Victoria Care Elite Limited

Victoria Grand

Inspection report

22 Mill Road
Mill Road
Worthing
West Sussex
BN11 4LF

Tel: 01903248048

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22 September 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 20 September and 22 September 2016 and it was unannounced.

Victoria Grand is registered to provide accommodation and personal care for up to 26 people. At the time of the inspection 21 people were living at the home, this included two people staying on short breaks. People had various needs including dementia and physical disabilities.

Victoria Grand is an older styled detached property situated close to the centre of Worthing with easy access to shops and the seafront. Some areas of the home, including the entrance and dining area had been decorated and were warm and inviting. There was an action plan in place which included areas of the home which remained in need of decorating. The house was surrounded by additional space including a large attractive garden to the side of the building. All bedrooms were personalised and single occupancy and had en-suite facilities.

A registered manager was in post at the time of our inspection who had managed the service for many years. 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.

The registered manager was unable to demonstrate that the Mental Capacity Act 2005 (MCA) had always been followed because capacity assessments had not been completed by staff on behalf of people. Best interest meetings were held in line with the (MCA) and the Deprivation of Liberty Safeguards (DoLS) legislation for one person who lacked capacity to make decisions over their care. However, this practice was not consistent as this had not been considered for another person who was deemed to lack capacity to make a decision regarding the use of bed rails on their bed. The registered manager was able to tell us the action she had taken with regard to this.

People and their relatives told us the home provided a safe service and there was enough staff to meet people's needs. Staff were able to speak about what action they would take if they had a concern or felt a person was at risk of abuse. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks.

People's medicines were managed safely and administered by staff who had received specific medicine training. The home followed safe staff recruitment practices and provided a thorough induction process to prepare new staff for their role.

Staff implemented the training they received by providing care that met the needs of the people they supported. Staff received regular supervisions and spoke positively about the guidance they received from the registered manager.

People could choose when, where and what they wanted to eat. Additional drinks and snacks were observed being offered in between meals and staff knew people's preferences. Staff spoke kindly to people and respected their privacy and dignity. Staff knew people well and had a caring approach.

People received personalised care. Care plans reflected information relevant to each individual and their abilities, including people's communication and health needs. Staff were vigilant to changes in people's health needs and their support was reviewed when required. If people required input from other health and social care professionals, this was arranged. People were offered activities to attend within the home. All complaints were treated seriously and were overseen by the registered manager.

People were provided opportunities to give their views about the care they received from the service. Some people chose to use these opportunities to become more involved with their care and treatment. Relatives were also encouraged to give their feedback on how they viewed the service.

Staff understood their role and responsibilities. The registered manager demonstrated a 'hands-on' approach and knew people well. They had implemented a range of quality audit processes to measure the overall quality of the service provided to people and to make improvements.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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.

People and their relatives found the service safe.

Staff were trained to recognise the signs of potential abuse and knew what action they should take if they suspected abuse was taking place.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

Medicines were managed safely.

There were sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were not assessed in line with the requirements of the Mental Capacity Act 2005 (MCA) and associated legislation.

People's care needs were managed effectively by a knowledgeable staff team who were able to meet people's individual needs.

Staff attended training and received regular supervisions and appraisals.

People were supported to have sufficient to eat and drink and had access to a range of healthcare professionals and services.

There was an action plan in place to address areas of the home which required decorating.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and caring staff who

knew them well.

People were given opportunities to be involved and supported to express their views on how they wished to be cared for.
Staff promoted people's dignity and respected their privacy

Is the service responsive?

Good

Care records were personalised and completed with people by their key workers.

Choices were offered to people with regard to activities.

People knew how to raise a concern and felt able to do so.

Is the service well-led?

Good

The service was well-led.

The culture of the home was open, positive and friendly. The staff team cared about the quality of the care they provided.

People and staff knew who the registered manager was and felt confident in approaching them.

An overview of the quality of care provided was overseen by the registered manager.

Victoria Grand

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 was planned to check 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 took place on the 20 and 22 September 2016 and was unannounced.

