Inspection Report

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

Victoria Grand

22 Mill Road, Mill Road, Worthing, BN11 4LF

Tel: 01903507098

Date of Inspection: 09 January 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

Contents

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'.

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 9 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with other regulators or the Department of Health.

What people told us and what we found

We spoke to six people who use the service who told us that they were happy with the service they were receiving. People told us that they received treatment and support that met their needs and gave them choice.

Records showed that there was current and on-going monitoring of the service to demonstrate the quality of the service provided. This demonstrated that the provider had an effective system to assess and review the service.

People told us that there were systems in place to raise issues and address them.

We saw that the care records were current, accurate and fit for purpose.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was delivered in relation to their care.

Reasons for our judgement

During our inspection we spoke to six people who used the service. People told us that there were a range of activities available on a daily basis that they could participate in. We saw a list of activities on the notice board including one off events such as birthday parties for people using the service. We were told that there were reminiscence sessions, sing songs, craft sessions. We saw that there was a named Chaplain available for people as required.

People told us that they could see health professionals in the home or be taken to attend appointments. We spoke to a visiting district nurse who told us that the people using the service were happy and well looked after. The district nurse told us that the carers were helpful and supportive and would report any medical or nursing concerns to the nursing service to be actioned. This demonstrated that people who used the service were encouraged to take an active part in the community.

We observed that staff were friendly and respectful to people during our visit. Staff interacted with people on an individual basis in the privacy of their rooms. We observed that staff gave people the choice of where they spent their day either in their own rooms, sitting rooms or various seating areas throughout the home.

People told us that staff knocked their doors before entering and that dignity was respected during personal care, for example covering people with towels during bathing.

This demonstrated that people had their privacy and dignity and independence respected.

We observed people being given choices. For example staff offered choice of drinks and meal choices.

People were encouraged to have personal items in their rooms, including pets and to carry

out individual activities such as sewing and reading.

We noted that people's choices such as dietary preferences were documented in care plans.
This demonstrated that people were involved in decision making in relation to their care and how they wanted to spend their day.

Care and welfare of people who use services ✓ Met this standard

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 20 people receiving care and accommodation on the day of our inspection visit. We spoke to six people who were using the service and observed interaction with others in the home.

People told us that they enjoyed living in the home and that the staff treated them as individuals.

People told us that, 'I feel that I am treated as an individual'. 'It feels like home, I feel satisfied in every way'.

We also spoke to visiting health care staff who visited daily and were pleased with the care they observed in the home.

We reviewed five care records of people with varying needs who were using the service. Each person had an individual care record. These included assessments across a wide health and social care span including: biographical data, medical history and current diagnosis, moving and handling assessment, continence assessment, mental health and cognitive ability, nutritional needs, tissue viability, equipment needs and falls assessment. We saw that people's life histories were documented in partnership with relatives to enable staff to provide individualised care for each person. We reviewed assessments and saw that they were comprehensive and up to date.

Daily care records demonstrated current care given and people's daily health status. These were up to date and signed.

We noted that pressure sore risk assessment was not uniformly measured for all people receiving care and this was raised with the manager who showed us an audit planned to address this in the next month. This demonstrated a recognition of a need to implement a more robust system to ensure safe practice in relation to risk assessment and management.

Risk assessments were recorded and care plans reflected that care needs were being met

in line with people's assessed needs.

We observed that staff were supporting people in a positive and individual way according to their needs. For example reassuring people with dementia.

We observed staff addressing people in a respectful way using preferred names. We noted that bells were answered promptly and that the home was in the process of updating the call system.

We were told that the seating areas were to be changed to meet the needs of the people using the service so that they were able to sit in the area they preferred.

We observed that staff were providing care in a safe way for example using appropriate equipment and aids to assist people to move independently.

We saw staff carrying out personal care and observed that people were dressed well. We noted that people had a key worker and that their names were on people's doors. We observed that people were treated with care and skill.

We saw that care plans were reviewed and updated two monthly.

We spoke to staff who were knowledgeable about the health of the people they were looking after, for example dietary preferences and awareness of how much social interaction each person wanted.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We observed staff interacting with people who used the service in a caring and respectful way. We saw that staff were responsive to people's needs and met them in a timely way. People who used the service told us that they liked living in the home and that the staff were approachable and that 'It is a good home'. 'I am happy here'. People told us that the staff were 'amenable and good'.

