Care Quality Commission

Sharda Care Limited

Victoria Care Centre

Inspection report

Victoria Care Centre
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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?	Good

Overall summary

This unannounced inspection took place on the 16 and 18 June 2015. At the end of the first day of the inspection we told the provider we would be returning on the 18 June to continue the inspection.

Victoria Care Centre provides accommodation and personal and nursing care for up to 115 people some of whom may have dementia or physical disabilities. The home is purpose built and located in north west London. Public transport is accessible and there are shops within walking distance of the service.

At our last inspection in May 2014 we identified concerns in relation to reporting safeguarding concerns, staff training, lack of staff understanding of restrictive practices, referral to healthcare professionals and the provider had failed to notify us of events that affected the service. The registered manager left the service shortly after that inspection, and we received an action plan from the current registered manager. At this comprehensive inspection we found that the required improvements to the service had been made.

Summary of findings

There was a registered manager in place, who had managed the home for approximately a year. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 atmosphere of the home was relaxed and welcoming. People told us that they were happy with the service and had their privacy and dignity respected. They told us they had noticed improvements had been made to the service since the present registered manager had been in post. Our observations and discussion with relatives supported this. Conversations with people's relatives indicated that they were mostly very pleased with the service provided.

Throughout our visit we observed caring and supportive relationships between staff and people using the service. Staff understood people's varied and sometimes complex needs. Some staff were particularly kind and had developed a very good rapport with people. All staff interacted with people in a courteous manner. However, some staff engagement with people was reserved and tasked base rather than relaxed and friendly.

Arrangements were in place to keep people safe. People told us they felt safe. Staff understood how to safeguard the people they supported, were familiar with people's needs and their key risks. People's care plans contained the information staff needed to provide people with the care and support they needed, however some care guidance lacked clarity and detail.

Medicines were stored and administered to people safely. People were supported to maintain good health. People's health was monitored closely and referrals made to health professionals when this was required. People were provided with a choice of food and drink which met their preferences and nutritional needs.

Staff received a range of relevant training and were supported to develop their skills and gain qualifications so they were competent to meet people's individual needs. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles and responsibilities. People were protected, as far as possible by a robust staff recruitment system.

Staff had an understanding of the systems in place to protect people if they were unable to make one or more decisions about their care, treatment and other aspects of their lives. Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had the opportunity to participate in a wide range of activities of their choice, and were provided with the support they needed to maintain links with their family and friends. Feedback about the service was regularly sought from people, relatives and staff and improvements made in response to this feedback.

There was a clear management structure in the home. People told us the home was well managed. The registered manager was accessible and approachable. People who used the service, staff and people's relatives felt able to speak to the registered manager and other senior staff when they had any concerns or other feedback about the service.

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe in the home and with the staff who supported them. Medicines were stored and managed safely.

Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm. Risks to people's safety were identified and measures were in place to reduce them.

Staff recruitment was robust so only suitable people were employed in the home. The staffing of the service was organised to make sure people received the care and support they needed.

Is the service effective?

Good

The service was effective. Staff received the training and support they needed to carry out their various roles and responsibilities.

People received individualised support that met their needs. People's consent was sought prior to receiving care. Any restrictions to people's liberty were appropriately authorised.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Is the service caring?

Good

The service was caring. People told us staff were kind and they received the care they needed. They told us that staff provided them with the assistance they needed.

People and their relatives were involved in decisions about people's care. They told us staff listened to them and respected the decisions they made.

People were treated with respect and dignity. Their preferences, interests and individual needs were understood and met by staff.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before the provision of care began to make sure as far as possible the service was able to meet their needs. We found people received care that was responsive to their individual needs. Some care guidance which lacked detail was developed and improved during our visit.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored, so up to date information about people's care requirements and preferences was available to staff.

People were supported and encouraged to take part in a range of individual and group activities of their choice. We saw people make a range of everyday choices during our visit.