The inspection was carried out by one inspector 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. The expert-by-experience at this inspection had experience of elderly care.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we observed care provided by staff to people including how medicines were administered to people. In addition we spoke with nine people living in the home and one relative who was visiting at the time of the inspection. We observed a handover meeting from the morning staff to the afternoon staff. We spoke separately with one care worker, one bank care worker and one senior care worker. We also spoke with the deputy manager, registered manager and provider representative throughout the inspection.

We spent time looking at records including three care records, three staff files and staff training records. We also looked at staff rotas, medication administration records (MAR), health and safety maintenance checks, compliments and complaints, accidents and incidents and other records relating to the management of the service.

The service was last inspected on 9 January 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel safe, no question about it". Another person told us, "I wouldn't be here if wasn't. I get on with them (staff) quite well". A third person said, "I do dear, 'it's nice here I feel very settled and everyone treats me very well". A person who was staying for a short break at the home said, "I can't tell you how comfortable I feel and that's why I come back to this home".

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us that they would go to the registered manager in the first instance and failing that would refer to the whistleblowing policy for advice and guidance. One member of staff said, "A safe environment is a must". A senior care worker told us, "You would report it to the manager". A bank care worker said, "I would go straight to management" if they had cause for concern.

Risks to people were managed so that they were protected from harm. Risk assessments provided information, advice and guidance to staff on how to manage and mitigate people's risks. Risk assessments covered areas such as how to support people to move safely, how to administer medicines safely and how to support people with the food and fluids they required. When potential risks had been highlighted for people the necessary guidance was provided in the person's care record. We found risk assessments were updated and reviewed monthly and captured any changes. For example one person had requested an additional electric heater in their bedroom. A risk assessment was in place to guide staff on what they needed to check with regard to the heater when providing support to the person. Another person had been assessed of their risk of developing pressure ulcers. This had been completed using Waterlow, a tool specifically designed for this purpose. There was guidance available for staff to tell them the action they should take if they noticed any changes in the person's skin condition which included informing the registered manager and completing the necessary care records. Personal emergency evacuation plans had been drawn up so that, in the event of an emergency, staff knew how to support people to be evacuated safely.

In February and June 2016, prior to our inspection, two separate incidents occurred where two residents who were accessing the community became lost and were unable to find their way back to Victoria Grand. West Sussex police were alerted to both incidents, however, neither person came to any harm. However, the registered manager failed to send statutory notifications' to the Care Quality Commission to inform us about both incidents. A notification is information about important events which the service is required to send to us by law. The registered manager took immediate action and by the second day of our inspection sent us all the relevant information. We were assured and confident the registered manager understood their role and responsibilities in protecting people who accessed the community independently and that this had been an oversight. The people concerned were now provided with staff to support them in the community to ensure their safety and the provider had fitted a security system in the form of a keypad to ensure people were kept safe.

Accidents and incidents were reported appropriately and documents showed the action that had been taken by the staff team and the registered manager. This also included an analysis of any people that had experienced a fall. The records showed that appropriate professionals had been contacted and subsequent support provided such as the introduction of specialist equipment. This helped to minimise the risk of future incidents or injury. One relative told us, "My [named person] is looked after, it's a safe environment".

People told us there were sufficient staff on duty to meet people's needs safely and our observations and the staffing rota corroborated this. People's personal care needs were met in a prompt manner. One person told us, "Oh yes, if you need them they're there". Another person said, "Immediately when you ask for help you get it". A third person said, "Oh yes, plenty of them to go around". A relative told us, "They work very hard sometimes they can be a bit short but these things happen. I've never had any reason to think it's a problem and it's impacting on [named person]. At the time of our inspection, there were four care staff on duty in the morning, the deputy manager and registered manager and three care staff in the afternoon. In addition, two housekeepers, one chef and one maintenance person were employed to support people's additional needs and upkeep of the home throughout the week and weekends. The registered manager told us there were two staff awake throughout the night to meet people's needs and records confirmed this. An external activities person visited the home each day in the week apart from Tuesday's to provide stimulation to people. We have written more about the activities in the Responsive section of this report.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made. This enabled the registered manager to make informed decisions about the suitability of individual staff to work with people in a care setting.

