

Victoria Care Elite Limited

Victoria Grand

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?	Requires Improvement ●

Summary of findings

Overall summary

A comprehensive inspection took place on 16 and 17 July 2018 and was unannounced.

The Victoria Grand is registered to provide care and accommodation for up to 26 older adults in one adapted building. People at the home are living with dementia and physical needs. At the time of our visit there were 18 people living at the Victoria Grand.

Victoria Grand 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 was last inspected in September 2016. At our last inspection we rated the service as overall good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Since our last inspection, we have continued to engage with the provider. At the last inspection 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. We required the provider to complete an action plan to show what they would do and by when to improve the key question, is the service effective, to at least good. At this inspection, the registered manager was able to demonstrate that care and treatment had been provided with the consent of the person. We confirmed the provider had taken sufficient action to address the previous breach of Regulation.

We found although care and treatment was being provided with the persons consent, how decisions were being made were not always documented. We found guidance on as and when needed medicines and risk assessments lacked detail. Improvements were needed to the recording and documenting of information, but we did not see this having an impact for people.

Risks to people were identified, assessed and measures were taken to manage those risks. People told us there were enough staff to meet their needs. Staff were able to demonstrate how they keep people safe from abuse and safe in an emergency. Staff were well trained and received regular supervisions.

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 were observed to be caring and to have kind supportive relationships between staff and people. Staff promoted people's dignity, respected their privacy and promoted their independence.

People were given opportunities to be involved and supported to express their views on how they wished to be cared for. Staff and relatives told us they are involved in decisions made, relatives told us they are involved in decisions affecting their relative and health professionals were involved. People and their relatives knew how to raise a concern and felt able to do so.

People received personalised care by staff that knew them well. People were offered a choice of activities. The culture of the home was caring, positive and friendly. Staff and people spoke positively about the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service has improved to Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>At this inspection we found the service had deteriorated to Requires Improvement.</p> <p>Records were not always fully completed regarding choices, medication protocols and risk assessments.</p> <p>The home was caring, positive and friendly. The values of the service were embedded in the care and treatment provided.</p> <p>People and staff knew who the registered manager was and felt confident in approaching them.</p> <p>The registered manager and staff had an overview of the quality of care provided.</p>	<p>Requires Improvement ●</p>

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.

The inspection took place on 16 and 17 July 2018 and it was unannounced.

The inspection was carried out by two inspectors 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 dementia and elderly care.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information such as 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 the action plan and other information such as templates given to us by the provider following the last inspection. 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 a lunchtime meal and how medicines were given to people. We spoke with nine people living in the home and two relatives who were visiting at the time of the inspection. We spoke with two senior care assistants, three care assistants, the registered manager and the catering manager. During our visit we spoke to a visiting healthcare assistant and following the inspection we spoke to a local authority commissioner.

We spent time looking at six care plans, two staff recruitment files and three 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.

Is the service safe?

Our findings

Medicines were given and stored safely including medicines that need special storage arrangements. We observed staff giving medicines discreetly and with patience. People told us they were given their medicines on time, a person told us "They do the medicines first thing in the morning and at night time. I always get the correct medicines."

Staff giving medicines wore a tabard which stated on it 'do not disturb' to help protect their time to concentrate on the task of giving medicines. Staff were trained and assessed as competent to give medicines, this assessment was done every year. Staff carried out audits of medicines, this included checking stocks, expiry dates and returns.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. One person this had not been completed regarding them taking their medicines independently. The registered manager had not assessed the risks in relation to this. The person told us "[Registered manager] talked to me about being in control of my own medicines. They're not complicated, pills and ointments. Staff order them for me. I'm deemed responsible to self-medicate." We found the person's safety had not been impacted and have covered this as a recording issue in well-led.

A person told us "Confidence in the staff and the way it's run is what makes me feel safe. If I had any concerns at all I would speak to [registered manager] and she would deal with it straight away." Another person told us "If I had any concerns I wouldn't hesitate to speak out because we've been told that this is our home and we should feel comfortable. I'd speak with [registered manager] because she is the manager and she really does care about us."

People told us they know how to use the alarm bell should they need help, people were observed using the alarm system and bells were responded to quickly. A person told us "I did have a fall once, but that was a long time ago. It was in my room. I pressed my bell and they came quickly and got me up." Another person told us "There's many things about this place that makes me feel safe. The carers are very good. You ask and they try to help you. You can press a bell and they're there when you need them. It's comfortable and the girls really do their best."

Staff were trained in safeguarding and continued to have a good knowledge of safeguarding processes. Staff told us "The importance of safeguarding and whistle blowing are drummed into us regularly. I'm confident in staff awareness and in the whistle blowing routes." Staff were able to describe how abuse could present and how to report concerns. Staff told us it helps that they have a consistent staff team that are observant and responsive to changes in a person.

