

Regency Healthcare Limited

New Victoria Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

New Victoria Nursing Home is a care home providing personal and nursing care for up to 30 people. The home is set on three levels. There are two lounges located on the ground and third floor. Bedrooms are located on all three floors and are single accommodation.

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

People could not be assured governance systems were sufficiently implemented and embedded to drive improvements at the home. Risk controls were not always documented.

People were supported by staff who had undergone sufficient recruitment checks to help ensure they could support people who may be vulnerable. The manager was reviewing staffing arrangements to ensure the current arrangements met people's needs. Staff had received training in key areas such as moving and handling and infection prevention control to maintain their skills and competence.

People received their medicines safely. If people needed medical advice this was arranged for them and changes made to their care to support their well-being. Staff knew the help people needed to remain safe and people spoke highly of the staff.

Rating at last inspection (and update)

The last rating for this service was Good (published 23 November 2019). We also carried out a targeted inspection on the 03 November 2020. This was to ensure Infection Prevention and Control practice was safe and the service was compliant with IPC measures. During the targeted inspection we found improvements were required, and the provider was in breach of regulations.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We received concerns in relation to the management of people's nursing care needs. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

In addition, this inspection was carried out to follow up on action we told the provider to take at the last inspection carried out on 03 November 2020. We checked whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met on a specific concern we had about infection prevention and control.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance and documentation at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report and the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

New Victoria Nursing 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.

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 carried out by two inspectors on the first visit to the home and one inspector on the second visit to the home.

Service and service type

New Victoria Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The registered manager role had changed within the company and they were responsible for a group of the provider's homes. We did not speak with them during the inspection process. We spoke with the manager who worked at the home, had applied to the Care Quality Commission to become the registered manager for the home. The manager was awaiting interview by the Care Quality Commission.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was so we could be assured we followed the providers risk controls in relation to COVID-19 and to ensure the management team were available to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We also spoke with the manager and three care staff. In addition, we also spoke with the cook.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records. We also spoke with four relatives by phone.



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 comprehensive inspection this key question was rated as good. At this inspection this key question has now 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.

At the focused inspection carried out on 03 November 2020, the provider had failed to ensure staff had sufficient training in infection prevention and control. 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.

- The provider minimised the risk and spread of infection by providing training and personal protective equipment to staff.
- There were processes in place to minimise the risk and spread of infection. For example, increased cleaning of the home took place and checks were carried out to ensure the home remained clean.
- However, we noted some areas of the home required redecoration. Plans were in place to improve the environment, so cleaning was more effective and minimised the risk and spread of infection. Plans had been delayed due to the difficulties posed by the COVID-19 pandemic.
- Although risk assessments took place to minimise the risk and spread of infection, these were in the process of being formally documented. We have addressed this within the well-led domain.

Using medicines safely

- Medicines were managed safely and in line with good practice at the time of the inspection.
- Staff were trained in the management of medicines and their competency was in the process of being checked.

Assessing risk, safety monitoring and management;

- Staff assessed risks to people and actions to minimise risk were documented. For example, assessments in mobility, skin integrity, falls management and nutrition were carried out.
- People were supported to access medical advice if this was required and care was adjusted to ensure medical advice was followed.
- Staff knew the help people needed to keep them safe.
- Equipment was serviced and checked to ensure its safety.
- Fire evacuation equipment was not available during the first day of the inspection. Prior to the inspection concluding we saw this had been purchased and staff training in this was being planned. This would help ensure people were helped safely in the event of an emergency.

Staffing and recruitment

- The manager followed safe recruitment procedures to ensure suitable staff were employed to work with people who may be vulnerable.
- The manager deployed staff effectively. During the inspection we saw people were helped quickly and people told us they did not have to wait for help from staff. Staff told us they would benefit from an additional staff member at night as people sometimes had to wait for help. The manager told us staffing at night was currently being reviewed to see if additional staff were required. In addition, a housekeeper was being employed
- The manager told us they felt they would benefit from support with administration. This would allow them to drive improvements within the home. We have addressed this within the well-led domain.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse. Staff had received training in safeguarding awareness and knew when, how and why concerns should be raised to protect people.
- People felt safe. People told us they liked staff. One person described the staff as, "A good bunch."

Learning lessons when things go wrong

- Staff completed accident records which were reviewed by the registered manager to identify trends. The manager shared any lessons learned with staff to improve the safety of the service.

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 now deteriorated to requires improvement.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered provider had not ensured an effective governance system was operated to identify shortfalls and drive improvements. For example, environmental audits were in the process of being developed and introduced. Risks relating to COVID-19 had been considered but not all controls introduced had been formally documented. For example, the risk of infection when visitors came to the home. The manager told us that due to the impact of the COVID-19 pandemic, there had been delays in establishing and implementing a comprehensive governance system.
- Care records were not always accurate. One care record did not contain accurate information on the support a person required to manage their health condition. Staff were aware the help and support the person required but the documentation did not reflect this.
- Cleaning of the home and equipment was taking place but was not always documented.
- The registered provider had not ensured the manager had enough support to complete their duties as manager. We discussed the challenges the manager had faced with administration at the home, in part due to the COVID-19 pandemic. They said the amount of administration they had to do was preventing them from completing other tasks such as audits to drive improvement.

Systems and checks had not been established and documented to drive improvement. Care and cleaning records did not always contain accurate information and risk controls were not consistently documented. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found no evidence people had been harmed and the manager assured us they were taking action to rectify the concerns we had found with governance and documentation.

- There was a positive culture at the service. Staff told us they enjoyed working at the home and they worked as a team.
- The manager told us if things could have been done differently, investigations were carried out and an apology was made.

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

- The manager sought feedback to improve the service. Staff said they had staff meetings as well as informal opportunities to seek clarity and share their views. A suggestion box was available at the home for people to give feedback. Documentation showed people were able to complete surveys to give feedback. The manager said these had been delayed, however would be introduced in the near future.
- There was a learning culture within the service. Analysis of incidents and accidents showed lessons learned were considered and cascaded to staff to improve the safety and quality of the service.
- The registered manager sought to engage with external professional agencies and maintain positive relationships with them. This included working with commissioners and external health and social care professionals to ensure people could achieve their best outcomes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Care records and records relating to the management of the home were not always complete or accurate. Governance systems had not been established and effectively implemented to identify when improvements and changes were required to drive improvement. 17 (1), (2), (c), (d), (f). |