Medicines were managed safely by the home using an effective medicine administration system. Medicines were stored in two medicines trolleys which were secured to walls. In the main, medicines were stored through a Monitored Dosage System and people's medicines were easily identified. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. When medicines were administered at lunchtime, we observed the deputy manager do so with confidence and patience. They checked each person's Medication Administration record (MAR) to identify which medicines needed to be administered. Tablets were dispensed from blister packs and taken to the person and the deputy manager waited until the tablets had been swallowed. However, they were flexible in their approach and left the area for those who preferred to take them when staff were not stood next to them. The deputy manager was clear on who preferred this privacy and they checked a little later to see if people had taken their medicines. Tabards were worn by staff labelled, 'Do not disturb' when administering medicines to people. This encouraged other people and staff not to interrupt the staff member whilst they were carrying out their allocated responsibility.

Only staff trained to administer medicines, and those assessed as competent by the registered manager, were able to administer medicines to people. People told us they were happy with the way they received their medicines. One person said, "They know when to give it to me so I don't have to worry myself about it, or else I'll forget". Another person told us, "They are very timely" and added, "At home I used to take them myself, but here it's just easier if they are in charge of it so I don't have to worry about it". People also told us they were offered pain relief medicines by staff and they could also ask for them when needed. One person said, "You could ask them for anything". Another person told us, "Now and again I need the odd painkiller, they give it me should I ask for it". We noticed the MAR file was kept on top of the medicines trolley downstairs on the day of inspection, not locked away. Due to the confidential information contained within it we discussed this with the deputy manager whilst they were administering medicines. They removed the file to a locked area and the registered manager later confirmed this would continue to happen.

Requires Improvement

Is the service effective?

Our findings

Consent to care and treatment was not always sought in line with legislation 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There was a lack of records which reflected how people's mental capacity had been assessed in the first instance when making specific decisions regarding their care. The registered manager told us she was unaware that she had to do this which showed a lack of understanding on the main principles of the MCA. It also meant there was a potential risk people without capacity to consent to their care and treatment may have their needs overlooked. The registered manager told us, and records confirmed that, a standard authorisation application for DoLS had been made for two people. The registered manager explained they had completed these on behalf of the two people due to risks associated with them accessing the community alone without supervision from staff members. A DoLS had been authorised for one person whereby best interest meetings had taken place involving health and social care professionals. The home was awaiting an outcome for the second DoLS application. Another person, who received their care in bed, was deemed to lack capacity to make decisions about their care and treatment, used bed rails to ensure they were safe and did not fall out of their bed. No mental capacity assessment had been completed and no standard authorisation application for DoLS had been completed to ensure the decision was the least restrictive option and in their best interests. The registered manager explained how the decision had been made with the person's next of kin.

The provider was unable to demonstrate that assessments had been carried out to establish people's consent to care and treatment in accordance with the MCA 2005. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager was quick to take action to ensure they were working in accordance with legislation. By day two of our inspection they had researched various mental capacity assessment formats and completed a standard authorisation DoLS application for the person using bed rails. They told us, "You have opened up my eyes. I have learnt a lot". She told us how she was going to attend further training on MCA and DoLS. We observed staff involved people in daily decisions and choices whilst supporting them. One person said, "They ask you your permission before they help you". Staff told us they had received MCA and DoLS training and they could share some insight into these topics.