Staff recruitment practices were safe. Staff were only able to start working following satisfactory references, including checks with previous employers and a current Disclosure and Barring Service check. Recruitment checks helped to ensure that suitable staff of good character were supporting people safely.

Staffing levels were appropriate to meet the needs of people. Staff told us extra staff were on the rota if there's an additional need or to allow a staff member time to do care planning tasks. A staff member told us "It's a real team. Many of us have been here a long time and we all work well together." People told us said there were enough staff during the day, night and weekends. A person told us "I've never had a time when you can't have something because there's no staff around. I've got a bell, I ring it, someone comes along. I don't notice bells ringing, so they must be answered for other people quickly too. I think it's well run here and the staff are very good." Another person told us "I think there's enough staff around. I use the stand hoist and if I press my bell there's always someone in fairly quickly. They're very efficient and their confidence gives me confidence and I feel very safe."

We observed the home was clean and well-presented. Staff carried out infection control audits. Staff were observed to use protective equipment when serving food or giving medicines. Health and safety checks showed areas such as premises and equipment had been checked and were safe. A person told us "I think it's kept very clean. There's no odours. They Hoover the carpets and they clean them regularly too."

Is the service effective?

Our findings

At the last inspection in September 2016, we rated this key question as Requires Improvement. We found one breach of Regulation. 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. We made requirements for this to be addressed, the provider sent us an action plan and shared a new template they had checked with a social worker and an inspector.

At this inspection, we found improvements had been made and both regulations were now met, resulting in the rating being changed to, 'Good'.

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 is called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of MCA and DoLS, staff were able to tell us which people were subject to DoLS and what that meant for that person. People had their capacity assessed, these were decision specific and people who had capacity were involved in decisions about their care and choices. Staff and relatives told us they are involved in decisions made, relatives told us they are involved in decisions affecting their relative and health professionals were involved.

Staff and the registered manager were clear about the conditions of a person's DoLS authorisation. One person's DoLS was around the use of bed rails when the person was unwell. Staff understood this and could explain this to us. The registered manager involved the local authority DoLS team, the person's social worker and a relative of the person in making a decision about measures to take to keep the person safe. Another person who had DoLS understood this and told us "I can't go out without a carer or someone with me. I accept that, it's for my own welfare." Consent to care and treatment was sought in line with legislation and guidance. Staff told us they supported people to be involved and make decisions about their care and treatment. A staff member told us "We ask people all the time, even about the basics of care. We respect their wishes, even if that is refusal of the care we are offering, otherwise we wouldn't be acting legally."

The registered manager continued to make sure staff were well trained and people told us they felt staff were well trained. Staff told us and records showed that staff were supervised regularly. Staff told us they were well supported. Staff were trained in equality and diversity, and there was an equality and diversity policy. A staff member told us "We have a training refresher tomorrow on Equality & Diversity. It's useful, you have to realise some things we talk openly about are more difficult for some older people. We've made arrangements for different religious needs."

People were given sufficient to eat and drink. People were supported to eat a balanced diet and people told us they enjoyed the food. People had a good choice of meals and were supported to choose their meal or to ask for something else.

We visited on a hot day and people were offered ice lollies during the afternoon. Snacks and drinks were available throughout the day. A person told us "There's bowls of fruit around, I can always have that if I wanted. I rarely do because I get enough on my plate. We can ask for a hot or cold drink whenever we want and there's always water in the jug in my room. Sometimes it's been a meal I don't like and they ask me what I'd like instead."

We observed two lunchtime meals, people told us they enjoyed the food and we observed that people enjoyed each other's company. The dining room was well-presented. People told us "The food is fantastic. They come around every day with a menu for the next day. They sit down and talk to you and go through what there will be. I like most things. If I order something and then the following day I don't really fancy it, they will always let me change it. The chef is very good, she always makes enough." Another person told us "The food is very good. The chef always asks if there is anything we'd like. One day she made me my very own bread and butter pudding, just because I'd asked for it."

Staff worked well with each other and with other organisations. Staff told us "Staff all work as a team". Staff were observed to work well as a team and to have friendly interactions. Housekeeping staff told us they can attend the same training as care staff to learn and understand care roles. A visiting health professional told us that staff work well with them and take on their advice and guidance. Records showed that staff work well with external health professionals and social workers.

People have good access to healthcare, staff spot changes in health and respond quickly. A person told us "I can see anyone whenever I'd like. I'd tell them and they'd arrange things for me. They'd arrange transport too." Another person told us "The carers are really kind. They moisturise my legs and massage them so gently, which really does help me a lot. I'm treated very well and with respect." Records showed that people accessed district nurses, GP and community mental health nurses.

