

Mr & Mrs K Powell

Victoria Court Private Rest Home

Inspection report

127-129 York Road
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Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on the 7 January 2019 and was unannounced.

Victoria court private rest home is a 'care home' for the elderly. 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. It is situated in Southend on sea, Essex.

Victoria court private rest home provides accommodation and support for up to 29 people who may need assistance with personal care and may have care needs associated with living with dementia. There were 25 people living at the service at the time of our inspection. The home does not provide nursing care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

At our last inspection in June 2016, the overall rating of this service was Good. At this inspection we found the service to be good, however, some improvements needed to be made as to ensure people's records were a true reflection of people's current care needs.

The service was not always safe. The service assessed and reviewed people's health and wellbeing to minimise risk to health, however, we noted that this information was not always contained in people's support plans. Whilst staff were knowledgeable about keeping people safe. Risk assessments were not always updated to reflect a change in people's needs.

The service carried out appropriate recruitment checks before staff commenced employment. There was sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. The service had an effective management and monitoring structure in place for the management of people's medicines.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The service supported people to eat and drink enough which ensured people maintained a balanced diet.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. People's were encouraged to be independent and to make informed decisions about their care.

The service was responsive. The service had not carried out regular care plans reviews and recorded changes were made when needed. People and their relatives were involved in the planning and review of their care. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was well led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The manager told us that current systems and processes were being updated and improved.

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 required improvement.

Whilst staff were knowledgeable about keeping people safe, risk assessments were not always updated to reflect a change in people's needs and how to keep them safe.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Victoria Court Private Rest Home

Detailed findings

Background to this inspection

We carried out this 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 unannounced inspection took place on 7 January 2019 and was carried out by one inspector.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events, which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how staff cared for them. We used observations, speaking with staff, relatives and reviewing care records to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who used the service, one relative, three staff members and the registered manager. We looked at records in relation to three people's care, four staff recruitment folders, and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

Whilst staff were knowledgeable about keeping people safe, risk assessments were not always updated to reflect a change in people's needs. For example, when people had sustained a fall, this information was not always updated in people's records. Whilst reviewing the service's accident and incident file, one person had sustained two falls, but the accident form completed did not indicate if the risk assessment had been updated. In addition, it was not clear what actions had been taken by the service to mitigate future risk of falls for the person. This was not isolated as we also found other people who had sustained falls who's risk assessments had not been updated. The registered manager confirmed that the service was in the process of updating all of the risk assessments. They added that the service was aware of the need to update all documentation and had recently employed a new administrator who would solely focus on updating care plans and risk assessments.

People and their relatives told us they felt safe residing in the service. One relative said, "There is a homely feel here. I know my relative is safe in here because the staff are focused on looking after people."

Staff had a good knowledge of how to keep people safe and protect them from any potential harm. They could explain how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager. If the concerns were about the registered manager, staff said they would contact the provider and/or other external agencies, such as Social Services. Staff knew about the provider's whistleblowing policy and procedures.

The registered manager informed us that the service reviewed staffing levels of the service on a monthly basis to ensure that the service had sufficient staff in place to meet the needs of people using the service. Our observation showed there was enough present to meet people's needs and people were never left for long without staff engaging with them. The registered manager and staff told us that there was enough staff to meet people's needs however, additional staff support was deployed as and when required. Records we viewed confirmed this.

The provider had a robust recruitment process in place, which showed that staff had the appropriate checks completed to ensure that they were suitable to work with vulnerable people.

People were being cared for in a safe and clean environment. People's rooms were decorated to each person's interests and likes. The service had consulted people and involved them in the decoration of the home. The manager said, "We are currently redecorating the rooms in the home and using paints that give the rooms a brighter look and feel."

People received their medicines as prescribed. We found all Medication Administration Records (MARS) were up to date. Medication was safely and securely stored, and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their

medications.

We spoke to the registered manager about any lessons that may have been learned when things have gone wrong. The registered manager informed us that they take every experience as a learning outcome.

Is the service effective?

Our findings

At this inspection, we found staff had a good level of skills, experience and support to enable them to effectively meet people's needs, as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs.

Staff attended training when they first started work and also attended refresher courses as and when required. The management team kept a record to ensure all staff kept up to date with their training and that they understood their role and could care for people safely. The registered manager informed us that the service was continually looking at ensuring that all staff had received appropriate training and induction to carry out their roles.

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 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 with appropriate legal authority. 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 were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings.

People said they had enough food and drink and were always given choice about what they ate. Throughout the day we observed people being offered food and drink. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People's healthcare needs were well managed. We noted that people were supported to attend doctors and hospital appointments. When required, the service liaised with people's GP, community nurses to ensure all their healthcare needs were being met.

Is the service caring?

Our findings

At this inspection, we found the staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People's care and support needs were well understood by the staff, relatives, and people receiving support. This was reflected in detailed support plans, individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. The registered manager informed over the last few months the service had employed a member staff to update all of the care plans.

The registered manager held conversations with other health professionals, people and relatives to plan and discuss people's care before the service commenced as to ensure the service can meet the needs of the person. The regularly communicated with people and their relatives to ensure the information held in the care plans was accurate, correct and also as a tool to make improvements to people's care plans. Support plans were reviewed and changed as staff learned more about each person. Staff used a range of ways to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care.

The service also encouraged people to access activities in the community. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. One person told us, "At least once a week I go out into town." For those not able to access the community the service had entertainment brought in to the service this included a singer. People and their relatives told us they thoroughly enjoyed this.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the registered manager.

Is the service responsive?

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Is the service well-led?

Our findings

The registered manager was visible within the service and we were informed that in their absence the deputy manager, and administrator, the registered manager had a very good knowledge of people living in the service and their relatives. People and their relatives said staff were very approachable and they could speak to them at any time. The registered manager said, "I am continuously reviewing our current practices and processes to see how we can make improvements. We have looked at our care plans and realised that they need work, so we now have staff working on updating them."

People benefited from a staff team that felt supported by the registered manager. Staff had handover meetings at the beginning of each shift and there was a communication book in use, which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. Staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The registered manager told us that their aim was to support both the people and their family to ensure they felt at home and happy living at the service. The registered manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify areas of improvement and gave relatives an opportunity to feedback to staff. People and their relatives also told us that they were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place, such as, health and safety, medication, falls, infection control. However, we noted with the falls this information was not always analysed as to monitor trends to come up with ways to mitigate future risk of falls. This was discussed with the registered manager and we were given assurances that this information would be reviewed and better risk management plans would be developed in the future.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.