and preferences. Whilst established staff knew people well, there was a delay of seven days before a plan was developed for one person with complex physical and communication needs. The staff did not have ready access to some care plans and none of the care staff had read the plans. We have therefore made a recommendation about ensuring staff are fully aware of people's care plans. People were provided with appropriate activities. People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

The provider's systems to review the quality of care were not always effective. We found various shortfalls in

the operation of the service. Audits were completed by the registered manager and representatives of the provider. Action plans had been drawn up to respond to any shortfalls. The nominated individual made immediate arrangements to address the issues identified during the inspection.

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 requires improvement (published 21 February 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the rating.

Enforcement

We have identified breaches in the regulations in relation to the management of medicines and the level of staffing. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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.

Inspection team

The inspection was carried out by one inspector, a medicines inspector and an Expert by Experience on the first day and one inspector on the second day. 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

Victoria Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. Following the inspection, the registered manager left the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also asked the local authority contracts department for feedback.

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 used our planning tool to collate and analyse the information before we inspected.

During the inspection

We spoke with eight people who lived in the home, five relatives, six members of staff, the activities coordinator, a housekeeper, the maintenance officer, the registered manager, the clinical operations manager, the head of operations and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two visiting healthcare professionals. We looked at the care records of three people who used the service, looked around the premises and observed staff interaction with people, and activities that were taking place. We also observed the administration of medicines. We reviewed a range of records. This included five medicine records, two staff files in relation to recruitment and supervision and induction training. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 good. At this inspection, this key question has deteriorated 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.

Using medicines safely

- People's medicines were not always managed safely. Staff knew people well, however some medicine records lacked detail which meant staff did not have the detail to allow them to manage medicines safely. Some records had no photograph or allergy status recorded, which may increase the risk of a medicine being given in error.
- We found people were at risk of choking from thickening powder because staff failed to store it in a safe manner, it was not used as directed by the doctor, and it was not recorded accurately.
- Records demonstrated that people's topical preparations were not always applied as prescribed.
- Regular medicine audits were undertaken, however these demonstrated that issues were not addressed promptly.
- The registered manager could not demonstrate that staff who administer medicines were competent to do so.

The provider had failed to manage medicines safely. This is a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured by the clinical operations manager the issues found would be addressed.
- Medicines were stored securely, and regular checks were made to ensure medicine stocks were correct.

Staffing and recruitment

- There were not always enough staff to meet people's needs in a timely way. On both days of the inspection, people told us they were waiting for breakfast and a drink.
- Staff were observed to be working hard trying to care for people, however, on the first day, we had to intervene during a verbal altercation between two people. This was because the staff were busy caring for a person in their bedroom and there were no staff to supervise the people in the communal area.
- The provider had a dependency tool which was used to determine the minimum level of staffing. However, despite a member of staff working off the rota on their day off, there were fewer staff than indicated by the tool.
- One member of staff, who was working unsupervised and caring for people with complex needs, had not completed any of the provider's mandatory training.

The provider had failed to deploy a sufficient number of suitably qualified and skilled staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We discussed this situation with the nominated individual and were given assurances the staffing levels would be reviewed.
- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.