Summary of findings

People told us they were listened to and were comfortable about talking to staff if they had a worry or complaint. Staff understood the procedures for receiving and responding to concerns and complaints.	
Is the service well-led? The service was well led. The home had a registered manager who was available to people, relatives and staff. It was evident that he and his staff team had made significant improvements to the service since the last inspection. People told us the registered manager was approachable and communicated well about all areas to do with the service. Staff, people using the service and relatives told us there was a culture of openness and the registered manager responded appropriately and promptly to feedback about the service. There was a robust system in place to monitor and improve the quality of the service.	**Good** 

Victoria Care Centre

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.

On April 2015 the Care Act 2014 legislation came into force. Therefore due to the previous inspection of this service taking place in 2014, within this inspection report two sets of regulations are referred to. These are The Health and Social care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

This inspection took place on 16 and 18 June 2015 and was unannounced. The inspection was carried out by five inspectors one of whom was a pharmacist inspector, a specialist nurse advisor 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.

Before the inspection we looked at information we had received about the service. This included a Provider Information Return [PIR] which we had asked the provider to complete. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also looked at information which included notifications sent to the Care Quality Commission [CQC], and other communication we had received from peoples' relatives and professionals from local authorities and other organisations including Healthwatch Brent since the previous inspection.

During the inspection we talked with 16 people using the service, the registered manager, two unit managers, the chef, maintenance person, two domestic staff, three administration staff including the human resource officer and nine care workers and nursing staff. We also obtained feedback about the service from seven visitors. Prior to and following the visit we obtained feedback from five health and social care professionals and five relatives of people.

We looked at all areas of the building, including some people's bedrooms, bathrooms, lounges and dining areas. Some people had little verbal communication and complex ways of communicating, so we spent time observing care and using the short observational framework for inspection [SOFI], which is a way of observing care to help us understand the experience of people who could not talk with us.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included 15 people's care files, five staff records, audits and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. They told us they would tell their relatives and/or staff if they had a concern or worry and were confident they would be listened to and appropriate action taken. People commented "Although I have only been here a week, I've been absolutely safe, and I've not lost anything," "There is nobody here that hurts you," "I am very safe here," "I feel safe absolutely 100%. It's very good," "There are enough staff." Relatives of people told us they felt people were safe. They told us "My [person] has been safe here," "I can't begin to thank the staff enough" "They [staff] are so kind. Their kind words will stay with me and my family for ever," and "I feel [person] is safe."

At the last inspection in May 2014, the provider was in breach of Regulation 11of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because some staff were not clear about safeguarding procedures and who to contact if they had concerns apart from the manager. There was also no clear accessible guidance for reporting concerns and it was not evident that staff had received training in safeguarding adults. An action plan was submitted by the registered manager that detailed how they would meet legal requirements. Significant improvements were made and the provider is now meeting the requirements of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were policies and procedures in place to inform staff of the action they needed to take if they suspected abuse. Staff informed us they had received training about safeguarding people and training records confirmed this. Staff were aware of the whistleblowing policy and were able to describe different kinds of abuse and knew about the reporting procedures they were required to follow if they were informed of or suspected abuse.

There were systems in place to ensure people consistently received their medicines safely, and as prescribed. We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were normally available to enable people to have their medicines when they needed them. A person told us "I have my medicines in the morning and night."

As part of this inspection we looked at the medicine administration records for 55 out of 101 people. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed .The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

When medicines were administered covertly in a person's best interest we saw there were signed agreements in place, which included the person's doctor and family. We saw that medicines were reviewed regularly by the GP, who visited the service every week.

Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Records showed that controlled drugs [prescription medicines that are controlled under the Misuse of Drugs legislation] were managed appropriately. We also saw the provider did weekly audits to check the administration of medicines was being recorded correctly. Records showed any concerns were highlighted and action taken. This meant the provider had systems in place to monitor the quality of medicines management. People told us "I get my medication regularly," "I get my medication when I expect it," and "I get pain killers when I am in pain."

People who were unable to manage their finances mainly had their finances managed by relatives or the local authority. Staff told us people had access to cash when they needed it. The service managed small amounts of money for most people and invoiced people's relatives when expenditure for hairdressing, chiropody and other items was made. We found records of this expenditure, and people's income were maintained. These records and the management of people's finances were regularly checked to reduce the risk of financial abuse.

