

Four Seasons Health Care (England) Limited

Victoria Care Home

Inspection report

Victoria Street
Rainford
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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

This inspection took place on 22 February 2018 and was unannounced.

Victoria Care 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.

Victoria Care Home accommodates up to 53 people in one purpose built building divided in to two units. The ground floor accommodates people that require nursing care. The first floor specialises in providing care to people living with dementia and related conditions. On the day of the inspection 45 people were living at the home. There are 46 single rooms and six double rooms. It is situated in Rainford, St.Helens.

The service has a registered Manager. 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.

At the last inspection on 6 October 2016 we found that there were a number of improvements needed in relation to safe care and treatment, privacy and dignity and good governance. These were breaches of Regulation 10, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Effective, Caring and Well-led to at least good. The provider sent us an action plan that specified how they would meet the requirements of the identified breaches. During this inspection we found all the required improvements had been made.

This inspection was done to check that improvements had been made to meet the legal requirements planned by the registered provider after our comprehensive inspection on 6 October 2016. The team of two inspectors and an expert by experience inspected the service against all of the five questions we ask about services: Is the service Safe, Effective, Caring, Responsive and Well Led? We found that the registered provider was meeting all of the legal requirements.

Improvements had been made that related to people being treated with dignity and respect by staff. We observed people being treated with dignity and their privacy was respected. Many positive interactions between staff and people living at the home were observed throughout the inspection visit.

Improvements had been made to people's dining experience. People spoke positively about the food and told us they were always offered choices of food and drink. We observed the dining room experience and found it to be positive. Staff demonstrated good interaction and offered appropriate support when required.

Improvements had been made with the consistent completion of records that related to people's safe care and treatment. People that required regular well-being checks, repositioning and nutrition and hydration monitoring had records in place that were fully completed.

Improvements had been made to the governance systems undertaken by the registered provider at the home. Regular audits were undertaken and areas for development and improvement were identified and actioned.

Safe and robust recruitment practices were in place and sufficient staff were employed to meet the assessed needs of the people living at the home. All staff had undertaken a comprehensive induction and completed the mandatory training required for their roles. Supervision and appraisals took place regularly. Staff attended team meeting and shift handovers.

People were assessed before they moved in to the home and this information was used to produce detailed risk assessments and person centred care plans. People's choices were included and their independence was promoted where possible. All documents were reviewed regularly and amendments made if there were any changes to people's needs.

People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

People had access to a variety of activities of their choice. The management team had developed relationships with local community organisations.

The registered provider had clear safeguarding policies and procedures in place. Staff had received up to date safeguarding training and were clear about the procedures they would need to follow if they had to raise any concerns.

Medication policies and procedures were in place. Staff that administered medicines had all completed training and had their competency assessed. Medicines ordering, storage, administration and disposal were all managed in accordance with best practice guidelines.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Records showed that consent was always sought in relation to care and treatment.

Victoria Care home was well maintained and all equipment was regularly serviced. All required health and safety checks and documentation were in place as well as fire safety equipment checks.

The registered provider had a clear complaints policy and people knew how to raise any concerns.

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.

Robust recruitment procedures were in place, and sufficient staff were employed to meet the needs of people living at the service.

People's medicines were ordered, stored and administered by trained and competent staff.

Risk assessments promoted people's independence and gave clear guidance to staff to mitigate the risk.

Is the service effective?

Good ●

The service was Effective.

The mealtime at the service was positive and people's dietary needs were fully met.

Staff were well supported and had received appropriate training for their roles.

The registered provider followed the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was Caring.

Staff had developed positive relationships with people and had a good understanding of their individual needs.

People's privacy and dignity was consistently respected and promoted.

People's communication needs were considered and supported. Staff had clear guidance about how these needs were to be supported.

Is the service responsive?

The service was Responsive.

People's care plans reflected their personal choices and staff were familiar with their daily routines.

A variety of individual and group activities were available for people to participate in.

The registered provider had a clear complaints policy and procedure available and people and their relatives were confident about raising any concerns.

Good 

Is the service well-led?

The service was Well-led.

The registered provider regularly sought feedback through residents/relatives meetings and questionnaires.

The clinical governance process regularly reviewed the effectiveness of the audits undertaken for continual development and improvements to be identified.

