

Review of compliance

Victoria Care Elite Limited Victoria Grand	
Region:	South East
Location address:	22 Mill Road Mill Road Worthing West Sussex BN11 4LF
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	<p>Victoria Grand is a privately owned care home for people needing personal care and accommodation. It provides care for up to 26 older people. It is not registered to provide nursing care.</p> <p>The service is owned by Victoria Care Elite Limited. The registered manager is Mrs Julie Courtnage.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Victoria Grand was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with six people who live at Victoria Grand. They told us all the staff had treated them with respect and that the care they received was good. One person told us, "I am very happy here. I am looked after well. I can't complain." Another person said, "I am very comfortable. The staff are very good." A third person commented, "I am very well cared for."

We spoke with three members of care staff who were on duty. They demonstrated they knew about the level of care that each person required. They also told us they were well supported by the manager and well trained so that they were able to provide good quality care.

Four relatives who were also visiting the care home, asked to speak to us.

What we found about the standards we reviewed and how well Victoria Grand was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People received care and support in a manner that promoted and respected their privacy, dignity and independence.

Overall, we found that the service was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs

and supports their rights

The delivery of care was safe. However, whilst assessments and care plans were in place, they did not always include sufficient detail for staff to follow to ensure people's individual needs were met in a consistent manner.

Overall we found that this service was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Staff expressed a clear understanding of the principles of safeguarding vulnerable people and the procedures for dealing with any incidents.

Overall, we found that Victoria Grand was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Effective recruitment procedures have been put in place to ensure staff employed at the care home were fit to work with vulnerable people.

Overall, we found that Victoria Grand was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Care staff have received supervision and training to enable them to provide care and support to people.

Overall, we found that Victoria Grand was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The views of people using the service have been actively sought.

Information about quality and safety has not been routinely gathered. It is, therefore, not clear how risks and areas for improvement are identified.

There was limited evidence of learning from incidents and the provider does not make use of the full range of information sources.

Overall we found that improvements are needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the

improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People we spoke with told us they had been given information about the care home before they were admitted. We were also told that their care needs had been discussed with them.

One person told us, "My son came to visit first before bringing me to have a look. We talked about the care I needed and I was involved with decisions that had to be made. It was good they gave me time to think about it. I also came for a respite period, which made the decision easier."

Another person said, "I came round with my daughter. We looked at a few homes. I am perfectly happy here. We were provided with information about the home. I met the manager when she came to the house. She took some notes about my history. After this I decided I needed to move in."

People also told us that staff had treated them with respect and that their privacy and dignity had been maintained.

One person said, "Staff treat me with great respect, I have no criticism about the staff. Staff do listen to me; although they may not be able help me instantly. They involve you

in their lives. We talk about their children. Everybody says what a friendly place this is when they come in. I like the atmosphere here."

Another person told us, "The staff definitely treat me with respect. They are wonderful; we can have a laugh together." This person also confirmed that their privacy and dignity had been maintained by the care staff.

Other evidence

We observed staff providing care to people. This included serving hot drinks and helping people to move around the premises. Staff were seen to be supportive in a manner which was respectful and maintained people's dignity, privacy and independence. For example, staff knocked on doors before entering, spoke to people politely and ensured doors had been closed when personal care was provided.

We spoke with the staff on duty. They demonstrated a good understanding about respecting and involving people.

When discussing the care needs of an identified person, one member of staff told us, "When I am helping to wash them I make sure they are covered with a sheet. I will also explain to them what I am about to do. All the time I will talk to them and explain to them what I am doing."

Another member of staff said, "I make sure they are covered up at all times when I am washing them. I will keep the door shut and draw the curtains in their room. I will make sure they are comfortable. I will also ask permission before telling them, step by step, what I am doing."

We looked at the care records of two people. They provided us with evidence that the needs of people had been assessed prior to admission.

Our judgement

People received care and support in a manner that promoted and respected their privacy, dignity and independence.

Overall, we found that the service was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We asked people about the care and support they had received. The comments made were very complimentary.

One person told us, "My needs have been met perfectly, as far as they can be. I don't have to wait unduly long before my bell is answered. Sometimes it is a couple of minutes, but usually they come straight away. I have seen my care plan; I discussed it with the manager and my key worker."

Four relatives asked to speak to us. They were visiting to collect their mother's belongings as she had recently died at Victoria Grand. They told us about the end of life care their mother received. They said, "We had great difficulty providing for her when she was at home. The family felt that a great weight of worry was lifted when she was admitted to the care home. The staff treated her with such respect and dignity. They always made sure she got her medication on time. " The family told us about some of the problems the staff had to face. "The care staff cared massively for her. Her nutrition was not good, sometimes she refused to eat. But the care staff would always talk her into eating something. The staff always treated the family well when we visited. We built up a good rapport with the manager and her staff. We were informed of any changes in our mother's condition. They found a downstairs room for her, when it was needed. It was made very comfortable for our mother, she liked it here. It made the last six months of her life so much easier for her."

Other evidence

Staff we spoke with demonstrated a good understanding of the needs of people living at Victoria Grand. They knew who to consult and from whom to obtain information if they were not clear about what was expected of them. Staff told us they referred to care plans. They also told us they had a handover meeting at the start of each shift, where they learnt about people's care needs.

The atmosphere throughout the visit was good. It was calm, friendly and homely. Staff were observed to have a good relationship with the people living there. When talking to people, staff were friendly and professional. They spoke clearly to ensure they were understood and listened carefully to make sure they knew what was expected of them.

Care records we looked at confirmed assessments, including risk assessments had been carried out. They also included evidence of visits by GPs and other paramedical services to provide treatment.

