

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Victoria Grand

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Tel: 01903507098

Date of Inspection: 14 March 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Victoria Care Elite Limited
Registered Manager	Mrs. Julie Courtnage
Overview of the service	The Victoria Grand is registered to provide care and accommodation for up to 26 older adults.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with 10 people using this service and they reported that the staff always asked their permission before providing support. For example, one person told us that, "The staff always ask me before they give me any help". This told us that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People also told us that they were satisfied with the care and attention shown by staff. This showed us that people experienced care, treatment and support that met their needs and protected their rights. Records were seen that showed us that ongoing monitoring and assessment of the quality of the services being provided had taken place in this service. This meant that the provider had an effective system to regularly assess and monitor the quality of service that people receive.

People told us that if they had any concerns these would be addressed promptly by staff. This meant that there was an effective complaints system in place. We saw that the care records kept were accurate and fit for purpose. This showed us that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with 10 people using this service and they reported that the staff always asked their permission before providing support. For example, one person told us that, "If I have any questions the staff will always try to answer them". Another person told us that, "The staff always ask me before they give me any help". Someone else told us that, "This feels like my home now and the staff keep me informed".

We saw that staff respected and involved people who were receiving care and support in this service. For example staff were seen to be asking permission before providing care and support for people.

We noted that there were notice boards around the service and these contained information for people for example about forthcoming activities. Formal records were seen of the regular meetings with the people using this service.

We reviewed in detail the care records of four people with different needs who were receiving care and accommodation in this service. These showed us that people and where possible their relatives were involved and had agreed with the care that they were receiving. For example, we saw evidence of consultation with people and their families and of individualised care based on an assessment of need.

We also spoke to two visitors to the service and they told us that they were involved in and had been consulted about the care and support that their relative was receiving.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

There were 21 people receiving care and accommodation on the day of our inspection visit. We spoke with 10 people who were living in this service. They told us that they were satisfied with the care and attention shown by staff. They also reported that they were well cared for and that if they needed anything, staff would respond promptly.

For example one person told us that, "The staff are always kind." Another person told us that, "If I need help the staff will always come."

We also spoke with two visitors who were generally pleased with the attention and care shown by staff. They told us that they visited often and were pleased with the care that they had observed since their relative had been admitted.

We reviewed four care records of people with different needs who were using this service. We were informed that the service had introduced new care plan documentation in September 2012.

Each person had an individual care record. These included assessments of individual need and how these should be met by staff in the form of individual care plans to help to support health and personal care needs. Assessments were in place with regard to specific health care needs, such as diabetes, skin care and risk of falls. We saw that people's life histories had been recorded in collaboration with their relatives. Staff told us that this was an ongoing process and these histories assisted them to provide specialist care for each person.

People's care and welfare needs were recorded in detail and their care plans showed that they were being met in line with people's assessed needs. Risk assessments and care plans were reviewed as necessary by staff and the care given to people was recorded daily by staff. We observed staff supporting people in a positive way. Examples of this included staff providing personal care in an individualised way that was discreet and dignified. We saw that staff addressed people appropriately by their correct title. People had their call bells within easy reach and we didn't see anyone being kept waiting unduly long for assistance.

We saw that staff provided care in a safe way. For example, staff used appropriate aids to

assist people who were not able to move independently. They made sure that people were comfortable during the process and afterwards. We saw staff assisting people to maintain their personal hygiene. Everyone we saw were dressed well, with appropriate footwear. We saw that the people who had been assessed as requiring further support had been appropriately assessed by their General Practitioners. For example people had been referred to the falls prevention service as necessary.

We saw that the current activities programme was on display in the service. Examples of recent activities carried out with people using the service included arts and crafts, movement and dance and a recent visit by an owl sanctuary. This had been particularly successful according to the people we spoke with. We noted that a non-denominational church service was held every two weeks.

Staff were able to outline how they monitored people's care needs and were able to describe the steps they would take if they were concerned about someone's physical health care needs.

We noted that there was a friendly relationship between staff and the people who were using the service and that there was a homely atmosphere throughout the service. For example we saw that people's rooms had personal touches such as family photos and included favourite furniture.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Records were seen that showed us that ongoing monitoring and assessment of the quality of the services being provided had taken place in this service. For example monthly medication stock and ordering audits were carried out and any concerns identified were promptly addressed.

We saw that a fire risk assessment had been carried out and this had been reviewed by the West Sussex fire and Rescue Service in October 2012 and no concerns had been identified. A maintenance audit had been carried out in March 2013 and we saw that any identified concerns were being addressed.

The care plans seen showed us that these were regularly monitored and reviewed by staff. These were being audited monthly and we saw that any identified issues were being addressed by the relevant key worker.

We saw evidence of satisfaction questionnaires for service users, visitors, and staff. These were being collated for March 2013. We saw that the feedback received was generally positive.

Staff told us how they supervised and monitored the care being given to people who lived in this service. Those care records seen included daily evaluations of care and identified the actions taken when concerns about physical health care needs had been identified by staff. We noted that staff were up to date with their mandatory training and that a number of staff had achieved their National Vocational Qualification (NVQ) level two or above.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People told us that if they had any concerns these would be addressed promptly by staff. For example, one person told us that, "The staff are very good if I am worried about anything". Another person confirmed that, "The manager always listens to me".

The service had a complaints policy dated December 2011 in place. This gave information about how to make a complaint and who to contact if any concerns were identified. We saw that this made reference to the Care Quality Commission.

The provider confirmed that no formal complaints had been received by the service. However staff were able to give examples of where minor concerns were identified and resolved in an informal process. Evidence of this was seen in some of the care records that we reviewed.

Senior staff confirmed that they had an 'open door policy' to meet with people using the service, their relatives and other visitors to the service. One visitor told us that they were happy with how the service responded to any queries that they made on behalf of their relative.

Staff spoken with were aware of how to address any complaints that they received or were aware of and could outline how they would address these with the support of senior staff.

We saw that the provider carried out regular satisfaction surveys of people who used the service, relatives and staff. We noted that the feedback received was generally positive.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The provider had a policy on the 'archiving disposal and storage of records' dated November 2010 and senior staff were able to explain the systems in place for the safe management of records.

We reviewed four care records kept by the service in detail. These showed us that each person had a care plan in place and risk assessments were completed where necessary, which assured us that people were receiving the care and support that they needed. This demonstrated to us that the care records kept were accurate and fit for purpose.

We examined other records kept by the service, such as audits and policies that were in place. These were seen to be well maintained and had been reviewed as necessary.

We saw that records were kept securely within the manager's office and could be located promptly when needed. We saw that staff could access the necessary information as required and were updating their daily care records during our inspection.

No confidential or personal information was noted to be left unattended around the service during our inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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