The home was mostly kept clean and tidy. There was an action plan in place with regard to the decoration

of the home and soon to be purchased equipment including a new specialised bath. Some areas of the home, including the entrance, dining area and people's bedrooms had been decorated and were warm and inviting. However, in contrast, other communal areas were in need of updating including the small lounge and the furniture in the main lounge. The small lounge had wallpaper coming away from the walls and no blinds or curtains hung to enable privacy for people using the room in the evening. We also found paintwork badly chipped above a person's bedroom door and a further two areas whereby walls were in need of redecorating. In the main lounge, five armchairs had fabric which was badly stained that needed to be recovered and a drape which hung under a large 'sky light' were in need of removing and emptying of dead flies. We discussed what we had found with the registered manager and provider. The provider attended to the wallpaper in the small lounge and had started to put up new blinds by the second day of our inspection. They told us they had left the small lounge due to a planned extension however as people were still using the room they agreed it required more immediate attention. The provider had also cleaned the drape under the 'sky light' and told us how this would be added as a routine action. The provider also wrote to us shortly after the inspection and told us how people living at the home would soon be given the opportunity to choose new fabric for new armchairs in the main lounge. This meant action was being taken to improve the environment for people.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People and relatives told us of the confidence they had in the abilities of staff and they knew how to meet their needs. One person said, "The staff are very good". Another person said, "Everything is good, the staff are good, very pleasing". A relative told us, "They are great at what they do; I don't think I could do this job. They are well trained at meeting everyone's individual needs".

People received support from staff who had been taken through a thorough induction process and attended training with regular updates. The induction consisted of a combination of shadowing shifts and the reading of relevant care records and home policies and procedures. Staff records showed that newer staff were supported by the registered manager and senior staff before performing their tasks independently. The mandatory training schedule covered topic areas including moving and handling, dementia and safeguarding. All training was face to face to face however the registered manager told us they were going to introduce on line training next year and said, "Going to mix it up!" The registered manager was aware of any knowledge gaps staff had and booked staff on refresher training accordingly.

The registered manager had introduced the Care Certificate (Skills for Care) for new staff to complete. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. In addition all staff employed had achieved various levels of National Vocational Qualifications or Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability to carry out their job to the required standard. Staff spoke positively about their induction and training. One staff member told us, "Training is good. We seem to be always doing training".

Supervisions and appraisals were provided to the staff team and overseen by the registered manager. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Staff told us, and records confirmed, they received supervision every three months and an appraisal once a year. Work related actions were agreed within supervisions and carried over to the next meeting. For example, additional training requirements for staff were discussed at supervision meetings. Staff meetings were also held regularly and included items relevant to people's needs. For example, a meeting in April 2016 discussed key worker responsibilities in relation to completing people's care plans and fire training that was happening at the end of the month. Therefore all staff had access to effective support and guidance in order

to carry out their role.

People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account individual needs. People complimented the quality of the food served and confirmed there was a choice of two or three meal options presented to them at each meal time. One person told us, "They have a diverse range of things. If you're not particularly happy with something they'll always get you something else. Another person said, "The food is like 4-5* hotel, mealtimes are always a pleasant experience". On both days of our inspection we observed additional drinks and snacks were offered to people between meal times. One person said, "The food's very nice here; they do lovely cups of tea here and biscuits". Another person said, "There are nice touches like with our cup of tea we get a lovely slice of homemade banana cake". Tables at lunchtime were nicely laid with table cloths, cutlery and condiments. Staff provided additional support to people who needed it; they sat next to people talking to them about what food was being served. Relatives were able to join their family members at meal times. One relative told us, "The food is absolutely wonderful. I could have a meal here if I wanted to if I'm visiting [named person]. Everything that comes out of the kitchen for [named person] looks appetising". Staff completed food and fluid charts on behalf of people to monitor what they were eating and drinking. Weights were recorded and monitored on a monthly basis. This ensured that changes to people's nutritional needs were regularly monitored for any changes and appropriate action was taken.

