

Wentworth Rest Home Limited

Villarose Rest Home

Inspection report

256 Clifton Drive South
Lytham St Annes
Lancashire
FY8 1NE

Tel: 01253711860

Date of inspection visit:
16 May 2023

Date of publication:
28 June 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Villarose Rest Home is a residential care home providing personal care to up to 15 people. The service provides support to older people. At the time of our inspection there were 12 people using the service.

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

Designated staff kept the building clean and tidy and maintenance checks were in place. Staff were seen to wear appropriate personal protective equipment (PPE) as latest guidance stated. Recruitment procedures were in place and had been improved to be more thorough. One staff member said, "All checks were done before I started." There were sufficient staff to meet people's care needs. Safeguarding training was mandatory, staff were aware of the processes to follow to enable people to be safe. Risks were assessed and monitored to ensure individuals' safety and promoted their independence within a risk framework. People received their medicines safely.

The manager had a training programme to support staff to improve their skills and knowledge. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The manager had systems to reduce the risk of malnutrition and monitor people's food and drink intake to ensure people received appropriate care.

There were auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance systems ensured people were able to give their views of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 January 2023).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 19 January 2023. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Breaches found in safe care and treatment, dignity and respect, need for consent and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective and Well led, which contain those requirements.

The overall rating for the service has changed from requires Improvement to good based on the findings of 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 Villarose Rest Home on our website at 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?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our safe findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Villarose Rest 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 1 inspector.

Service and service type

Villarose Rest 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.

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 (CQC) 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 the inspection there was not a registered manager in post. A new manager had been in post and applied to register with CQC. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. Inspection activity started on 16 May 2023 and ended on 23 May 2023.

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 commissioners who work with the service. We also looked at information we had received and held on our system about the home, this included notifications sent to us by the provider and information passed to us by members of the public. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who lived at Villarose Rest Home, a relative, 4 members of staff and the manager. We observed staff interaction with people, also, we reviewed a range of records. These included care records of people, medication records, and two staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at their quality assurance systems the provider had in place and staff training records. In addition, evidence was provided to ensure all maintenance checks were in place.

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 changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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.

- Sufficient staff were deployed to keep the building clean. One staff member said, "The staff are good and more of them about."
- Sufficient numbers of staff were on duty to support people's care and social needs and promote their independence. People we spoke with told us they felt safe with the number of staff around to help them. A relative said, "I come a lot and more staff are around to help [relative] we are well satisfied with the care we get."
- Staff recruitment processes were robust. Pre-employment checks were completed to help ensure suitable people were employed.

Using medicines safely

At our last inspection the provider had failed to manage people's medication safely. This was a breach of regulation 12 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.

- Records for the receipt, administration and disposal of medicines were kept. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required. People received their medication safely by trained staff. A staff member said, "We are receiving support from the NHS which has helped a lot."
- Auditing processes to monitor medicines and identify any issues and act upon them so that people were kept safe were seen to be effective.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess, monitor and mitigate risks to the health, safety and welfare of people living at the home. This was a breach of regulation 12 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 management team had recently updated processes to manage people's safety and reduce risks. Risks to people and the service were assessed and managed. These included for example, medication and nutrition. This helped to protect people's safety.
- The manager reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible.

Preventing and controlling infection

At our last inspection systems were not in place to promote positive infection prevention practices. This was a breach of regulation 12 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.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- The provider was making sure infection outbreaks can be effectively prevented or managed. The provider was facilitating safe visiting in line with government guidance. This meant people could visit their relatives all days of the week in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and confident with staff that cared for them.
- There were effective safeguarding processes in place. The management team and staff had a good understanding of safeguarding people. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Staff told us they had received training in areas of safeguarding adults which was now updated. Records confirmed this.

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 requires improvement. At this inspection, this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Ensuring consent to care and treatment in line with law and guidance

At the last inspection the provider did not act in accordance with the with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11 (Consent) 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 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Mental capacity assessments and best interest decisions were now completed and recorded.
- Staff now had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. We saw evidence of this in care plans.
- The manager was aware of the process to submit applications for DoLS authorisations, as appropriate.

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

At the last inspection the provider failed to act in a timely responsive manner to ensure people's personal space and décor met their needs. This was a breach of regulation 10 (Dignity and respect) 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 10.

- Accommodation was accessible, safe and homely. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- A plan of refurbishment for the premises was ongoing. One person said, "I like the layout and improvements are ongoing all the time."
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. We saw good examples of this where people had put up family pictures and artwork that were special and individual to them.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure staff had received the appropriate training necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) 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 18.

- Staff were competent and knowledgeable and access to training programmes had been developed to ensure staff were appropriately trained and had access to courses. Each staff member had been provided with a training programme which was ongoing throughout 2023 and 2024.
- A new formal induction process was in place when staff commenced work to support them in their role.

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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. The views of the people were also considered. A relative said, "Very good at keeping us in the loop with [relative] care."
- People's care records reflected their current care and support requirements and they were now being reviewed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service.
- People were provided with meals of quality and choice. Comments from people were positive and included, "I like my tea and toast in the morning and whatever time it is not a problem for [cook]."
- The manager had good systems to reduce the risk of malnutrition and manage people's food intake. They continued to focus on helping people to improve their nutrition in ways that offered choice and supported their independence.

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 inadequate. At this inspection, this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider did not have accurate, complete and contemporaneous records for each person and for the management of the regulated activity. 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service should have 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. However, the manager in place was in the process of being registered by CQC and an application had been submitted and was ongoing. One relative said, "We now feel the home is more settled and managed well."
- The manager had introduced a number of auditing systems to maintain ongoing oversight and continued development of Villarose. Systems in place supported the management team to address any issues or shortfalls to improve the home. A senior staff member said, "We have taken on board the action needed from the last inspection and feel we know have consistent systems to drive improvement."
- Staff training was now up to date and a scheduled learning programme had been provided for each staff member. A staff member said, "Access to training is good and we are encouraged to continuously learn." The manager confirmed an e-learning system was now in operation for staff to access training courses.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture evident and from comments we received this was only recent. Staff told us they felt supported and valued by the manager.
- People spoken with described a caring, relaxed environment to live in.

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 manager encouraged candour through openness. The manager and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements. It was evident if any

complaints were made, they would be listened to, and their concerns and worries would be investigated a new system had been introduced to enhance this.

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

- The manager encouraged people to provide their views and about how the home was performing.
- The management team hold 'resident' and staff meetings for the exchanging of views and ideas.
- The management team were in the process of sending survey forms to people and their relatives to seek their views on how the service was performing. A relative said, "They always ask us how things are going and what our views are when we visit."

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required.
- The manager worked with other agencies and relatives to share good practice and enhance care delivery.