Through our observations, talking with people and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. The registered manager told us staffing levels were based on the needs of individuals and were flexible to meet changes in people's needs. He and other staff provided us with examples of when extra staff had been on duty such as to support people to attend health appointments. We noticed in the PIR information there had

Good

Is the service safe?

been until recently quite a high turnover of staff and agency staff had been used. The registered manager told us significant staff recruitment had taken place which had resulted in agency staff being used rarely, which promoted consistency in the care being provided and familiarity to people using the service. During both days of the inspection we saw there were sufficient staff to provide people with the assistance they needed and to make sure call bells were answered generally without delay. A person commented "I think there are enough staff for my [relative's needs]."

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of the person being harmed and to support people to take some risks as part of their day to day living. Risk assessments included guidelines for staff that detailed the preventative action to be taken to lessen the risks of people falling, malnutrition and of developing pressure ulcers.

Accidents and incidents were recorded and reported to the registered manager and action was taken to make sure health professionals were informed when this was needed.

The registered manager told us he reviewed all accidents and incidents and took action to minimise the risk of them happening again. He said he would ensure these reviews he carried out would be recorded to indicate if there were any trends or certain times when people may be at risk of falls or other accidents.

The five staff records we looked at showed that appropriate recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, hot water, gas and electric systems. Staff had received recent training in responding to emergencies. Regular fire safety training including participation in fire drills also took place.

Good

Is the service effective?

Our findings

People we spoke with were mostly positive about the care they received from staff. Comments from people using the service included "The staff are good at what they do," "The staff are quite competent," "They [staff] do stop and chat," "Sometimes they [staff] are busy and they don't have time to stop and joke," "The meals are ok and portions are enough," "I don't like a big meal," and "Most of the time I feed myself."

Relatives of people also spoke of being very satisfied with the care people received "My [person] eats very well, she always says the food is nice," "Staff have lots of training. They look after [person] well. I am very happy," and "Staff seem very competent." However, two relatives of a person told us although they had seen improvements to the service since the registered manager was in post there had been occasions when they had not been satisfied with the service. They had raised the issues with staff who had addressed them.

At the last inspection in May 2014, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because staff did not understand the requirements of the Mental Capacity Act 2005, its main Codes of Practice, Deprivation of Liberty Safeguards (DoLS) and what may constitute restrictive practices An action plan was submitted by the registered manager that detailed how they would meet legal requirements. Significant improvements were made and the provider is now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found at the last inspection in May 2014, the provider was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because we found there was a lack of staff training to enable staff to care effectively for people. Staff had not completed training in some specialist areas of care such as end of life care, pressure area care, MCA 2005 and DoLS. An action plan was submitted by the registered manager that detailed how they would meet legal requirements. Significant improvements were made and the provider is now meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and other staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions for themselves. Staff had received MCA/DoLS training, and knew about people's rights to make decisions about their lives. Staff recognised when a person lacked the capacity to make a specific decision people's families and others would be involved in making a decision in the person's best interests. Care plans showed people's capacity to make particular decisions and consent to care and treatment had been assessed and reviewed. People's care plans included guidance reminding staff to gain people's consent before helping them with their care and before carrying out any procedures including glucose monitoring blood tests.

The registered manager knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. There were several people using the service who were subject to DoLS authorisations. There were keypads that enabled access to the lifts on each unit and at reception. Some people following assessment of capacity were provided with the numbers to the keypad so were able to leave the unit without having to ask staff. A person told us that he knew how to access the lift and regularly left the unit.

Staff had been provided with a comprehensive induction training which included 'shadowing' more experienced staff so they knew what was expected of them when they started their job. A care worker told us their induction had been helpful in getting to know the organisation, the service and their role The registered manager was aware of the new Care Certificate induction training and the human resource member of staff told us this would be implemented for new staff.