Assessing risk, safety monitoring and management

- The provider had established arrangements to assess, monitor and manage risks to people's health and safety and wellbeing. These included risks related to falls, moving and handling and nutrition and hydration.
- Staff told us they were experiencing difficulties managing one person's distressed behaviours. Although behaviour monitoring charts had been completed, the risks associated with the person's behaviours had not been assessed and recorded. As a result, there were no agreed strategies, to manage risks in a safe and consistent manner. The nominated individual assured us this issue would be addressed.
- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space. The premises and equipment were well maintained. 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 provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances, such as bad weather. All people had an up to date personal evacuation plan, which described the help they would need if there was fire.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. This included access to appropriate policies and procedures. People told us they felt safe living in the home. One person told us, "I feel safe. The staff are brilliant. If I didn't feel safe, I could talk to any one of them." Relatives had no concerns about the safety of their family members.
- The staff understood safeguarding matters and had received training in safeguarding vulnerable adults. However, we noted there was a delay of seven days in reporting one allegation of abuse to the local authority.
- Staff completed appropriate forms to record any accidents and incidents. The registered manager had carried out investigations 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. Any lessons learned were discussed at management and staff meetings.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training in this area. Staff had access to an infection prevention and control policy and procedure. People and their relatives said the home had a good level of cleanliness and was well maintained. One person told us, "It is always spotlessly clean."
- Staff were seen wearing personal protective equipment and the registered manager had completed regular infection control audits. These included checks on commodes, mattresses and hand hygiene.
- The registered manager recorded walk rounds the home three times a week to ensure the level of cleanliness.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Whilst the provider had established a programme of induction training for new and agency staff, not all staff had undertaken the training. One new staff member, who was working unsupervised had not completed any induction training and two members of agency staff had not completed the provider's induction for temporary staff. This situation increased the risk of unsafe and inconsistent care.
- Following discussion with the nominated individual, immediate arrangements were made to ensure the staff completed appropriate training. The training was commenced on the second day of the inspection.
- Staff were provided with one to one supervision and were given the opportunity to attend meetings. However, the staff told us they felt there was limited support in their day to day work.

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 Act requires 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training and had an understanding of the relevant requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- Where people needed restrictions on their liberty, to ensure their safety, the registered manager had applied to the local authority for appropriate authorisation under DoLS.

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

- People were provided with appropriate food and drink to maintain a balanced diet. People told us they

enjoyed the meals. One person said, "The food is very good" and another person commented, "You can always ask for more. The staff watch you and if you need help, they will give it to you."

- Whilst the registered manager advised a system of two sittings had been introduced, there was only one sitting on each floor. At first, the meal time arrangements at breakfast and lunch were disorganised. For example, people had to wait for their meals, staff were unaware of the level of thickening agent to be used in one person's drink and we had to alert staff to one person using a fork to eat soup. However, once resolved the mealtime went smoothly and was a pleasant experience.
- Risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

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

- People were supported to access healthcare services. Staff had supportive relationships with other agencies and professionals. Two visiting healthcare professionals provided us with positive feedback about the management of medical needs. They also confirmed staff made timely referrals and followed any healthcare instructions.
- People had an oral healthcare support plan and the staff recorded oral care as part of the daily monitoring charts.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

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

- A member of the management team or a social worker carried out an assessment of people's needs, before they moved into the home. The assessment was used to form a plan of care.
- People were encouraged to visit the home prior to admission. This ensured people were able to sample life in the home before making the decision to move in.

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

- The provider ensured the premises were designed and decorated to meet people's needs. Areas of the home had been refurbished to good effect, including bathrooms, living and dining rooms and the reception. One person told us, "The home is lovely and clean, nicely decorated and furnished" and a relative commented, "It is very nice and they are doing more and more to make it better."
- The provider ensured mobility aids and hoists were available, to meet the assessed needs of people with mobility problems. Doorways into communal areas, bedrooms, toilet and bathing facilities were sufficiently wide to allow wheelchair access.
- People were able to personalise their bedrooms with their own furniture, decorations, pictures and ornaments. People told us their bedrooms were comfortable and warm.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and their diverse needs were respected. People told us the staff supported them with respect and kindness and they were complimentary of the care they received. One person told us, "The staff are very kind and treat you politely. They couldn't be nicer." Relatives also praised the approach taken by staff. One relative said, "They are all very nice."
- We observed staff interacted with people in a warm and friendly manner and saw people were comfortable in the presence of staff who were supporting them.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.
- Staff had received training on equality and diversity issues and had access to a set of policies and procedures.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were consulted in individual and meaningful ways. Staff asked people for their comments about the support they provided. They included people in decisions about their care and gave people time to voice their wishes.
- People were encouraged to make decisions about their day to day routines, in line with their personal preferences.
- People told us they and / or their relatives had been consulted about their care needs and had discussed their care with staff.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service. This helped them to make informed decisions about accepting a place at the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected. People could spend time alone in their rooms if they wished.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Whilst the staff team understood their responsibility to keep people's information confidential, we found personal and confidential records had been left in piles in the staff office on the first floor. We were assured this issue would be addressed.

