

# Community Therapeutic Services Limited

## Victoria Court

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected this service on the 26 and 27 September 2016. This was an unannounced inspection. At our last inspection in June 2015 we found breaches of legal requirements in relation to, poor and inaccurate records, unsafe recruitment procedures, unsafe laundering of people's clothes and poor use of personal protective equipment. After the inspection the provider sent us an action plan saying how they would meet these legal requirements and by when. At this inspection we found the provider had made the improvements required.

Victoria Court provides accommodation and personal care for up to six people who do not have nursing needs. At the time of the inspection there were six people living at the home. Victoria court is set over two floors. The ground floor has two bedrooms, along with two communal lounges, the laundry room, a dining area, kitchen and access to the outside patio area. The first floor has four rooms, the manager's office, a staff sleeping area, and medication room. All bedrooms are en-suite.

At the time of this inspection the registered manager had just left. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had detailed care plans that were personalised to them. They had risk assessments and support plans that gave staff guidelines to follow. Staff knew people well and were able to demonstrate a sensitive and caring approach when people required staff support. People's personal evacuation plans had details of what support the person might require in an emergency.

People were supported by staff who had checks completed prior to commencing their employment. People felt safe and staff were able to demonstrate what action they would take should they have concerns to people's safety. People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet their individual care needs.

People received their medicines safely and when required by staff who had received training. Although one person required a support plan in place relating to their diabetes care. People were supported by adequate staffing levels and staff supported people in a kind and caring manner. Staff demonstrated they knew people well and felt supported and able to raise any concerns with the management of the home.

People were able to make decisions about the care they received and were enabled to be independent. Changes to people's care needs were identified and planned with them and their care plans were amended to reflect those changing needs. The service was flexible and people and relatives views were sought so improvements could be made. People were happy with the care and felt able to raise a complaint if they had one. People were able to access the community when they wanted and the provider promoted

relationships with friends and family.

The provider had a quality assurance system to monitor the quality and safety of the service. Although it wasn't always effective at identifying areas for improvement for example, deprivation of liberty safeguarding's that had expired, areas of improvement to the building and appliances that needing testing.

We have made a recommendation that the provider seeks guidance about effective audits for the home.

## 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.

Recruitment procedures ensured people were supported by staff who had adequate checks prior to commencing their employment. Staff demonstrated how to use personal protective equipment safely.

People felt safe and staff had received training and were able to demonstrate what to do if they had concerns relating to people's safety.

People's medicines were being safely managed by staff who had received training. However, additional support plans and guidance were required for one person who required support with their diabetes.

People had detailed care plans and risk assessments confirmed what support people needed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

People were supported by staff to make decisions about their care in accordance with current legislation.

People had access to health care professionals and received support from staff when they were unable to make their own medical appointments.

### Is the service caring?

Good ●

The service was caring.

People felt supported by kind and caring staff and all relatives were happy with the care their loved one received.

People were able to maintain relationships with friends and family.

People had care that was personalised to ensure their individual diverse needs were being met and staff promoted people's independence.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care plans were detailed and informative. Monthly reviews were undertaken with people to ensure any changes to their care needs were identified.

People and relatives felt able to raise any complaints but all were very satisfied and happy with the care at Victoria Court.

People had choice with how they spent their time, undertaking activities that were important to them.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The provider had a quality assurance system in place but it was not always effective at identifying shortfalls within the service.

People, relatives and staff all felt the home was well led and a nice supportive happy place to be.

People and relatives were sent an annual survey so that improvements could be made to improve people's care.

# Victoria Court

## 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.

This was an unannounced inspection that took place on the 26 and 27 September 2016. It was carried out by one inspector.

We spoke with six people living at Victoria Court and were able to gain views from five people, we also spoke with three relatives about the quality of the care and support provided. We spoke with the provider, two shift leaders, the operational manager, and four staff members. We also tried contacting two health care professional following this inspection but were unable to gain their views of the service.

We looked at four people's care records and documentation in relation to the management of the home. This included two staff files, supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

# Is the service safe?

## Our findings

The service was safe.

At our previous inspection in June 2015 we found staff were not wearing personal protective equipment in line with the Department of Health's code of practice for prevention and control of infection in care homes. We also found dirty laundry was not being segregated and stored to prevent the risk of infections. The provider was also not ensuring safe recruitment procedures were in place prior to staff starting their employment. Following the inspection the provider sent us an action plan saying how they would meet these requirements. At this inspection we found the provider had made the required improvements.

For example, people were supported by staff who had checks completed on their suitability to work with vulnerable people prior to starting their employment. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identification. The human resource administrator confirmed, they did not start new staff until all checks were back. Paperwork confirmed this arrangement.