Staff told us they felt they were well trained which enabled them to carry out their various roles including providing people with the care they needed. A care worker told us they had received "Lots of training." Staff training included safeguarding people, infection control, fire safety, moving and handling, food safety and basic first aid. Other staff training appropriate for meeting the needs of people using the service included dementia care, pressure area care, diabetes, dignity and end of life care, MCA/DoLS. A unit manager spoke of specialist training having been arranged to meet the specific health need of a person using the service. Nurses and senior care staff received training to

develop and improve their clinical skills and their knowledge in a range of areas including wound management and tracheostomy [opening created in a person's windpipe] care. Records showed staff had been support by the organisation to achieve a range of qualifications in health and social care relevant to their roles.

Staff said they felt well supported by the registered manager and other staff including the unit managers. They told us they received the support they needed, and were kept up to date with information about people's care needs by frequent communication amongst the staff team which included staff 'handovers' about people's needs and from reading their care plans. Staff told us and records showed they had received regular formal one to one supervision to monitor their performance, discuss training needs, aspects of the service and people's care needs. Topics covered in staff supervision included communication, dignity, emergency procedures and medicines management. The registered manager told us that as the home had only been open for just over a year most staff had been employed for less than a year but staff appraisals were planned to be completed this year.

People had access to a range of health professionals including; GPs, opticians, tissue viability nurses, dentists, pharmacists, end of life services and chiropodists to make sure they received effective healthcare and treatment. Health professionals confirmed they regularly visited the home and staff sought their advice and support with meeting people's health needs. A health professional spoke of the training they had provided for staff. A GP visits the home several times a week to review peoples' needs. During the inspection an optician visited people. People told us "I see the doctor when I need to," "if I am not well, they take me to the hospital," "A chiropodist visits and I had a physiotherapist talk to me," "I went to hospital in a wheelchair and a carer came with me."

Care plans showed a GP had been contacted when people's condition had changed for example a GP had prescribed a food supplement for a person whose nutritional needs had changed. Referrals had been made by a GP to specialist health professionals when needed. However, we found one person whose records indicated they would benefit from monitoring and support from a specialist diabetic service. We spoke to the registered manager and he promptly contacted the GP who agreed to refer the person to these services. Guidance for supporting the person in meeting their specialist health need were reviewed during our inspection and updated to make sure they received effective care to meet their individual needs. We found a person who had similar medical needs had appropriate guidance and support in place to meet that need.

The accommodation was clean, bright and airy. There were a number of outdoor areas for people to access when they wanted. People told us they were happy with the layout of the home and liked their bedrooms. We saw people had personalised their bedrooms with photographs, pictures and other personal items. The dementia care unit had recently been decorated and furnished to improve the environment for people with dementia care needs. Signage was clear and bright, which supported people with orientation within the unit. People including relatives of people were very positive about these changes. The registered manager told us there were plans to make similar improvements to other units.

The chef knew about people's religious and specific dietary needs. They provided us with examples including people due to their religion did not have pork in their diet, and of others due to swallowing difficulties required a soft or pureed diet. A person told us "They know me, I am Muslim and I don't eat pork." Records showed that for two people they each had an individual personal menu which incorporated their specific needs and preferences. People were mostly complimentary about the meals and told us that they had a choice of what to eat and drink. Several people confirmed they had chosen their breakfast. Throughout the inspection we asked people if they were enjoying their meals and feedback was generally very positive. People told us "It [the food] is very tasty," "I like my hot chocolate and they give me that." "The staff are great and the food is great," and "They ask you what you want, they ask everyone and will do it for you."

The chef told us he regularly asked people for feedback about the meals but did not record their response. He told us he would in future record peoples' feedback and the details of any action he took in response to their views of the meals provided by the service.

During mealtimes we saw the tables were attractively laid and people had access to condiments and drinks. People were served their meals promptly. Staff provided people with the assistance they needed in a friendly, calm manner.

Good

Is the service effective?

