

Regency Healthcare Limited

New Victoria Nursing Home

Inspection report

137-139 Hornby Road
Blackpool
Lancashire
FY1 4JG

Tel: 01253621043
Website: www.rhcl.co.uk

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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

The New Victoria Nursing Home is situated in a residential area of Blackpool. The home is purpose built and provides care and accommodation for up to thirty people. People are cared for with a wide range of needs, from residential care to nursing. The home is set on three levels. There are lounges, dining areas and bedrooms on all three floors. All bedrooms are single accommodation.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People who lived at the home told us they were happy with their care and liked the staff who looked after them. One person said, "Yes I am happy here. The staff are very nice and they look after me."

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards people in their care.

We saw people who lived at the home were clean and well dressed. They looked relaxed and comfortable in the care of staff supporting them.

People who lived at the home and their visitors told us they enjoyed a variety of activities which were organised for their entertainment.

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

We saw staff assisting people with mobility problems. They were kind and patient and assisted people safely.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

We found staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs.

The service had sufficient staffing levels in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. People who lived at the home told us staff were responsive to their needs.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived at the home. We found staff were knowledgeable about support needs of people in their care.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. We saw the registered manager had listened and responded to issues of concern raised by of one person who lived at the home. The concerns were being investigated when we undertook our inspection visit.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff and resident meetings to seek the views of people about the service.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

New Victoria Nursing Home

Detailed findings

Background to this inspection

'We carried out this comprehensive 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 inspection visit took place on 19 April 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors.

We spoke with a range of people about the service. They included eight people who lived at the home, two relatives, the manager, and seven staff members. Prior to our inspection visit we contacted the commissioning department at Blackpool, Blackpool Clinical Commissioning Groups (CCG and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, the services training matrix, supervision records of four staff, arrangements for meal provision, records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they had confidence in the staff who supported them and felt safe when they received their care. Comments received included, "I like the staff and feel safe knowing they are around if I need them." And, "Never had any concerns about my safety. The girls are all lovely and I know I am safe in their care."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. During the inspection visit the manager completed a safeguarding referral to the local authority following a complaint from one person who lived at the home.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. For example we saw a falls risk assessment for one person with mobility problems. The assessment had information for staff about the methods to be used when supporting the person with their care. This had recently been reviewed and confirmed the level of support provided was appropriate and should be continued.

We found staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. We observed the nurse on duty administering medication during the lunch time round. We saw the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for the cleaning of the premises who worked to cleaning schedules. Infection control audits were in place and the manager made regular checks to ensure cleaning schedules were completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. We saw people visiting the home were made welcome by staff and where appropriate updated about their relative's welfare. Comments received from people who lived at the home included, "They know what they are doing which makes me feel good." And, "It's nice having nurses and staff that are trained looking after you. They are very good."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties.

The lunch time meal was served in two sittings with people who required assistance with their meals supported first. The support we saw provided was organised and well managed. Staff were kind and patient and did not rush people with their meals. We observed different portion sizes and choice of meals were provided as requested. Drinks were provided and offers of additional drinks and meals were made where appropriate. People spoken with after lunch told they had enjoyed their meal and had plenty to eat

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. We saw one person who had experienced swallowing difficulties had received an assessment from a speech and language therapist who confirmed they were happy with the support provided by the service.

We looked at the building and found it was appropriate for the care and support provided. The home is on three floors and each floor had two bathrooms and the top and ground floors had a lounge and dining area. There was a lift that serviced all floors and all rooms could be accessed by wheelchair users. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Adjustable beds were provided for people who received nursing care. Aids and hoists were in place which were capable of meeting the assessed needs of people who lived at the home.

Is the service caring?

Our findings

People who lived at the home told us they were happy and well cared for. Two people visiting their relatives were also positive about the care being provided. One person who lived at the home said, "The staff are lovely caring people. I am very happy here." One person visiting their relative said, "I visit several times a week and I am more than satisfied with the care [relative] receives. The staff are brilliant and nothing is too much trouble for them. [Relative] is always telling me how happy they are."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "The staff are polite and sensitive towards me. I am very happy with my care."

We spoke with the manager about access to advocacy services should people require their guidance and support. The service had information details on display in the reception area for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. We saw recent comments from relatives praising the staff and managers which included, 'Thank you for the wonderful care given to [relative] in their final days and making them so comfortable, And, 'Many thanks for your care and support. We will be forever grateful'.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Three care plans we looked at were detailed and were clear about the support needs of people and how they wanted their care delivered. We saw where people had expressed their preferred gender to support them this had been documented.

The service had a complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. When we undertook our inspection visit the manager had just received a complaint from one person who lived at the home. The manager had listened and responded to the issues of concern raised. The concerns were being investigated when we undertook our inspection visit.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The passport also provided information about whether the person had a do not resuscitate order (DNA) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

Is the service well-led?

Our findings

The service did not have a registered manager in place. 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.

Prior to this inspection the manager had submitted an application to be registered with the Care Quality Commission (CQC). This was being dealt with by CQC's registration team when the inspection visit took place.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service. Comments received from eight people supported by the service and two people visiting the home included, "I like the manager, she is always popping in to see if I am alright." And, "Communication is very good. I am always updated about [relatives] care when I visit."

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring the environment, health and safety issues, medication, nutrition, falls and infection control. Regular checks were also made to ensure water temperatures were safe in line with health and safety guidelines. This helped to ensure people were living in a safe environment.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included discussing the Mental Capacity Act, reminding staff to monitor people's weight and thanking them for their hard work.

Resident/relative surveys had been completed. We saw people said staff were approachable, treated them with dignity and respect, they felt safe, the service met their dietary needs and staff supported them to pursue interests and participate in activities. Comments received included, 'The staff have always treated myself and [relative] with the greatest respect.' And, 'I have the greatest respect for the management and staff. I would not ask them to change anything.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, psychiatrist's and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.