People were allocated a key worker to ensure that they were treated in an individualised way and that they were protected from negative behaviour from others using the service.

Staff told us that they knew where the safeguarding policy was and we observed that the manager had an open door policy where staff were able to access any information openly as needed. This meant that staff had access to safeguarding protocols and contact details for safeguarding teams.

We spoke to senior care staff who were able to demonstrate knowledge of the way any incident would be actioned and escalated through the manager and social services as needed. A manager was available over twenty four hours for advice and support.

Staff told us that they attended regular safeguarding training and updates six monthly. This was confirmed in their training records.

The manager told us that none of the people using the service were subject to Deprivation of Liberty Safeguards (DoLS) at the time of inspection.

People told us that they could access the manager if they had any concerns ' She is a very good manager she will sort anything out that we want'.

People were allocated funds to spend on personal activities such as hairdressing. The manager worked in partnership with relatives to ensure that people's money was used appropriately and that they were protected from financial exploitation.

People told us that there were resident's meetings regularly which enabled them to raise any concerns with staff and management and that these were helpful. This indicated that people were listened to and their views addressed.

The manager showed us the training records related to safeguarding. Emergency plans were documented in people's records and there was a designated member of staff responsible for fire safety. People told us that they had regular fire drills in the home.

This demonstrated that the provider had suitable arrangements in place to ensure that people were protected from abuse.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People told us that staff were caring and carried out their personal needs effectively. People knew who their key workers were and that staff were caring and helpful and that they felt well looked after.

Staff informed us that they had induction and regular on going training with sessions every six months on a range of topics from mandatory training such as moving and handling, infection control, medication and safeguarding. Specific training on topics selected by staff such as dementia care were arranged on request. There were signed attendance sheets available to demonstrate staff participation in training.

All staff had two monthly supervision and annual appraisal. We observed that the manager was carrying out supervision during our visit. We saw that all staff had individual training plans which were up to date with dates for review documented. Training records of all staff were examined and issues such as training needs, personal development and standards of working were documented. This showed that staff were receiving regular support to carry out their role.

Actions from supervision and appraisal were carried out, for example, a staff request for National Vocational Qualifications (NVQ) training was addressed by referral to the NVQ assessor. This demonstrated that staff were well supported to do their job.

Staff reported that they had training and development which enabled them to carry out their role effectively. Regular staff meetings were in place and staff told us that these were useful to raise any issues with management. Staff told us that they felt well supported to do their job.

Staff told us that the manager was supportive and that they were ' very happy here'.

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 in place to regularly assess and monitor the quality of service provision for people using the service.

Reasons for our judgement

Records showed that ongoing monitoring and assessment of the quality of the service was regular and robust. For example regular audits of service user satisfaction, family satisfaction, employee satisfaction were available. Results demonstrated a high level of satisfaction from all of the above with the majority of scores in the good to very good category.

Service user satisfaction surveys covered treatment, personal care, environment, food, choice, dignity and access to meaningful activity.

Care audits were carried out regularly including audits of care plans. Care audits measured risk assessment such as incidence of slips, trips and falls. These were measured monthly with outcomes documented. The falls recorded last year resulted in only two hospital admissions. We discussed with the manager the trends from the audits and how these were addressed. We were told that some falls for example were due to people having urinary tract infections which made them unwell and prone to slips. The manager addressed this by proactively testing the urine of people at risk and informing the GP so that treatment could be commenced. This demonstrated that actions from audits were taken in order to improve the service for people living in the home.

It was noted during the visit that there was only one rail on the stairs and that another handrail may be a safer option. This was agreed with the manager who actioned by requesting that the handy man fix a rail.

Care plan reviews were done monthly and demonstrated that there was regular assessment of nutritional status, mental capacity, risk assessments and medication assessments. We observed that the pharmacist carried out medication audit regularly and that the MARS sheets were current and signed.

The audits showed that the care of people using the service were assessed and monitored regularly. Staff told us that they supervised and monitored the care given to people who use the service.

Daily record sheets demonstrated how the physical health of people using the service was monitored and evaluated. We noted that all staff were up to date in mandatory training.

The manager reported that there had been no official complaints received over the last nine years and that issues were dealt with quickly.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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