

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 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 Care Home is a residential care home providing personal and nursing care to 44 people aged 65 and over at the time of the inspection. The service is registered to support up to 53 people.

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

People told us they felt safe living at the home and there were systems in place to safeguard them from abuse. One person said, "I just feel safe, everybody is nice." People felt staffing levels at the home were good and staff came quickly when they needed help. During our inspection we saw call bells and people asking for help were attended to promptly.

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.

People told us they enjoyed the food and drink at the home and we saw they had regular and easy-access to drinks and snacks throughout the day. We also observed staff were supportive and encouraging with people and where needed gave them assistance to eat and drink. People and their relatives said staff at the home were good at helping them to access other healthcare services when needed and staff obtained and appropriately followed advice from other healthcare professionals.

People and their relatives gave us positive feedback about the quality of care at the home and staff approach. We observed many caring interactions throughout our inspection. One person said, "I love it here it would break my heart if I had to live anywhere else, [the staff] are kind to me and make me very comfortable, I absolutely love it here I'm so well looked after."

People's care plans gave staff the information needed to support people safely and effectively. People said there was lots to do at the home and they enjoyed the activities on offer. Staff also tried to prevent social isolation by spending time talking with people as much as possible.

There was a caring culture amongst staff at the home and there were systems in place to monitor the safety and quality of service being provided. People and their relatives told us senior staff at the home were

approachable.

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 5 April 2018).

Why we inspected

The inspection was prompted in part due to concerns received about people not getting enough to drink leading to a deterioration in their health, poor record keeping relating to people's fluid intake and a lack of appropriate seating in communal areas. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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 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.

Inspection team

This inspection was carried out by one inspector, a nurse specialist professional advisor (SPA) 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 Care Home 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 checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority and used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the regional director, registered manager, nurse, care workers and activities coordinator. We also spoke with two visiting health professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.



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

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe living at the home. Comments included, "I just feel safe, everybody is nice", "I feel safe [the staff] are nice they are not pushy they're just kind to us, they know what they're doing" and "There are people to speak to when you want you are protected here."
- Staff had received training on safeguarding vulnerable people and information and guidance about how to raise safeguarding concerns was accessible throughout the home.
- Appropriate action was taken by staff when any such concerns arose.

Assessing risk, safety monitoring and management

- The home was well-maintained, clean and safe for the people living there.
- Staff carried out regular checks on the safety of the environment to ensure this was maintained and the home had a variety of up-to-date safety certificates.
- Fire safety at the home was effectively managed.
- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care.

Staffing and recruitment

- There were enough staff available to meet people's needs and we observed call bells and people asking for help being attended to promptly.
- People told us there were enough staff at the home to help them when needed. One person said, "If I need [the staff] they come straight away yes, they come right away I just press my buzzer."
- Staff were safely recruited by the home and underwent a sufficiently robust recruitment process before being employed.

Using medicines safely

- Medicines were safely administered, stored and recorded at the home by staff who had the required knowledge and skills.
- The home had systems and checks in place to ensure the safety and quality of medicines administration

was maintained.

Preventing and controlling infection

- Throughout our inspection we found the home was clean and free from unpleasant odours.
- Staff had received training on this topic and used personal protective equipment (PPE) when required.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and responded to by staff.
- This information was regularly reviewed to reflect and learning from what had occurred and to identify any emerging patterns or trends that needed addressing.
- Relevant policies and procedures were in place to help guide staff.



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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they enjoyed the food and drink at the home and if they wanted something else staff found them alternatives. One person said, "I love the food here, the meat is soft and [the staff] are so kind, never pushy."
- People had easy-access to drinks throughout the day, as staff actively offered people drinks, water jugs were in people's rooms and people were able to use the communal water machines themselves.
- Records were up-to-date and showed that people were supported to have regular drinks and snacks throughout the day. We discussed with the registered manager a small change could be made to more easily show the total amount people had drank each day, which the registered manager and other staff implemented immediately.
- People's individual dietary preferences and needs were considered and met, as relevant staff had access to this information.
- We observed people enjoying positive lunchtime meal experiences in well-presented dining rooms. For example, tables were neatly laid with place settings, condiments and menus.
- Staff were supportive and encouraging with people and where needed gave them assistance to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us staff at the home were good at helping them to access other healthcare services when needed. One person said, "[Staff] contact the GP when I'm poorly, [the staff] always listen to me."
- People's health was monitored by staff and when changes were noted referrals to other healthcare professionals were made in a timely manner.
- Staff obtained and appropriately followed advice from other healthcare professionals.

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

- People's needs were assessed and documented prior to them moving into the home, which helped to

ensure staff at the home were able to safely and effectively meet their needs.

- People's individual equality and diversity needs were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff received a thorough and supportive induction into their role at the home and staff received ongoing training relevant to their roles.
- Staff received regular support with their performance and wellbeing through regular supervisions and annual appraisals.
- Staff were enthusiastic about working at the home and told us that they felt well-supported in their roles.

