

# Four Seasons Health Care (England) Limited

# Victoria Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Victoria Care Home is a residential care home registered to provide personal and nursing care for up to 53 people. The home supports people aged 65 and over, some of whom were living with dementia. The home is divided into 2 units with 1 unit on the ground floor and 1 unit on the first floor. At the time of this inspection 44 people were living at the service.

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

People received safe and effective care that met their needs and respected their choices and personal preferences. All the people and their visiting relatives and friends spoken with during the inspection praised the staff, the management team and the standard of care provided.

There were sufficient suitably qualified, trained, and experienced staff on duty and safe recruitment procedures were followed.

Risks to health, safety and welfare of people who lived, worked and visited the home were identified and managed safely.

Medicines were received, stored, administered, recorded and disposed of safely.

Safeguarding systems, policies and procedures ensured people were safe and protected from abuse.

Safe infection prevention and control practices were followed to minimise the spread of infection, including those related to COVID-19.

Staff presented as well trained, caring professionals who had developed positive relationships with the people who lived at and visited the home. They were pleasant, engaging and showed skill and sensitivity in the way they responded to people.

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.

Managers and staff were clear about their roles and responsibilities, and promoted a positive, person-centred culture. They worked well together as an effective team and had good relationships with other care professionals. This ensured that people received joined up health care and their needs were met.

Effective systems were in place for checking on the quality and safety of the service and making improvements where needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

Our routine monitoring identified that the service had improved significantly on safe and leadership and governance previously rated as requires improvement. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. No areas of concern were identified in the other key questions. We therefore did not inspect them. Please see the safe and well led sections of this full report.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has improved from Requires Improvement to Good. This is based on the finding from 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 Victoria Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was 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.

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

This inspection was carried out by 1 inspector.

#### Service and service type

Victoria Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Victoria Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service and 4 family members about their experience of the care provided. We spoke with 16 members of staff including the regional manager, regional support manager, registered manager, nurses, care workers, chef, and the maintenance person.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with 2 visiting health and social care professionals on the telephone to gather their views about partnership working and the quality of care provided.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, and quality assurance records.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. 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.

- Medicines were received, stored, administered, recorded and disposed of safely.
- Staff involved in administering medicines had received training and had access to relevant guidance regarding the administration of medicines which may be needed on an 'as and when required' basis.
- Medicines audits were carried out regularly.

### Assessing risk, safety monitoring and management

At our last inspection we found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks to people's safety was effectively managed. This placed people at risk of harm. 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.

- Risks to people's health and safety were identified and well managed so people were safe and protected from avoidable harm.
- Each person's care plan provided information about risks they were presented with and the measures to minimise the risk of harm to them and others.
- Each person had an up-to-date personal emergency evacuation plan to be used in case of fire.
- Regular safety checks were carried out on the environment, equipment and utilities.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we found systems in place for the identifying and reporting of safeguarding concerns were not effectively implemented. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding) 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 13.

- People were safe and protected from abuse. All people spoken with told us they were safe and well cared for. One person said, "Yes I feel safe, it's a lovely place, there are enough staff I have no concerns everything is how it should be."
- Staff were aware of how to raise concerns and had completed safeguarding training.
- A whistleblowing policy was in place and staff were aware of the procedures to follow.
- Referrals had been made appropriately to the local safeguarding team and detailed records were maintained.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- There were enough suitably, skilled, and experienced staff on duty to meet people's needs safely and consistently.
- The number of staff on duty and skill mix was determined based on people's needs and dependency levels.
- The provider followed safe procedures for the recruitment of staff and all appropriate checks had been completed before new staff were employed in the home.
- All people and relatives spoken with praised the staff for the standard of care provided. One relative said, "Its lovely here, the staff are always kind and caring, they are lovely."

#### Preventing and controlling infection

- Effective systems, policies, procedures and practices were in place to ensure people were protected from infection including Covid-19.
- The provider was enabling visiting in line with government guidelines.

#### Learning lessons when things go wrong

- Records of accidents and incidents were maintained and analysed to help identify any patterns or trends. Where patterns were seen, action was taken to see if lessons could be learnt or whether additional action needed to be taken.

- Where things had gone wrong, the registered manager supported by senior managers took effective action to ensure necessary improvements were made and maintained.

# 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 improved to Good. 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  
Continuous learning and improving care

At our last inspection we found systems in place were not applied to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care. This was a breach of Regulation 17 (Good Governance) 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 17.

- The provider completed an action plan after the last inspection to show what they would do and by when to improve. We could see that improvements had been made and sustained via continuous internal and external quality audit, assessment, feedback and reflection.
- The management team promoted a culture of person-centred care by engaging with staff, everyone using the service and relevant others such as family members, health and social care professionals and outcomes were good.
- Our observations of the standard of care throughout our inspection were positive.
- All the people and their visiting relatives and friends spoken with during the inspection praised the staff, the management team and the standard of care provided. Comments included: "The home is very well run" and "I have no concerns everything is how it should be."
- Staff told us that they felt well supported and involved in decisions made about the home and were confident in sharing their ideas and views and felt they were listened to.

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

- Managers and staff worked effectively and cooperatively with health and social care professionals to develop practice and improve outcomes for people who lived at the home. A visiting community pharmacist and a visiting infection, prevention and control nurse told us that managers and staff worked effectively with them to ensure people's needs were met in a safe and effective way.
- The management team regularly engaged with people using the service, their relatives and staff through meetings, informal discussions, and quality surveys.
- Following the most recent quality survey a "You said we Did" poster was put on the notice board to show

people that their views were taken seriously acted upon.

- Relatives told us that they appreciated the way they were kept informed of developments and outcomes for their loved ones was good.

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 manager and staff team shared a clear understanding about their role and responsibilities and the aims and objectives of the home.
- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The Care Quality Commission had been notified about incidents and events which occurred at the service, in accordance with the regulations.
- The ratings from the last inspection were clearly displayed at reception and on the providers website.