We found during this inspection the laundry room to be clean and tidy. All areas and surfaces were sealed to enable them to be cleaned and personal protective equipment (PPE) was available throughout the home. The laundry area included gloves and aprons and a sink where staff could wash their hands. We spoke with staff about the use of PPE. They demonstrated safe practice in relation to hand washing and using PPE. One staff member told us, "We always have gloves and aprons on to handle laundry. Take them off afterwards and use red bags for dirty laundry. We wash our hands before and afterwards". We reviewed the laundry arrangements at the home. No dirty or soiled laundry was stored in the laundry room. Staff confirmed all laundry is now washed straight away and there is no stacking of people's laundry baskets or dirty clothes. This is important as soiled laundry and dirty clothes should be handled in a way that prevents cross contamination of infections. This meant staff were following the Department of Health's code of practice in relation to laundry and the use of personal protective equipment.

People had their medicines administered safely and in a timely manner. All staff were responsible for administering medication. Staff had received appropriate training prior to administering medicines and staff had observed practice and regular competency checks undertaken. All medicines were stored securely and appropriately. Medicines administration records (MARs) checked were accurate and contained a picture of each person. We found, one person required support with their diabetes. Their guidelines did not confirm what their normal blood sugars levels were. This is important as it confirms how the person should be supported with their diabetes, what the normal range is for the person and what action staff should take if outside of this normal range. We fed this back to the deputy manager who confirmed they would review this person's support plan relating to their diabetic care.

People's care plans included risk assessments and support plans. These were individualised to the person and provided staff with a clear description of any identified risk and specific guidelines on how people should be supported in relation to their identified risk. Staff knew people well and were able to confirm the

details of people's individual support. There were also environmental risk assessments which identified the risk and gave specific guidelines for staff to follow. This meant risks were identified to enable staff to support people and detailed behaviour supported plans were in place.

People felt safe. They told us, "It's an okay place. I feel safe" and "Staff are nice. I feel safe". Staff had received training in safeguarding adults and were able to demonstrate their understanding of abuse and who they would go to if they had any concerns. They told us, "There are different types of abuse, like verbal, physical, and financial. If I had any concerns I would raise it with my line manager or the local authority. I feel people are safe". Another staff member told us, "We are here to protect service users from any type of abuse and exploitation. Any issues or concerns I would go to management or the local authority". This meant staff were able to demonstrate who to go to report any concerns and what abuse was.

All incidents and accidents were logged and broken down into types of incidents. Staff were able to confirm the techniques they used to support people when their behaviour became challenging and how they would manage the situation. We observed this practice throughout the inspection and found staff remained calm and caring approach when an incident occurred. Staff had a good understanding of how to de-escalate and reassure people. This meant people were supported by staff who were knowledgeable in how to support people when an incident occurred.

People were supported by staffing numbers to meet their needs. The shift leader confirmed that staffing levels had been calculated based on people's needs but this could change if people had activities and days out planned. They confirmed the minimum staffing level for the home. Rotas confirmed staffing levels never dropped below this amount. One staff member told us, "Staffing is good, much better since new staff have started". One person also confirmed staffing levels were positive. They told us, "We went out yesterday. There is always staff about".

People had their own personal evacuation plans in place for emergency situations. The evacuation plans confirmed people's individual support needs. For example, any support they would need in an emergency situation. There was also a completed gas and electric certificate in place. This meant the provider was ensuring certificates demonstrated maintenance of the gas and electrics within the home and people had plans in place should there be an emergency situation.



## Is the service effective?

### Our findings

The service was effective.

People's consent to care and treatment was sought in line with legislation. The provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity or best interest decisions had been considered. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection one person had restrictions placed upon them. We found the authorisation had expired in March 2016. The new application had been made in August 2016. This meant a period of time had passed before the new application had been made. There was no system in place to monitor authorisations that had expired. We fed this back to the shift leader in charge.

Staff felt well supported and received regular supervision and appraisals. Supervision and appraisals were an opportunity for staff and the manager to discuss any work and development opportunities. Prior to the staff member having their appraisal they were asked to complete a self-assessment form. This asked the staff member to score themselves and identify areas for improvement. Appraisals confirmed the overall performance of the staff member, what was going well and things that could be improved on. One staff member told us, "We do supervision every month and appraisal reviews every six months. They are very supportive". Records confirmed staff were receiving supervision and an appraisal.

People were supported by staff who had received training in order that they could carry out their roles safely and competently. Staff felt happy with the training they received and were able to demonstrate their knowledge about a variety of different training undertaken. One staff member told us, "I have had lots of training like, medication, health and safety, food hygiene, positive response training, mental capacity and deprivation if liberty safeguards. I have enjoyed it all so much". Another staff member told us, "We have ongoing training like, positive response training and safeguarding training. It is good". Staff had access to additional training which was tailored to the individual people they provided care and support to. For example, staff told us they had recently attended Autism training. All felt this had been very beneficial. This is important as tailored training gives staff skills and knowledge on how best to care for those they support.