Positive relationships had been developed and established with groups in the local community.

Good 

Victoria Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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 was comprehensive inspection carried out by two adult social care inspectors and an expert by experience. The expert by experience speciality was older people and people living with dementia.

The inspection was unannounced and took place on 22 February 2018

We contacted the local authority safeguarding and contracts teams for their views on the service and they did not have any concerns at the present time.

The registered provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the home, what the home does well and any improvements they plan to make. This information formed part of the inspection planning and was used during the inspection visit.

We checked the information we held about the registered provider and home. This included statutory notifications sent to us by the registered manager about incidents and accidents that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

During the inspection we spoke with three people living at the home, five relatives of a people living at the home, the registered manager, an RGN, a Senior Carer, a carer, the activities co-ordinator and staff trainer. We spent time observing staff interactions with people living at the home.

We looked at four care records, five staff recruitment and training files, medication administration record (MARs) sheets, complaints, policies and procedures and other records relating to the management of the home.

Is the service safe?

Our findings

People told us they felt safe living at the home. Examples given included "Staff during the night come straight away when I need them", "I would speak to the first person who came into my room if I didn't feel safe, they would all listen to me" and "I feel quite safe." Comments from relatives included "I feel there are enough staff to meet the needs of the people living here" and "I have no reservations about leaving [my relative] here I know they are safe."

The registered provider had safeguarding policies and procedures in place that offered guidance to staff. All staff had completed safeguarding training and demonstrated a good understanding of abuse along with signs and symptoms to look out for. Staff felt able to raise any concerns they had and stated their concerns would be fully investigated and reported to the local authority safeguarding team. Staff also described the whistleblowing policy that was in place and confirmed they had received training in this topic.

Recruitment processes were robust. Staff files all contained a completed application form, interview records, two references that included the most up to date employer and a DBS check. Staff rosters showed there were sufficient numbers of staff available to meet the needs of the people living at the home. People told us there were staff available when they needed support and they never waited too long when they used their call bell.

Medicines were ordered, stored, administered and returned in accordance with best practice guidelines. Staff that administered medicines had all received training and had their competency regularly checked. Medication administration records (MARs) were fully completed and regular audits were undertaken. The audit identified areas for development and an action plan stated actions required to rectify any issues in a timely manner. We reviewed the controlled drugs that were stored in accordance with good practice guidelines and found all stocks were correct and records were accurately completed. PRN protocols were in place for 'as required' medicines. Fridge and room temperature monitoring checks took place daily in the medicines room to ensure medicines were stored at the correct temperature.

Accident and incident records were fully completed and regularly reviewed by the registered manager to identify steps that could be taken to minimise risks. Recent analysis had highlighted that almost all falls for one person had taken place during the night. Through discussion with the person, their relative and the falls management team a decision was made for the person to move bedrooms where they have access to an en-suite bathroom.

Individual risk assessments were in place where areas of risk had been identified. People were involved in the development of their risk assessments wherever possible and their independence was promoted. Documentation offered clear guidance to staff that included the level of intervention required. Risk assessments included moving and handling, falls risks, nutritional needs, personal hygiene, continence and skin integrity. Where people had been assessed as a high risk falls, the falls team were invited into the service to offer guidance and support.

Health and safety checks were regularly completed. These included monitoring of hot and cold water temperatures, PAT testing, water flushing and equipment checks and servicing. Gas and electrical certificates were in place and up-to-date. A fire risk assessment was in place and up to date. Fire checks were regularly undertaken and included; fire drills, emergency lighting checks, fire doors and regular servicing of the fire alarm and all equipment.

Is the service effective?

Our findings

During our last inspection we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not consistently treated with dignity and respect. The dining experience was not positive and communication between some staff and people living at the service was poor.

We also identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not being checked in accordance with their care assessments.

At this inspection we found that all of the above requirements had been met.

People were treated with dignity and respect. All staff had received training and demonstrated a good understanding of how to maintain a person's dignity. One relative told us that staff always told them what they were about to do and ensured the bathroom or bedroom door was closed for privacy and to maintain their relative's dignity.