We saw a member of staff respond very sensitively and appropriately when a person spilt their porridge. They reassured the person and provided them with another bowl promptly in response to the person's request. The menu was displayed on each unit in small print. We saw there was a menu on each table on the communal 'bistro' area of the home but was not available on the dining tables in the units. The registered manager told us pictures were sometimes used to depict the menu and assist people with communicating their food preferences. He told us they would look at developing a pictorial menu in larger format for each day's meals so when people had difficulty reading and understanding and retaining information they would have better understanding of the content of the menu and could refer to it at any time.

Good

Is the service caring?

Our findings

People told us they found staff to be kind and caring. They told us they were happy with the care they received and were involved in decisions about their care. Comments from people included; "The staff are very helpful, calls for help can be a bit slow," "When I ring my bell they respond quite quickly," "The staff are very good kind and caring. I do get on with some of them," "I'm free to move about the unit, if I want," "I walk around with a stick," "I can do what you want," "They treat me with respect, by closing the door and drawing curtains when dealing with me," and "They knock before coming in."

Relatives and health care professionals also spoke in a positive manner about the staff. A relative of a person spoke in a positive manner about the staff and how they cared for their relative. They told us "[Person using the service] can be quite rude to the care workers but they are always polite." Other comments from relatives of people included; "Generally the staff are quite caring," and "They definitely do treat [person] with dignity," "People have dignity here," "Staff engage with people very well. They take [person] out and others out," "The carers interact with [person well] even on [person's] difficult days," "[Person] is happy," "The biggest thing is they [staff] show respect to residents. They talk with them all," and "The care home and staff are absolutely wonderful. I would live there myself when I need to."

We heard staff ask people how they were feeling and if they had slept well. Staff frequently praised and encouraged people using the service. People told us they were called by their preferred name. We saw people were supported in a respectful and kind manner by staff. We saw several examples of particularly positive and compassionate interaction between staff and people using the service. These staff had a particularly kind and caring manner and demonstrated a very good understanding of people's individual needs. For example we saw on several occasions a member of staff being especially sensitive when engaging with a person who had significant dementia care needs. All staff were seen to be respectful with people however, some staff tended to interact with people in a more formal tasked based manner in a less relaxed way than others. The registered manager told us he would look at ways to improve the communication and engagement skills of these staff.

Care plans showed people were supported to retain as much of their independence as possible by encouraging people to participate in their personal care, and by providing people with mobility aids such as walking frames and wheelchairs so they could maintain their freedom of movement. We saw people accessing all communal areas of the units freely and some people spent time in the garden areas and the bistro area of the home.

There was some information in people's care plans about their interests. The registered manager told us staff had completed some profiles of people's background and their lives and were aiming to complete these profiles for everyone using the service. A relative of a person told us they had been fully involved in helping staff complete a profile of the person which included information about their life before moving into the home. Staff told us they were encouraged to get to know each person's background /life history to promote meaningful interaction and rapport with people. A member of staff we spoke with was very knowledgeable about a person's background and their interests. They told us they spoke with people and asked them about their lives, interests and needs. Records showed staff had completed records of people's progress during each working shift. A period of time each day was set aside for staff to spend a few minutes one-to-one time with people using the service getting to know them and to develop a positive relationship with them. We saw this took place during our visit.

Staff respected people's privacy. They knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when staff supported people with their personal care needs. People had the choice of how and where they wanted to spend their time. We saw people spent time in their bedrooms, the lounges and/or other communal areas. A person told us that they chose to spend time on their own in their bedroom. Care plans included detailed information and guidance about respecting people's privacy and dignity. Staff had a good understanding of the importance of confidentiality. Staff knew not to speak about people other than to staff and others involved in the person's care and treatment. We saw people's records were stored securely. People confirmed their privacy was respected.

People were supported to maintain relationships with family and friends. We were informed by staff and records

Good

Is the service caring?

that each person had a keyworker [staff member who knows a person particularly well; their choices, wishes, care needs and where applicable communicate with people's relatives]. However, the relatives of a person we spoke with had been unaware of whom a person's keyworker was. The registered manager told us he would ensure people using the service knew their keyworkers and keyworkers were aware of their role. Visitors told us they visited at varied times of the day or evening and always felt welcomed. A person told us "My family comes and sees me and I go out with my family." Relatives of people confirmed they were kept informed about their family member's progress and of any changes in the person's needs.