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 remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care and support in a way that was flexible and responsive to their needs. People were happy with the care provided. One person said, "The staff are very nice and try their best."
- Since the last inspection, the provider had introduced a new system of care planning. All people had an individual plan, however, there was a delay of seven days before a plan was drawn up for one person with complex physical and communication needs.
- Whilst the established staff knew people well, the care plans were not readily accessible, and staff took some time to search for two people's plans. None of the care staff had looked at or read a care plan and there were no quick reference guides for agency staff.

We recommend the provider ensures staff have ready access and a full understanding of people's care plans.

- Staff maintained daily records of care and completed monitoring charts. We noted people's care and support needs were described in respectful and sensitive terms.
- People were able to follow their own routines and could choose what time they rose and retired to bed.

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.

- People had access to a range of information, which helped them understand how to access different support services.
- People's information and communication needs had been identified as part of the care planning processes. We saw staff members openly engaging with people during the inspection, which enabled 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

- People were supported to participate in activities that were socially and culturally relevant to them. People told us they enjoyed the activities and events in the home.
- The provider employed an activity coordinator and people were provided with a range of activities both inside and outside the home. Details of forthcoming events were displayed on notice boards around the

home.

- Staff supported people to maintain and develop relationships to avoid social isolation. Visitors were welcomed into the home.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure. We saw the complaints procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The provider had arrangements for investigating and resolving complaints.
- 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 in advanced care plans.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst the provider had established systems to monitor the quality and performance of the service, these were not always effective. We found there were shortfalls in the management of people's medicines and there were not always enough staff to meet people's needs. We also noted staff were working in the home without induction training and the staff had not read people's care plans.
- Following discussion with representatives of the provider, immediate action was taken to address the shortfalls identified during the inspection. This included additional management support. There had been a change in the registered manager since the last inspection and the registered manager at the time of our visit had been in post since June 2019.
- Representatives of the provider visited the home on a regular basis and carried out a series of audits. We noted action plans were developed in response to any shortfalls.
- Staff were aware of their roles and responsibilities. They were provided with job descriptions and had access to a set of policies and procedures to guide them.
- The registered manager carried out regular of audits on all aspects of the operation of the service. They utilised management and staff meetings to ensure continuous learning and improvements took place.

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 provider had a duty of candour policy that required staff to act in an open and transparent way when incidents occurred. The registered manager understood and acted on their duty of candour responsibilities. They told us they would speak with people when things went wrong. The registered manager also ensured any incidents were discussed with staff during meetings or in one to one support sessions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. The staff knew people well and were knowledgeable about their needs and preferences.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy to protect people from unsafe or inappropriate care.
- We observed a welcoming culture within the home. Staff worked hard to meet people's needs and went

over and above their working hours to provide people with care and support.

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

- Staff involved and engaged people in the service and considered their equality characteristics. They encouraged people to express their opinions through different forums to ensure their views were heard. This allowed the provider to monitor, reflect and develop the service based on people's experiences.
- The provider invited people to complete an annual satisfaction survey. The last survey was carried out in April 2019. We looked at the results and noted people were satisfied with the service.
- People were given the opportunity to attend residents' and relatives' meetings every three months. We looked at the minutes and noted a wide variety of topics had been discussed.
- The staff had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included health and social care professionals.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to manage medicines safely. (Regulation 12 (g)).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider had failed to deploy a sufficient number of suitably qualified and skilled staff. (Regulation 18 (1)).</p>