People and their relatives spoke positively about the dining experience. People's comments included "The food is okay and I can ask for what I want", "The food is nice, really lovely" and "Oh yes I like the food, there is never anything left on my plate."

Our observations of the dining experience were positive. Staff asked people where they would like to sit, the dining tables were laid with cutlery, napkins, condiments and flower arrangements. There were positive interactions between staff and people living at the service and support was offered appropriately if required. The menu was displayed in words and pictures to be accessible to as many people as possible.

Each person had a food profile used by the kitchen to ensure people did not receive foods they were allergic too or that they did not like. It included information on favourite foods and preferred portion sizes. Two people were at risk of choking and were on pureed diets under the direction of the speech and language team. Choking risk assessments and protocols were in place giving clear guidance to staff when they were supporting these people.

Records of checks undertaken by staff were consistently completed. These included hourly checks of people's well-being, repositioning records for people supported in bed and nutrition and hydration charts. People were consistently checked in accordance with their care needs assessments.

People were fully supported to maintain their health and well-being with the support of community healthcare professionals. The registered provider worked closely with GPs, occupational therapists, speech and language therapists and the falls team.

Communication between staff and people living at the home was good. People were consistently acknowledged when staff walked past them and comfortable conversation was seen to take place

throughout the visit. Positive relationships had developed between staff and people living at the home and staff demonstrated a good understanding of people's histories, likes and dislikes.

Staff completed a comprehensive induction at the start of their employment and undertook regular mandatory training to meet the requirements of their roles. Additional training was completed for example, catheter care, maintaining healthy skin and dementia training. This meant staff had the required skills and knowledge to meet the individual needs of the people living at the home.

Staff told us they had regular supervision to review their practice and discuss any concerns they had professionally or personally. An annual appraisal took place to highlight areas for development and improvement.

People who lack mental capacity to consent to arrangements the 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). DoLS were evidenced within the care plan files.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). The registered manager was knowledgeable about the MCA and DoLS and knew the CQC (Care Quality Commission) needed to be notified when the outcome of any application was known. Care records demonstrated that people were offered choice and were always consulted. Capacity assessments were in place and fully completed. Consent was clearly evidenced and best interests decisions were evidenced appropriately throughout the care plan files.

The environment within the home was in the process of being developed to more fully meet the needs of people living at the home. The registered manager told us they would fully engage with people living at the home and their relatives during this process.

Is the service caring?

Our findings

During our last inspection we found people were not consistently treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulation Activities) 2014. At this inspection we found that improvements had been made in this area.

People and their relatives told us staff respected their privacy and dignity. Comments included "Staff will knock and wait for a response before entering my bedroom" and "Staff always close the bathroom door when supporting [Name] with their personal care needs." We saw staff demonstrating discretion when supporting people to manage their continence needs.

People's care plans included a 'My Choices' document that detailed a thorough life and family history, any religious beliefs, what does a good day or bad day look like, favourite places, drinks preferences, where a person was brought up and their preferred daily routines. This information supported staff to engage in conversation with people and develop positive relationships.

People and their relatives spoke positively about the staff and management team. People's comments included "Staff do their best to make me happy", "Staff will always listen to me if I've a problem" and "The girls [staff] are all great, I have a really good laugh with them." Relative's comments included "Staff are all caring and lovely", "All the staff are perfect and very kind" and "Staff are friendly and approachable."

Throughout our conversations and observations of staff they all demonstrated a very good understanding of the people they supported. Staff described people's histories, likes and dislikes and they appeared to have developed positive relationships with them. We saw staff offering comfort, reassurance and direction at different times throughout the day. Staff were observed demonstrating kindness, patience and empathy.

People's communication needs were considered throughout their care plans. This included details about any sensory loss and included clear guidance to staff about how to support each person's individual need. One person required staff to give them time to process information and find the words to respond. Staff were advised to speak slowly and clearly using short sentences. Another person that used a hearing aid required staff to stand directly in front of them to ensure they could see and hear what the staff member was saying.

We saw staff offering choice and promoting independence while they supported people. We saw people being offered choices of activities to participate in, which lounge they would like to sit in and where they would like to sit in the dining room.

People's records were stored securely to maintain their confidentiality. Records were stored within an office that had a key code for access. Staff ensured daily records were completed in privacy to protect people's personal information.