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

- People's had been supported to make their rooms were homely and personalised.
- The environment of the home was well-maintained and homely throughout. The layout gave people options of where they wanted to spend their time. For example, if people preferred larger and busier communal spaces this was available but if people wanted smaller and quieter spaces this was also an option.
- Some of the people living at the home were living with dementia. We saw there were adaptations at the home to assist people living with dementia in finding their way around the home and understanding other information, such as easy-read signage.

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 sought and documented people's consent to their care and treatment in line with the principles of the MCA.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed. For example, we saw appropriate steps were being taken when people were required to take their medicines covertly.
- DoLS applications and authorisations were effectively monitored and managed by staff at the home.



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 has remained good. 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 and their relatives gave us positive feedback about the quality of care at the home and staff approach. One person said, "I love it here it would break my heart if I had to live anywhere else, [the staff] are kind to me and make me very comfortable, I absolutely love it here I'm so well looked after."
- We saw staff had developed positive and caring relationships with the people they supported and people living at the home were clearly happy and comfortable with the staff.
- We observed many kind and caring interactions throughout our inspection.
- Relatives commented, "I can't say enough about [the staff], they are absolutely first class, they are hard-working, they care for my wife" and "The staff are so lovely, I just can't put it in to words."

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

- Staff ensured people and their relatives were involved in making decisions about their care and people told us staff listened to them. One person said, "You can have a laugh with the staff they are lovely, if there's something I want they listen."
- One relative also commented, "[Staff] are always respectful of [Relative's] wishes."
- Staff at the home supported people to seek the support of independent advocacy services when needed and had a good link with a local service.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect throughout our inspection. For example, staff were kind, patient and supportive with people during the mealtime we observed.
- People appeared well-dressed and had been supported by staff to maintain their appearance. One relative commented, "[Relative] is always well-dressed."
- People's confidential information, such as care plans, was stored securely in the office and could only be accessed by people who needed to see it.



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 good. 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's care plans gave staff the information needed to support people safely and effectively. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, physical health, spiritual and cultural needs.
- We highlighted to the registered manager that some of the care plans we looked at were more detailed and clearer than others and that the consistency of this documentation could be improved. The registered manager acknowledged this feedback and agreed to review all care plans to achieve better consistency.
- Care plans were regularly reviewed to ensure they remained accurate and people and their relatives were involved in the care planning and review process.

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 individual communication needs were considered and documented as part of the home's pre-admission assessment and ongoing care planning process. For example, ensuring people who wore hearing aids or glasses were supported to wear them.
- When needed, staff were able to refer to a range of resources to assist communication with people, such as easy-read documents, Braille and translation services.

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

- People told us there was lots to do at the home and gave positive feedback about the activities on offer. One person commented, "We do lots of nice activities together, like the line dancing, we have fun."
- There was a wide range of activities for people living at the home to take part in. One person was proud to show us the craft they were working on during our inspection.

- Staff also recognised the importance of prevention social isolation by spending time talking with people. Several people said staff regularly took time to do so and one person said, "One carer sat with me for 30 minutes last night and chatted to me."
- The home also supported people to keep up with their religious preferences. For example, the home had a good relationship with the local church and the priest regularly visited to hold Holy Communion.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively by the home. Records showed they were documented, investigated and appropriately responded to.
- People and their relatives had access to information and guidance about making a complaint and said they felt comfortable raising concerns. One relative commented, "If we have any concerns we can always speak to the staff it's not a problem they always act and do what we need."

End of life care and support

- None of the people living at the home were receiving end of life care at the time of our inspection. However, people's wishes on their end of life care, such as resuscitation, had been discussed, documented and plans put in place to ensure that their preferences were met.
- Staff had relevant training to meet these needs and the home worked with other health professionals to ensure people's end of life care needs were effectively met.



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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The home had effective systems in place to monitor, assess and improve the quality and safety of service being provided at the home.
- The registered manager was well-supported by senior staff employed by the provider, focused on continuously improving the quality of care being provided at the home.
- The registered manager regularly met and engaged with managers from other services operated by the provider to share knowledge, learning and ideas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- Staff were enthusiastic and positive about working at the home and there was clearly a caring culture amongst the staff.
- The manager understood their responsibilities regarding the duty of candour and a culture of openness and transparency was encouraged. For example, we saw the quality assurance processes at the home were honest and critical which helped to make meaningful changes and improvements.

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

- Ratings from the last CQC inspection were clearly displayed within the home, as required.
- CQC had been notified of all significant events which had occurred, in line with the registered provider's legal obligations.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.

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

- People and their relatives were able to give their feedback about the care at the home in a variety of ways. Examples included, bi-monthly residents' and relatives' meetings, satisfaction surveys and a registered manager surgery once-a-week.
- We also saw that the home used a live feedback system which people living at the home, relatives and visiting health and social care professionals could access and record their views using tablet computers at the home.
- People and their relatives told us senior staff at the home were approachable, listened to and resolved any issues raised with them. One person said, "I can go and speak to [the registered manager] at any time and they are so approachable."

Working in partnership with others

- Staff at the home engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained. For example, the home had a good link with a local hospice which it could signpost staff, people living at the home and their relatives to for information and advice on end of life care.
- We saw that referrals to other health services were managed well and appropriately followed up on.