During our visit a healthcare assistant visited, they told us that staff know the people well, are helpful and quick to call if there are any issues. They also told us that staff are well trained and spot issues quickly. Staff told us what they do in the event of a person having an accident such as a fall, the steps they would take to care for the person, get them the medical treatment they may need and the measures they would take to prevent the person from having another fall. Staff told us they monitored and looked for trends for example if a person has fallen more frequently what actions they might take.

People's individual needs were met by the adaptation and decoration of the premises. The premises had a wet room and lift, a hoist and stand aids were available for people. The building was homely and well-presented. Hazardous chemicals and foods were stored in a separately locked area not accessible to people.

Is the service caring?

Our findings

Staff were observed to be exceedingly caring and to have kind supportive relationships between staff and people. A person told us "They always ask me how I am and do all they can for me. They treat me as an individual and talk to me and comfort me. It's hard for me to be independent now, but I'm never made to feel that anything is a bother." Another person told us "The staff are amazingly kind and respectful and I feel cherished."

Throughout the inspection we observed that staff spoke to people in a caring, patient and friendly way and always addressed them by their chosen name. We observed staff speaking to residents with humour and compassion.

Staff serving food at lunchtime introduced the meals and checked with people that it was what they had chosen. Staff offered choices of drinks to have with their meal, choices of desserts and a tea or coffee after their meal. Staff were attentive to people's needs at lunchtime. People told us they had a choice of meal and could choose what meal they wanted, people told us that if they did not want either of the lunch options they could choose something else.

People knew who the registered manager was and told us they had a strong presence in the home. A person told us that the manager was very kind, there when you need them and will listen to you.

Records showed that people are involved in making decisions about their care and treatment. People told us they were involved in making decisions, for example a person told us they chose to eat their meals in their room which staff respected. During our visits staff actively gave people choices which were respected. A person told us "They always ask before they do anything, nothing is assumed. I've got a good rapport with the girls and we have a good laugh." Another person told us "It's completely my choice what I want to do. I can have a shower whenever I want. We're all individuals here and that's how I like it."

Some people had religious preferences that were respected by staff. People were supported to attend their place of worship, a person told us "I'm quite active in the church and go every Sunday." Staff told us that in the past people have had dietary requirements due to a religious preference that was accommodated by staff.

Registered services are required to comply with Accessible Information Standards. These were standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service adapted information some information by using pictures and a person was registered blind and staff were able to tell us how they support the person and special equipment they have in their room such as a talking clock.

People told us how staff upheld their dignity and respected their privacy. A person told us "They always knock on my door before they come in, although often my door is open anyway but they still knock. They make sure my door is closed and close the curtains when they're dressing or undressing me. They help me

into and out of the bath. Nothing is too much trouble. I'm never rushed. They do it in my time. It's wonderful."

Staff gave people choices and sought their consent before providing care. A person told us "The staff are polite and yes, they do knock on my door. They do ask before they do anything. They'll say things like 'would you like bath?' and if I say yes, they'll close my curtains and undress me in my room, I'll put my dressing gown on and we'll go to the bathroom. They have a lovely new bath. It's very nice. They help me onto the seat and then they let me dip my toes into the water, so I know that the temperature is ok. Then I get lowered in. It's very good. All the time they're talking to me and telling me what they're doing. It all feels very safe." Another person told us "Oh, they would never do anything without consent. Even changing my bed, they ask if it's okay and if I'd like that."

Staff promoted people's independence, people told us "Yes, I think I feel in control. I can get a bath any time I want. No one tells me when I have to go to bed or get up. I decide that for myself. I choose what to wear." Another person told us "What I do here is my choice. I can get up, go to bed, have a bath or shower whenever I want. I can join in downstairs or stay in my room. I'm not told what to do. Sometimes they like to try and encourage us to go down to the activities, but don't force it on you."

People were able to choose the gender of the carer giving them personal care and staff respected their wishes, one person told us "I like to have a shower and one of the carers is always with me to help. I don't want a fella with me and they know that. I'll only have girls for personal care."

Relatives told us they were made to feel welcome and people told us visitors could visit whenever they wish. A person told us "They don't mind when visitors come, they can come when they are able to. There's no restrictions that I'm aware of." Another person told us "Visitors can come and go when it suits. There's no set times."

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. A person told us "They couldn't treat you any better. They show compassion and if I'm ever feeling a bit down they will chat with me and cheer me up. They know my likes and dislikes, they just get me. I feel valued here." Staff told us they personalised care to the person, a staff member told us "We recognise people have individual needs and need to have a service that fits them. I think we work out the balance for each person; we have the time to get to know people well and that works both ways."

A person told us "The staff are very nice and good at their jobs. I'm going to a wedding this week and one of the staff is going to come along with me to make sure I'm okay. Knowing I have someone with me will let me relax and enjoy myself. They are so good. I think I'm very lucky."