Staff told us they would tell the senior staff or registered manager immediately if a person had any health issues and then they would contact a nurse or a GP if needed. People and relatives confirmed that the staff team were effective in addressing health care needs. One person was cared for in bed. They received a visit from a GP during our inspection when their medicines were discussed. One person said, "We get to see a doctor when we want". Another person said, "The doctor is about 500 yards away, he comes in if there is a need, some people go to him". A relative told us, "They always contact me if they've had a doctor in". Visits from healthcare professionals, such as the GP, district nurse and chiropodist were recorded in people's care plans.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed that people looked at ease in the company of staff and were comfortable when anyone in the staff team approached them. People confirmed their positive experiences of the staff team including the registered manager. One person said, "Very caring, they're wonderful". Another person said, "They are very caring, I don't have any problems, on the whole I have a very good life here. I get on with them all". One relative spoke highly of the staff and said, "They are very caring and all are very approachable. We get on well with the staff".

We observed numerous occasions of positive support provided by staff to people. Staff bent down to address people at their own eye level and maintained good eye contact. Staff spoke with people calmly and warmly. We asked people if staff listened to them, had time to chat with them and knew their likes and dislikes. One person said, "Yes they do listen to you if you have something to say". Another person said, "The girls know the way I like things done and they let me get on with it". A third person told us, "When I go to bed they know I like my pillows across to the side. We have quite a laugh, they like to know what's going on with you and who you go out with and about your family". They added, "It's the little touches that go along way". All staff we spoke with told us how much they enjoyed looking after the people that lived at the home. One staff member said, "I just love the job. I love looking after them. It's very fulfilling and it's appreciated for some we are all they have got".

The home encouraged people to express their views and they were actively involved in making decisions about their care. People were provided with opportunities to talk to staff including their key workers and the registered manager about how they felt on a daily basis. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan.

In addition, residents' meetings were held monthly and chaired by the registered manager. Minutes to residents' meetings covered many topics including meals, activities and the maintenance of the home. One person said, "We talk about things like accommodation and the food". Another person said, "We go to the lounge for meetings", and added, "They go through everything and ask for opinions and any ideas". At a meeting in April 2016 one person had requested their toast be crispier in the mornings. Another person requested prawns. Relatives were also invited to meetings and therefore given an opportunity to advocate on behalf of their family members. At an additional meeting attended by the provider in April 2016 mini bus outings were discussed and a tuck shop was being introduced to the home. We checked to see how items that were discussed had progressed. People and staff told us mini bus outings had taken place however the opportunity had not always been taken up by people as they did not always want to go out when trips had been arranged. We write more about activities in the Responsive part of this report. The registered manager told us the tuck shop was about to start running in the next few weeks. One person seemed pleased about this idea and said, "They are soon going to start a little shop to buy bits and pieces".

People were encouraged to be as independent as possible by the staff. People told us they valued this approach. One person said, "I can manage most things for myself, I have two walking sticks". Another

person told us, "I try to go for walks by myself and they are happy for me to do this. I try to make myself keep it up, to keep my mobility up". Staff described how they encouraged people to take part in their own personal care, enabled them to make choices and decisions about what they wore each day, how they wanted to spend their day, what time they wanted to get up and what time they wanted to go to bed. One staff member said, "We encourage them to wash themselves and join in with what's going on activity wise". Another staff member told us two people enjoyed making their own beds. One person told us staff were flexible with how much they could do for themselves, they said, "Today I am going to have my meal brought up to my room as I'm not feeling up to it, I may go down later in the afternoon".

Mostly we observed people's privacy and dignity were respected throughout our inspection. Staff knocked on doors before entering people's bedrooms and closed people's bedroom doors when supporting them with personal care. Staff described how they covered people with towels whilst washing various parts of their bodies and never left them waiting. One staff member told us that when they knock on people's bedroom doors they might not answer as they could not hear properly they told us, "You have to enter, make ourselves known and say it's only 'me'". We noted a file holding information pertinent to two people was kept on a work surface near the dining area. We discussed the purpose of this with the deputy manager and registered manager. They agreed that due to the confidential nature of the information it should be kept locked away to ensure it was only read by those that had the right to do so.

Good

Is the service responsive?

Our findings

People lived in a home where staff were responsive to their individual needs. We observed people receiving personalised care. People told us they were happy with the care they received; care records demonstrated they were created to meet the needs of each individual. Bedrooms were personalised to suit people's preferences. Staff demonstrated they had a good understanding of people's personal histories and what they liked and disliked. One person told us, "They know me, I let them know exactly what I like and I don't like". Another person said, "Yes they get to know us".

