

HC-One Limited

Victoria Park Care Home (Ilkeston)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Victoria Park Care Home (Ilkeston) is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 39 people in one adapted building across two floors.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

People received caring and kind support from staff who respected their dignity and privacy. They were encouraged to be independent and staff understood their needs well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were skilled in understanding the needs of people and engaged them in meaningful activities. Staff knew them well and understood how to care for them in a personalised way. Care plans were informative and regularly reviewed to support them.

People were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The registered manager was approachable and there were meetings in place which encouraged people and staff to give their feedback. People and relatives knew how to raise a concern or make a complaint.

The environment was adapted to meet people's needs. There was a refurbishment programme in place to continue to improve it. Regular monitoring of the home ensured that quality of care was regularly reviewed, and improvement measures were in place.

More information is in the full report.

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 13 December 2019)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Victoria Park Care Home (Ilkeston)

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 completed by one 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

Victoria Park Care Home (Ilkeston) 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, a nurse, a senior carer, two carers, the chef and the area quality director. We reviewed a range of records. These included four people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, were reviewed.

After the inspection –

We asked the provider to send us further information related to staff training and they did this.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- Relatives and people who lived at the home told us they trusted all the staff and would be happy to raise any concerns with any of them.
- When safeguarding concerns were raised and investigated action was taken to protect people from further harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- One person told us how staff supported them to move using equipment. They said the staff were, "Gentle and careful."
- We saw people being supported in line with their risk assessments; for example, being moved with the assistance of equipment or using cushions to protect their skin.
- Staff we spoke with knew about people's individual risks in detail. For example, they told us about specialist diets for people who were at risk of choking.
- The environment was checked regularly to ensure that it was safe and well maintained. For example, we saw that equipment in the home had been serviced recently.
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- We saw that staff had plenty of time to spend with people throughout the day and to respond promptly when assistance was requested.
- One person said, "Staff usually come quickly when I press the buzzer" and another said, "It doesn't take staff long to come."
- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.

- Some people were prescribed medicines to take 'as required'. Staff asked some people if these were required; for example, for pain management. There was guidance in place to support staff to know when this was needed.

Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection. One relative told us, "The house is clean and well maintained", and one person who lived at the home confirmed, "It's very clean."
- Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing protective equipment and that it was readily available.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong, and actions taken to reduce the risk.
- The registered manager reviewed and reported people's wellbeing against a number of clinical risk factors. These included falls, sore skin, infection and weight loss. Actions included reviewing people's care plans and referrals to other health professionals for support and guidance.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs.

Staff support: induction, training, skills and experience

- People told us staff had the skills and training to support them well.
- Staff told us they had regular opportunities for training and they felt it was good. One member of staff said, "I have recently completed some on-line end of life training and we had face to face training in moving people safely." They told us there was a good balance of training approaches particularly as a member of the staff team were qualified to teach safe moving and handling.
- Senior care staff were being trained by the registered manager and nurses to administer medicines and complete some assessments; for example, monitoring of people's weight. One member of staff said, "I have completed some training in medicines administration and some shadowing of nurses." The registered manager said, "I am happy for us to take our time improving staff skills until we are certain they are confident. We want to make sure we always get it right."

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

- People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- One person told us, "The food is brilliant. If I didn't like something, they would change it."
- People were offered a choice by showing them two different options at mealtime.
- The chef said, "The menu is set centrally but I always review it with people after a new meal has been introduced and will amend the recipe to meet their preferences. For example, one person doesn't like fish, so I order them individual meat portions as a replacement."
- Staff were attentive during mealtimes. When people required support to eat, this was given patiently with gentle encouragement.
- Special diets were catered for and this included softened or puree food for people who were at risk of choking. This was presented well to stimulate people's appetites.

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

- There were good relationships in place to ensure that people saw healthcare professionals when required.
- People told us they had regular contact with a range of health professionals to monitor and manage their wellbeing. We saw evidence of this in their care records.

- Nurses had responsibility for assessing and monitoring people's health. They ensured that care plans were kept up to date and made referrals to other professionals when required; for example, speech and language therapists.
- People and relatives told us prompt treatment and monitoring was provided after any accidents and relatives said they were always informed of them.

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

- People were involved in decisions about the premises and environment.
- There was signage throughout the home to assist people who were living with dementia to orientate.
- Some areas at the home required remedial work, and this was being completed whilst ensuring minimum disruption to people living at the home.

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

- Staff had a good understanding of the MCA and could describe the process they had taken to ensure decisions were made in people's best interest when they were unable to do so.
- There were records to evidence capacity assessments and best interest's decision making. Some capacity assessments required further detail to demonstrate how judgements had been made. We discussed this with the registered manager and this was addressed after the inspection visit.
- Any restrictions on people's liberty was reviewed to ensure it was the least possible. Conditions in DoLS were adhered to.