People told us they were involved in developing and reviewing their care plan, a person told us "I was involved in my care plan and I know what's in it." Staff told us they use handover information and care plans to stay up to date with people's needs. Records showed that guidance and advice was sought from health and social care professionals, but the records were inconsistent in how this was documented, this was raised to the registered manager during the inspection. Although recording was not always consistent this had not impacted on people or placed any person at risk.

People's rooms were personalised with personal items and objects, people were encouraged to bring their own furniture and items. Photographs of people involved in events were displayed around the home.

People were offered various group and 1:1 activities to be involved in. A person told us "We have quite a lot going on. I like to join in. I've been out when we've had the minibus outings. I enjoy those. I can't complain of being bored."

During both days of our visit we observed that people had access to a range of structured, personalised activities. A person told us they enjoyed visits from the chiropodist and hairdresser and liked getting their nails done with the care staff. Another person told us "I like games and bowls. I've been out in the mini bus and that was very enjoyable. I like the cat, it's very friendly. We've got alpacas coming in next week, I'm looking forward to that." The activities programme, run by a coordinator who works for four days a week, showed that people were offered art and crafts afternoons, films, quizzes, armchair exercises, trips out using a hired mini bus and reminiscence sessions. There were regular external musical entertainers and occasional animal visits.

Complaints and concerns were responded to and people told us they felt listened to. The service had a complaints policy which was displayed clearly. A person told us "I've never had to make a complaint but if I did I know there is a procedure but I'd just speak with <named registered manager>." Relatives and people told us they knew what to do if they had a complaint and felt confident that their complaint would be listened to.

Relatives were kept informed, a relative told us that "The staff are always helpful and communicative, especially if their relative is unwell." The provider collected feedback from people, relatives and staff. Two relatives told us they have received a survey every year and told us they felt comfortable to approach the registered manager with any concerns. A relative told us they had requested a medicine review for their relative, staff responded quickly and organised this with a community mental health nurse and GP. The registered manager also got feedback directly from relatives and people and relatives confirmed this. People were well supported to the end of their lives. Care plans clearly showed advanced care decisions called 'Planning my future care' such as Do Not Attempt Resuscitation (DNAR) documents on file and documented a person's wishes with input from the person and their relatives or loved ones and the person's GP. All staff received end of life care training.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of Good. At this inspection, we found the service had deteriorated to Requires Improvement.

We found records were not always fully completed to reflect decisions made about people's care and treatment, such as people's preferences, guidance on as and when needed medicines and risk assessments. Although this had not impacted people directly or compromised their safety, records was an areas in need of improvement.

For medicines that people would take as and when they needed (PRN), such as pain relief, consistent guidance was not in the person's medication administration record or their care plans to show whether or how people would indicate a need for them, or how staff would identify a need. There was a medicines policy but this was not followed for PRN medication. Topical creams were not signed for by the person applying the topical cream. For one person who took their medicines independently the registered manager had not assessed the risks in relation to this.

People and relatives told us the home had a friendly, family atmosphere. We observed that the home had a positive, calm and caring culture that put people first and prioritised their needs.

There was a registered manager in post. 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 understood their role and responsibilities for managing the home and all notifications had been completed in line with the Commission's requirements. Both people and staff spoke highly of the registered manager. Staff told us the registered manager went above and beyond to help and support them. A staff member told us "I feel very supported, <named registered manager> resolves issues quickly." Another staff member told us "<named registered manager> is the best manager I've ever worked with." A person told us "The manager pops up sometimes and says hello to me and asks how I am. I think they run the place very well. They're very approachable, I think they are very open."

The registered manager told us that they were proud of their staff and treated people and staff like extended family. People told us they did feel part of an extended family, one person told us "The care I get here is wonderful; I'm not made to feel different. I just like being made to feel part of the family." Another person told us "I would say it is a good family atmosphere here and everybody is made to feel welcome." A staff member told us "It's very homely. People make choices. We are a close-knit team."

The provider was proactive in meeting the needs of staff with protected characteristics. Staff told us they felt well supported and that the registered manager had offered reasonable adjustments and support if they had a protected characteristic such as a disability.

Records showed that staff meetings were held regularly and the registered manager told us that they hold informal coffee meetings to discuss specific topics including lessons learned. The registered manager encouraged staff to raise concerns or issues and understood their duty of candour when things go wrong.

The staff completed checklists and carried out audits on areas such as infection control and medicines. Checklists were used to good effect to identify issues and audits identified issues.

People were provided with updates about the home and family and residents meeting minutes confirmed people's suggestions were listened to and acted upon. A person told us "I know they've got a plan for refurbishing on the notice board and it's been brought up at meetings. They like to let us know what is going on." Another person told us "They have resident's meetings, so people can say what they think."