Each person had a care record which included a care plan, risk assessments and other information relevant to the person they had been written about. Care plans were reviewed monthly by either the deputy manager or key workers and included information provided at the point of assessment to present day needs. The care plans provided staff with detailed guidance on how to manage people's physical and/or emotional needs, their goals and their aspirations. This included guidance on areas such as communication needs, continence needs and mobility needs. Staff told us they found care plans easy to read and follow and effective working tools. One staff member, who was also a key worker said, "You have to read them it's a bit of a rule". They added, "Any changes we have to redo them".

Each person had a 'daily routine of care' completed on behalf of them. They described how each person had been involved with creating their own care plan, how the person liked things to be done with them or for them through their day. For example, one daily routine stated, '[named person] would like us to help her with her drinks as she misses her mouth'. Another person's daily routine gave details on what the person preferred to wash with and read, '[named person] likes soap and a flannel'. People complimented this approach and felt involved with the process. One person said, "I am involved". Another person told us, "They know each of us as a person and what sort of thing we need help with. Each person is different". A relative told us care plans were, "Reviewed when [named person's] needs change, I'm very much involved because I am always here". Daily records were also completed about people by staff during and at the end of their shift. This included information on how a person had spent their day, what kind of mood they were in and any other health monitoring checks. These daily records were referred to when staff handed over information to other staff when changing shifts to ensure any changes were communicated.

We noted that when each person had moved in consent forms had been signed by the person. Consent had been given to the use of photographs within care plans and MARs, people also signed forms giving consent to medicines being given to them. The dates on some of the forms were 2014; we highlighted this to the registered manager and the deputy manager who said they would review these forms with each person to ensure they were current and meaningful.

People were provided with stimulation and were offered various group and 1:1activities to be involved in at the home, however people were able to decline to join if they so wished. On the first day of our inspection there were no structured activities taking place. We were told, and records confirmed, an activities person visited the home each week day apart from Tuesdays. On the second day of our inspection we observed structured sessions taking place. Activities offered throughout the week included manicure sessions, film

afternoons, art and crafts, armchair exercises, trips out and various reminiscence sessions. The registered manager had also organised fortnightly outings using a hired mini bus. One person said, "We went to a tea room and a garden centre". Staff also told us they sat and chatted to people, read to them and wrote letters on their behalf. Mostly people told us they were happy with what was offered. One person said, "There are activities every day, all kinds for anyone who wants to take part, not everyone does though". Another person said, "There's a lovely lady that comes down and does activities, chair exercises". A third person said, "When I go down there, I have my lunch down there and whatever activity is going on at the time I sit in on". However, one person said, "We don't have so many trips anymore. We had a moan a week or so ago that they should take us out again". The provider told us they had plans to recruit an activities co-ordinator for the home and an additional staff member purely to focus on group activities for people in the lounge from 2pm-4pm daily.

People and staff told us about the annual garden parties they had enjoyed at the home. However, during our inspection we noticed the large garden and outdoor space surrounding the home was not routinely used by people. Access to the garden was via the main lounge and doorways, which were fitted with a security system (a key pad), which led out onto a decking area overlooking a pond. The registered manager told us people were able to access the garden with staff supervision. They explained the area needed to be adapted further to allow people who use wheelchairs to access the area more easily and more mobile people with or without staff support. They told us they were concerned with the risks to people associated with the various levels of decking and the paving surrounding the pond. The provider wrote to us shortly after the inspection to share their refurbishment plan for 2017 and said, 'I will also look at costing's for a new garden and costing's for a new pathway outside for the clients to use wheelchair to the end of the pathway'.