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 remained the same add rating. 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 had caring, kind supportive relationships with the staff who supported them.
- One person told us, "The staff are brilliant. I'm honestly proud of them. They are so friendly towards me and my family. They are a good team. They work together and work really hard." A relative also said, "The care here is magic; the staff are brilliant, very friendly and I know my relative is getting really good care."
- We saw caring interaction between staff and people throughout the inspection. They chatted and joked with people and had time to put people at ease when needed. They spoke kindly to people and touched their hands, arms and shoulders to offer reassurance which people responded positively to.
- Assessments highlighted equality and diversity support requirements; for example, two people were hearing impaired and adaptations had been made for them to know when the fire alarm was sounded. They had flashing lights in their rooms to replace the ringing alarm.
- People were supported to practise their religious beliefs and there were regular visits from local churches.

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

- People were enabled to make choices about the care they received. They chose where they spent their time; for example, people spent time in their rooms.
- They were consulted about decisions in an accessible way. One person said, "I have just had my room decorated. The staff asked me what I wanted, and I chose blue." We saw another person's room had been decorated with flowers and butterflies because they explained they wanted somewhere peaceful.
- People we spoke with did not remember being involved in writing their care plan; however, relatives told us they had been consulted. One relative said, "Staff talked to me and I filled the forms in." Another said, "I had a chat with the registered manager about my relative's care plan."

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff supported people with personal care requirements discreetly and ensured they kept doors and curtains closed.
- People were encouraged to be as independent as possible. They used adaptations at mealtime to support people to eat without support.
- When they assessed people's risk, for example, risk of falls they considered how important their movement and autonomy was.
- People's families and friends could visit the home freely. They told us they were always welcomed and kept informed of their relative's wellbeing.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported by staff who knew them well and understood their preferences. Staff we spoke with could explain how they cared for each person in detail and anybody they felt needed closer monitoring.
- People had care plans which were personalised and detailed. They were regularly reviewed and updated.
- Staff told us they met regularly to discuss what support people required. One member of staff said, "We have a handover every day to find out about people's needs."

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's communication needs were assessed, and it was clear how information should be shared with them. For example, for one person who was hearing impaired was supported by staff who were guided to use simple signs and to speak very clearly so the person could lip read.
- There was information displayed in the home in pictures and symbols so that those people who were no longer able to read could understand it.

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

- Activities were planned with people to ensure they were engaged and interested.
- There were group activities arranged and regular entertainers visited.
- One member of staff also told us how they planned individual activities as well and ensured this included people who spent more time being nursed in bed.
- The registered manager described links with another care home which included arranging joint outings and visits to each other's homes to broaden people's social circle.
- There was a regular group activity and singing songs at the same time each day which staff and people who lived in the home participated in. We saw people enjoying this and joining in. The registered manager explained as well as encouraging gentle exercise it also helped people's memories through the repetition.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to.
- One person told us, "If I have any problems I can talk to the manager about them."
- There was a complaints procedure in place which was shared with people and on noticeboards in the

home.

- Any complaints received were managed in line with the providers procedure.

End of life care and support

- People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.
- One member of staff we spoke with said, "We support a lot of people at the end of their life. We try to make it as peaceful as possible for them."
- Nursing staff were trained to administer end of life pain relief and worked closely with other professionals to ensure peoples preferences were met.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People we spoke with told us they knew the registered manager well and they were approachable and available. One person said, "They are a good manager."
- We saw the registered manager knew people well and interacted with them throughout the day.
- Relatives we spoke with confirmed this. One relative told us, "The manager always finds time to talk to you. They are lovely." Another said, "This home is well run. It's a joy to come in and see. They don't hide anything."
- Staff spoke with us about shared values which focussed on people's wellbeing. One member of staff said, "We are a consistent team and we work well together because we all care about the people."

Continuous learning and improving care

- Audits were regularly completed to measure the quality of the care provided and to set actions to improve it.
- All the audits demonstrated a high level of compliance against the providers measures. For example, a score of 98% in infection control measures. The home had also been rewarded for achieving the highest compliance in completing training in the region.
- The provider completed regular reviews to ensure the assessments were accurate.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation. Senior staff explained their role and the leadership they provided during a shift. This included monitoring and checking records completed for people.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The previous rating of the home was displayed in line with our requirements.

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

- There were regular meetings with people who lived at the home. They were an opportunity to discuss the running of the home and when we checked records we saw that the previous meeting had shared plans for

refurbishment and redecoration of the building.

- Staff felt supported through regular supervisions and appraisals. Team meetings were productive, and staff felt confident their views and opinions mattered and were listened to. For example, the outcome of internal reviews were shared so staff could understand where improvements were required; such as, recording fluids.

Working in partnership with others

- There were strong relationships with local health and social care professionals, schools, churches and social groups.
- The registered manager told us about partnerships being developed which would mean young children could visit the people who lived at the home.