Staff spoke a range of languages that met the needs of people using the service. However, we noted a person using the service did not have access to a member of staff that spoke their language. This was brought to the attention of the registered manager who told us he had plans to move the person with their agreement to another unit where there were staff and other people using the service who spoke the same language. We discussed pictures, signs and a list of translated words that could currently support staff in meeting the person's communication needs. Records showed staff had received training about equality and diversity. Care plans included information that showed people had been consulted about their individual needs including their spiritual, cultural and sexuality needs. Records showed and people told us representatives of several faiths regularly visited the home to support people with their spiritual needs. People told us their birthdays and religious festivals were celebrated in the home.

Good

Is the service responsive?

Our findings

People told us; "I do get the care that I need," "I see the priest sometimes," "On Sundays a priest comes in and we sing hymns," "I don't take part in things as I like to be on my own," "I've no complaints, but if I had I would go to the unit manager," "Everyone here knows me. What time I wake up, what I want for breakfast. They know me," "If there is something wrong, I will speak out," "It's ok here. I am getting used to it," "I have no worries," "I've got no complaints," and "I've never complained. They are pretty good."

Relatives told us they were fully involved in people's care. Comments from people's relatives included "The activities people are very dedicated," "There is always something going on, every day they organise things," "Since being here [person] has changed for the better, [person] gets good care, the carers understand [person] and the care is consistent," "I feel involved, I am always consulted about [person's] care," "I am very well informed," "The activities people are amazing," "I am involved in reviewing [person's] care plan," and "They ask me about [person's] care and let me know when [person] is unwell."

At the last inspection in May 2014, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010. This was because people did not have their individual needs regularly assessed and met, some people's care had not been managed appropriately by nursing staff and when people's health deteriorated referrals had not been made to other healthcare professionals including tissue viability nurse and GP. An action plan was submitted by the registered manager that detailed how they would meet legal requirements. Significant improvements were made and the provider is now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they had been asked questions about people's needs before the person moved into the home. Records demonstrated this and showed comprehensive assessments of people's needs were carried out with involvement from the person, and when applicable their relatives. Care plan files also included assessment information that had been received from social care professionals. People's assessments included information about a range of each person's needs including; health, social, care, mobility, medical, religious and communication needs. These needs and guidance to meet those needs were included in people's care plans.

People's current care plans were in electronic format. There were also care plan information in paper format, which included summaries of the people's individual needs. Care plans included individual guidance about the support and care people needed to meet people's individual needs and how to minimise any identified risks including falls and pressure ulcers. Care plans we looked at included detailed step by step guidance for staff to follow to meet peoples' individual needs. A care plan of a person with a specific medical need showed there was detailed guidance for staff to follow to meet this need. However, although there was guidance in place to meet a person's similar need the guidance we saw wasn't sufficiently detailed to demonstrate staff would respond appropriately and fully when the person became unwell. The registered manager promptly looked into this and found guidance about this need was located in another part of the person's care plan. This guidance was reviewed, updated and recorded in a specific care plan to make sure the information was appropriate and accessible to staff. The registered manager told us the unit manager and nurses had been spoken with about this and the importance of clear guidance.

A person had been admitted from hospital with no clear instructions about when their urinary catheter needed to be changed. This was addressed and the registered manager told us he had started weekly checks of all the needs of people who have a urinary catheter which included the date of when the urinary catheter needed to be changed. Records showed people were assisted to change their position when this was needed. However, it was not evident from paper records that a person had been repositioned regularly to minimise the risk of pressure ulcers. However, electronic records showed us the person had changed their position regularly, which was confirmed by the person using the service. A chart to record these changes in position was put in place.

Staff told us they were responsive to people's individual needs. They told us they varied the times of when they provided people with support depending on each person's preference. They said they supported people with their preferred morning routine by providing some people with assistance with their personal care between 8-9am and

Good

Is the service responsive?

others between 10-11am, which they said worked well for people. People confirmed they got up when they wanted. A person told us "I wake up on my own; no one rushes you to wake up. I get the care that need."