People and their relatives told us they felt listened to and they did not have any concerns or complaints but knew they could go to the registered manager if they needed to. The home had an appropriate complaints policy in place, accessible to all people. The policy encouraged people and their relatives to approach the management team with any concerns they had. At the time of our inspection there were no active formal complaints active. One person said, "I know [the registered manager]. I don't have any concerns at the minute". Another person said, "Oh yes you can go to them with anything, you have access to them, they come round every day to see if you are alright". A third person told us, "If I've got a complaint I see the manageress straight away and it gets sorted". They added, "[The registered manager] is very good, her office is along the corridor, I see her straight away and it gets resolved". One person described how they found a hand rail difficult to use in the in the 'wet room' and the provider was looking at resolving this for them. We felt confident that people's requests were responded to in a timely manner by all staff and the registered manager. One person said, "If I had a small grumble they would listen".

Good

Is the service well-led?

Our findings

People and relatives expressed positive views of the home and the care that staff provided. People felt the culture was an open one and they were listened to by the staff and the registered manager. During the course of the inspection, laughter and pleasant exchanges were observed between staff and people. This showed trusting and relaxed relationships had been developed. One person said, "It's a very nice place, very comfortable; I'm very used to it". Another person said, "Everything is good, the staff are good, very pleasing". A third person said, "I like the people here, they do a good job, it's a 10 out of 10. A fourth person said, "I would recommend it to anyone".

People and relatives were provided with opportunities to be involved in developing the service through care plan reviews, residents meetings and informal discussions. One person said, "They do listen to you here". A relative told us, "We can voice our opinions. They do tell you about changes of staff". They added, "The communication is very good here". The registered manager gave us a copy of 'The Victoria Grand Summer Newsletter 2016'. It gave an overview of the home, welcoming new people that had moved in and new staff who had started working at the home. It made reference to the garden party held in June and thanked everybody for their support. We also notices' displayed around the home which read, 'If you would like to have a private tea party with your family just ask [the registered manager]'. This invite showed the registered manager promoted caring values and understood that at times people living at the home may require privacy when spending time with their family members.

The registered manager demonstrated good management and leadership throughout the inspection and made herself available to people. We saw the registered manager working amongst the staff team guiding and leading other staff on duty. For example, on the first day of our inspection we observed how she led the handover meeting from morning to afternoon staff, sharing relevant information about how people had presented during the morning. The approach and the information shared showed how well she knew people and staff. On the second day of the inspection we observed how she sat next to a person supporting them with eating their lunch. People spoke fondly of the registered manager. One person said, "It is well run. She is great and she is always on call".

Staff also complimented the registered manager and her approach. One staff member said, "Our manager's lovely. She is always here for all the residents. You can always go to her". They added, "She will always deal with anything promptly". Another staff member told us, "She does extremely in-depth handovers. We are well informed of any changes". Our observations and discussions with staff informed us they understood their role and responsibilities when supporting people and were supported effectively by the registered manager to fulfil their care duties.

A range of informal and formal audit processes were in place to measure the quality of the care delivered. The quality assurance file showed audits had been completed in areas such as medicines, care plans and any falls that had taken place in the home. Actions taken were suitably recorded. In addition, the registered manager took a daily walk round the service to ensure equipment and the environment were safe for both people and staff. People who lived at the service were given annual surveys so the registered manager

could ascertain how they felt about the care they received and the home they lived in. We read the outcomes to the residents' survey collated in April 2016 which were mainly positive. Comments had been raised about poor light and hot drinks not being at a suitable temperature. The registered manager had responded in the summary stating 'bulbs had been replaced with a higher wattage' and 'staff will ensure the hot drinks are at a more suitable temperature'.

We found the registered manager open to all discussions held throughout the inspection and passionate about making any improvements to enhance the lives of people living at the home. Shortfalls had been identified, however, we were assured and confident in the registered manager's ability to take the necessary action. This was confirmed by the steps she had already taken by the second day of our inspection. The registered manager praised the support she received from the staff team including the deputy manager. She told us, "We are open and honest". She added, "I am always about, my door is always open".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was unable to demonstrate that care and treatment had been provided with the consent of the relevant person in line with the Mental Capacity Act 2005. This is a breach of Regulation 11 (1) (3).