Is the service responsive?

Our findings

People's needs were assessed before they were admitted to the home. The information collated during the assessment formed the care plans and risk assessments that were in each person's care file. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics. People and their chosen relatives told us they were included in the creation of their care plans.

People's care plans included full descriptions of their likes, dislikes and preferred daily routines to ensure staff had clear guidance when supporting people. Examples included within the care plans were; "I like to wear trousers, top and cardigan", "I prefer coffee to cold drinks" and "I like to retire to my room after lunch and rest on my bed while watching television". Staff were familiar with people's daily routines and choices which meant people's preferences were respected at all times.

The display boards at the home used to promote activities and daily menu's included large print word descriptions and pictures to promote accessible information.

People told us they had the choice to join in activities or not. One person said staff always invited them to participate in activities but they chose not to join in. They preferred to be alone most of the time. A relative told us they supported their relative to join in the bingo which was always well attended. One person said they liked the school children singing.

While one person had experienced a period of low mood staff had supported them to listen to Roy Orbison (their favourite singer) with a cup of coffee. They had then watched a 'learn to knit' video on the iPad. This person had started to knit as it had been a previous pastime of theirs. They had also watched an old movie from 1941 movie on the iPad. The service shared several examples of staff using modern technology to support people to reminisce.

The registered manager had developed community links with local schools and the local churches. The local high school had undertaken a project to upgrade and paint the garden furniture and the junior school children visited the service to entertain people with a pantomime. Communion and a service was held at the home every Friday. People told us they enjoyed the 'pat dog' that visited the home each week. They enjoyed stroking it and said it was very friendly. We observed a sing a long session where people actively participated and also played the tambourine if they chose to. Everyone appeared to enjoy this activity.

People and their relatives described the call bells or requests for help being responded to promptly. Comments from relatives included "Staff have always promptly sought medical intervention if it has been needed and kept me informed" and "My mum has been very unwell recently and they have supported her really well."

We reviewed end-of-life care plans. Where people had expressed a preference their choices were clearly documented.

The registered provider had a complaints policy and procedure in place. We saw that a thorough investigation had taken place following a complaint raised and a thorough response had been sent to the complainant. The procedure had been appropriately followed. People and their relatives knew how to raise a concern or complaint and felt confident any concerns would be promptly addressed.

Is the service well-led?

Our findings

During our last inspection we found the registered provider was unable to demonstrate robust audit systems that highlighted areas for development and improvement. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found that the registered provider demonstrated improvement and had met the requirements of the regulation.

Clinical governance meetings were held quarterly and these reviewed the findings of the regular audits that had been undertaken. Monthly audits undertaken included medicines, care plans, daily records, infection control and accidents and incidents. Actions were identified following the audit for development and improvement. Records showed these had been promptly addressed.

People and their relatives said they were happy with the home. They told us they knew where the manager was if they needed them. Relatives told us that the registered manager was approachable and they knew who they were.

People and their relatives were regularly invited to share their views about the home. This was through residents and relatives meetings as well as quality questionnaires. 118 relatives had completed questionnaires throughout 2017 and 52 people living at the home had completed feedback. 100% of people said it was a happy home to live in. 95% of relatives rated the home as overall good and 93% of relatives would recommend the home to others.

The registered manager and staff team had developed positive relationships with organisations in their local community. Representatives from the local churches, nursery, junior and senior schools visited the home regularly and participated in a variety of activities. This meant people living at the home were protected from social isolation and remained engaged with their local community.

Staff spoke positively about their roles and demonstrated enthusiasm about making a positive difference to people's lives. Staff told us that the management team were approachable and they did listen to any concerns they had. Staff told us that they felt well supported and gave individual examples of support they had received professionally and personally.

Staff meetings were held for day and night staff at variable times/days and minutes of these were reviewed. The registered manager also held 'flash meetings' when specific information needed to be shared with staff in a timely manner. The minutes of these were shared with staff not in attendance on that day. This meant staff were kept up to date regarding their role and the people they supported.

The service had up to date policies and procedures available that were regularly reviewed and updated. These gave staff guidance in all areas of their work role and employment.

The ratings from the previous inspection were clearly displayed at the home and also on the registered provider's website.