Care plans included detail about people's individual preferences and wishes. A person had requested a daily newspaper which we saw they had received. They told us "I have a paper delivered every day." Care plans were reviewed monthly and were updated when people's needs changed. Relatives of people told us they were kept well informed about people's needs and were fully involved in discussing and reviewing people's needs. Records confirmed that. Staff told us they discussed each person's needs and progress during each shift so they knew how to provide people with the care they needed.

During our visit we saw staff took time to listen to people and supported them to make choices about what they wanted to eat and what they wanted to do. Those decisions were respected by staff. For example; a person was asked if they wanted to go to their room after lunch, the person shook their head and the member of staff respected that decision. Another person told a member of staff they wanted to eat their lunch in their bedroom rather than the dining room this request was addressed appropriately and promptly. People told us they made a number of choices throughout the day including when they got up, what they wore and what they wanted to do and eat. A person told us "Staff are always asking me what I want." A person using the service told us that they had attended a person's funeral during the inspection and said they were glad they had been given the opportunity to do so.

The home was registered with an organisation which provides guidance and support to activity coordinators and care workers to enhance their skills and improve the care delivered to older people. The registered manager told us this organisation had provided useful information and advice about providing activities for people. Three activity workers including a senior activity worker are employed by the service. We saw the home had significant resources to enable people to take part in activities of their choice. Including access to a computer and library. There was an activities timetable and people had individual activity plans. People including relatives of people mostly spoke in a positive manner of the activities arranged by the home and spoke particularly highly about the senior activities worker.

Staff asked people if they wanted to participate in group activities including a coffee morning located in a garden area of the home. On the day of our visit we saw an activity worker spending time asking people what they wanted to do, organising and encouraging people to take part in a variety of activities of their choice and respected people's decision if they chose not to. A person told us "We have activities and they always ask whether I want to participate." Records showed people participated in a variety of group and one-to-one activities within the home, which included watching films in the home's cinema, baking, exercises, quizzes, arts and crafts, pet therapy, coffee mornings, board games, making fruit 'smoothies' in the bistro area of the home, spending time outside, visiting the local supermarket, bingo and art sessions. A person spent time using their personal computer. People had access to a local authority outreach library and could obtain books in a variety of languages and formats and other resources including music CDs and DVD films.

People also had the opportunity to spend time out of the units in the bistro, gardens, cinema and out in the community. A person had recently visited the area they used to live in accompanied by a care worker. A person commented "I would like to be taken out more and do some exercises." With the person's consent we mentioned this to the registered manager, who told us they would address this.

The home had recently opened a multi-sensory room which people could access freely. The room provided a peaceful environment, of specialist lighting, aromas and sounds to stimulate people's senses as well as promote relaxation.

The complaints policy was displayed. Suggestion boxes and communication books were located in the units. Records showed a range of issues raised by people had been addressed. Staff knew they needed to report all complaints to the registered manager. People told us that they felt comfortable raising complaints and felt confident that they would be addressed appropriately. A person told us that they could speak to the registered manager or care

Good

Is the service responsive?

workers at any time. People said “We complained and the food got a bit better,” “No complaints, it’s the best you can get,” and “If I said something, they would listen and sort it out.”

The registered manager told us he had an ‘open door policy’ and spent time within each unit during each shift speaking with people about the service and asking if they had any concerns. Records showed complaints had been addressed appropriately. Records of resident and relatives meetings showed issues raised by people had been resolved. These included improving the advertising of the meeting dates. Another person had asked for black pudding to be added to the breakfast menu, this had been addressed by the chef. People were asked how they were during these meetings and whether they were happy with the service including the care they received from staff. Relatives spoke about regularly attending meetings and of being comfortable raising issues, which they confirmed were taken seriously by the registered manager and addressed appropriately. A person told us “Everything I have had concerns about they have addressed straight away.”

Good

Is the service well-led?