There was evidence that care plans had been reviewed and updated each month. This meant that the information recorded reflected the current needs of each person.

We found that guidance for staff to follow to ensure they were meeting people's assessed needs was not always documented. For example, one person has been cared for in bed. We saw that fluid charts and turning charts had been maintained. The manager also informed us that a pressure relieving mattress had been supplied by the district nurse and was regularly checked by staff to ensure it was working. However records we saw did not document how often checks and turns should be carried out. In another instance one person's care plan stated that they had been diagnosed with the early stages of dementia. Additional information recorded stated that this person had been, 'wandering more frequently' and had been, 'quite agitated and confused.' There was no information or guidance for staff to follow when such instances arose to ensure they provided support and care to this person safely. In each instance we found no evidence that the lack of recorded information had adversely affected the people concerned.

Our judgement

The delivery of care was safe. However, whilst assessments and care plans were in place, they did not always include sufficient detail for staff to follow to ensure people's individual needs were met in a consistent manner.

Overall we found that this service was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not, on this occasion speak to people about this outcome area so cannot report what the people using the service said.

Other evidence

Staff we spoke with demonstrated a good understanding about safeguarding vulnerable people from abuse. They were able to talk about the different types of abuse they might witness and the possible signs to look for if someone is being abused. They were also knowledgeable about the procedure for reporting incidents when they suspected abuse had taken place.

Staff records we saw confirmed that staff had received training in identifying and reporting abusive practices. Records also confirmed further training had been planned for staff where necessary.

Our judgement

Staff expressed a clear understanding of the principles of safeguarding vulnerable people and the procedures for dealing with any incidents.

Overall, we found that Victoria Grand was meeting this essential standard.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not, on this occasion speak to people about this outcome area so cannot report what the people using the service said.

Other evidence

We asked care staff about the references and checks they needed to provide being starting work at Victoria Grand. They confirmed they needed to provide two written references, a Criminal Records Bureau (CRB) check, copies of relevant training certificates and proof of their identity.

We also looked at recruitment records of two staff who had commenced employment in the last six months. They confirmed that relevant references and checks had been obtained.

Our judgement

Effective recruitment procedures have been put in place to ensure staff employed at the care home were fit to work with vulnerable people.

Overall, we found that Victoria Grand was meeting this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People we spoke with confirmed they found care staff to be competent when providing care.

One person told us, "Staff are very competent. They do all they can to help me."

Another person said, "They know how to help me."

Other evidence

Staff we spoke with clearly described their roles at Victoria Grand and what was expected of them.

They also confirmed they received regular support and supervision from senior staff. We were told that they had structured supervision sessions with a senior member every four months. We were also informed that these sessions provided staff with an opportunity to discuss their performance and to identify training needs. They also felt able to approach the manager at any time if they needed to sort out a problem. Staff we spoke with confirmed they felt well supported by the manager.

Staff on duty also told us about the training, including induction training, they had received so that they could perform their duties skilfully and effectively. Training they had undertaken included understanding and caring for people who have dementia.

They had also received training in administering medication, first aid, fire safety, health and safety, moving and handling techniques, food hygiene and infection control.

Two members of staff we spoke with confirmed they had achieved the National Vocational Qualification (NVQ) in Care at Level 2 and Level 3.

We were shown records which confirmed training, including induction training, supervision and performance appraisals staff had received.

Our judgement

Care staff have received supervision and training to enable them to provide care and support to people.

Overall, we found that Victoria Grand was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We asked people we spoke to if they had been asked about their views of the service provided.

One person told us, "I don't remember being asked, but they will let you know what is going on. They will talk to you about things individually. I think having meetings might be a good idea."

Another person said, "No, I don't think so. I don't think it's needed."

Other evidence

We spoke with Mrs Burtenshaw, the person nominated by the provider to represent them and Mrs Coutnage, the registered manager. We asked them about the systems used to assess and monitor the quality of the service provided.

We were informed that a satisfaction survey has taken place every six months. We were provided with evidence that demonstrated satisfaction questionnaires had last been sent out to people using the service and their relatives in August 2011. They had been used to obtain their views with regard to the quality of the service provided. We were also informed that the next survey was due to be sent out in February 2012.

Mrs Burtenshaw informed us that, apart from this, no other formal audit or assessment of services provided had taken place. She also told us that informal audits were carried out on a day to day basis by herself or the manager. Mrs Burtenshaw explained they

talk with people using the service daily and encourage feedback on a range of topics. Examples of topics we were given included food, the premises, the environment and the care provided. Mrs Burtenshaw also told us that she acknowledged that a more formal system was needed.

However, despite a lack of formal assessment and monitoring of the service, we found no evidence that people had been put at risk.

Our judgement

The views of people using the service have been actively sought.

Information about quality and safety has not been routinely gathered. It is, therefore, not clear how risks and areas for improvement are identified.

There was limited evidence of learning from incidents and the provider does not make use of the full range of information sources.

Overall we found that improvements are needed for this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>Care records had been kept up to date in recognition of the changing needs of the person using the service.</p> <p>Care plans did not include sufficient detail for staff to follow to ensure people's individual needs were met. However, the majority of evidence we found has indicated that people received good care.</p> <p>Overall we found that this service was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met:</p> <p>The views of people using the service have been actively sought.</p> <p>Information about quality and safety has not been routinely gathered. It is, therefore, not clear how risks and areas for improvement are identified.</p> <p>There was limited evidence of learning from incidents and the provider does not make use of the full range of information sources.</p> <p>Overall we found that improvements are needed for this essential standard.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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