Our findings

People spoke positively about the registered manager. They told us he was approachable and communicated well with them. Comments from people using the service included "In the last year the management has been really good," "If I said something, they would listen and sort it out," "You couldn't get anything better. It is superb here. They look after you here very, very well, it's wonderful," "It's a fantastic place, everyone works so hard. They are polite and helpful; they respond and listen to me. They treat us with respect," and "This place is well run."

Relatives comments included "They have relative's meetings but I find it better to speak directly to the management about issues concerning my [the person]," "It's very well run, I am asked for feedback," "I am really happy with the home," "I would recommend this place, I have never recommended other similar places," "I feel very lucky with the care in this place," "They do everything well, they address issues fully," "[Registered manager] is always approachable. He does what he says, he gives realistic timescales and comes back to me with a plan to address the issues," "I can talk to [registered manager] anytime. He tells us to talk with him if we are concerned about anything," "The manager sorts things out," and "I couldn't fault the place. It is wonderful like a five star hotel."

At the last inspection in May 2014, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010. This was because the provider had failed to notify the CQC of some significant incidents which occurred whilst people were being provided with a service. An action plan was submitted by the registered manager that detailed how they would meet legal requirements. Significant improvements were made and the provider is now meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009 (part 4).

The management structure in the home provided clear lines of responsibility and accountability. The registered manager managed the home with support from unit managers and the directors of the service. A unit manager told us about their role which included ensuring staff kept up to date with training, completing the staff rota, ordering medicines, and carrying out a range of weekly checks. The unit managers met regularly with the registered manager and worked closely with him in making decisions about the service. During our visit the registered manager spoke with people using the service and staff in a respectful manner. He was very receptive to our feedback and took action to address issues very quickly including providing us with an action plan to show us the improvements that had been made. Staff members had job descriptions which identified their role and who they were responsible to. They told us they worked well as a team, and spoke about the registered manager in a positive manner "He [registered manager] is very supportive,"

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. The local NHS trust nursing team, social workers and the local authority, had regular contact with the home. Health professionals spoke in a positive manner about the home, the competence of staff and the working relationship they had with the service in providing people with the care and treatment they needed. Records showed that the registered manager had regular contact with a local authority including on occasions requesting advice. The registered manager had taken appropriate action in response to recent checks of the service carried out by a local authority and by Healthwatch [independent consumer champion that gathers and represents the views of the public about health and social care services in England].

Systems were in place to obtain the views of staff. Staff meetings were held on a regular basis. Staff told us these meetings were an opportunity to discuss a range of areas of the service including people's care needs, training requirements and general working practices including good practice. Staff told us they found the meetings were helpful and they had no hesitation in raising issues, which were listened to and addressed appropriately. Staff spoke positively about their work and the home.

Systems were in place to obtain the views of people. An activity survey had recently taken place, which highlighted what the service was doing well and provided the home with suggestions about ways to improve and develop the provision of activities for people. Records showed this feedback had been responded to, for example more multi-cultural events and special occasions are now celebrated, and another activity worker was recruited to enable people to have more opportunities to participate in activities of their choice. The registered manager told us general feedback surveys about the service would be sent

Good

Is the service well-led?

to people later this year. Relatives of people we spoke with told us the directors and registered manager were open and responsive to their feedback, identified areas of the service where deficiencies were found and made improvements when needed. Relatives told us about a recent relatives meeting they had attended, during which they had enjoyed a barbeque. A person told us "I go to family meetings, we get minutes. They address issues we said people didn't get enough fruit and vegetables and they addressed this."

There were quality assurance systems to monitor the service and to make improvements when required. Regular checks of equipment, care plans, people's nutritional needs, pressure care, complaints, environment, staff recruitment records, staff training needs and medicines were carried out. Action was taken to address any shortfalls in the service. It was evident the registered manager, directors and staff had improved the service since the last inspection and were committed to the continued on-going improvement of the service. Relatives of people commented that they had noticed improvements had been made. The registered manager was aware of the importance of sustaining and making further improvements to Victoria Care Centre when this was needed to make sure people received an effective and caring service.