New staff completed an induction process which was completed over two weeks. Their induction covered mandatory training to prepare them for their role. This was confirmed by certificates in their staff files. However, there was no system in place to ensure those new staff were undertaking or being inducted in line

with the standards the Care Certificate sets out. The provider confirmed that they were not currently signed up for the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. It applies across all social care sectors and allows everyone the confidence that workers have the same learning, skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate standards is expected of care workers joining health and social care since April 2015.

People were happy with the meals and drinks and were supported to make choices about what they ate and when. People told us, "I make my own tea's and coffee's and eat downstairs", "The meals are nice" and "I eat in the house. Chilli is for tea tonight. I can always have something else. They will always knock something else up". During the inspection people had their breakfast at various times through the morning, this demonstrated people had choice and control with their meals. The atmosphere was relaxed and unhurried. Staff supported people to make choices and engaged and chatted to people whilst they sat in the dining area. One staff member confirmed how they had used the picture cards of differing breakfast options so one person could choose their breakfast. This was so the person was enabled to make their own choice as they were unable to verbally say what they wanted. We observed another person making their own breakfast and hot drink. There was a weekly menu where people participated in picking a meal each week, choosing what meal they wanted. Other options were also available to people should they not like that choice.

People had access to a clinical team employed by the provider. The team consisted of specialists such as Psychologists and behaviour specialists. Referrals were made, when required, to other health care professionals for example to the learning disability team and social services. Records confirmed referrals and support provided. Staff confirmed that they could access the clinical team at any time and that they were often popping into the service. One relative confirmed how proactive staff were at seeking medical support when required. They told us, "They are very proactive. A member of staff contacted the GP quickly recently". This meant people had access to specialist health care professionals and staff responded quickly when people showed signs of becoming unwell.

# Is the service caring?

## Our findings

The service was caring.

People and relatives, felt staff were kind, friendly and caring manner. They told us, "Staff are very good here" and "I am happy with staff support". Staff demonstrated a kind and caring approach during the inspection. For example, staff talked to one person about their forth coming birthday celebrations. They showed genuine regard that it was the person's birthday soon and they talked to them about what they had planned. Another staff member helped a person who needed a voucher printed. The person was very pleased that the staff member was able to help. Relatives felt the care there family member received was professional and good. They told us, "I am very satisfied with the care that my [Name] receives. The staff team is very good, professional and proactive", "I find the care excellent" and "I am very satisfied. [Name] seems very happy at Victoria Court. They would say if they were not".

People felt staff treated them with dignity and respect and all were very happy with the care. We asked people how staff gave them dignity and respect and what their care was like. One person told us, "I have had a lie in this morning, they know not to wake me". This meant staff respected the person's decisions and choice to get up later. We observed during the inspection staff knocking on people's doors and talking to people in a respectful way. Staff gave examples of how they supported people to maintain their dignity. For example, they ensured people were appropriately dressed before going into the main dining area for breakfast. One staff member also told us how they supported one person with their privacy when they wished to talk about a sensitive subject. This meant staff demonstrated an understanding and sensitive approach to the person's wellbeing. They also confirmed how they had highlighted to someone they needed to wash their face before they left the home to go out. The staff member was able to demonstrate how they supported the person with their dignity in this matter.

People were encouraged by staff to be independent. People's individual personalised care plans reflected people's independence. During the inspection we observed people getting up and dressed at different times, spending time in their rooms and going out into the community. People told us, "I shower myself", "I am going out later" and "I go out whenever I want to". Staff confirmed how they support people depending on their individual support needs. They told us, "Every [person] is different. It is about supporting them as an individual" and "It is about giving positive steps to help people enjoy their lives".

People were supported to make decisions and choices about their care and support. The morning handover meeting confirmed how people wished to spend their day. During the inspection people made choices about where they wished to spend their time. Some people preferred to stay in their flats, or the communal areas and others spent time out in the community. People were able to express their views and were actively involved in making decisions about their care, treatment and support. Where one person was unable to verbally express these decisions, picture cards were used. This was so the person could pick how they wished to spend their day. All people we spoke with felt they had choice and control around their care and support. One relative told us, "[Name] is fully involved by staff to make decisions and staff use cards that enable them to make their own choice".

People were supported by staff who were able to demonstrate how they promoted people's diverse needs. Staff confirmed how important it was that they supported the individual. They told us, "It is about helping everyone, giving everyone the same choice. Treating them equally if someone shows an interest in say religion we talk to them about it". People were able to express any diverse needs they might have. Records confirmed if people had any religious beliefs.

People were supported to maintain relationships with people who were important to them. For example friends and relatives. One person told us, "I get the bus over to see my family. I visited them last week". Another person told us, "I get phone calls from my family". Relatives felt able to visit and be in regular contact with their family members. They told us, "I have good communication from the home, they keep me very well informed", "Staff drive [Name] to us and we go out for a family meal when they visit us at home" and "We speak at least once a week on the phone and more if needed". This meant people maintained relationships important to them.

## Is the service responsive?

### Our findings

The service was responsive.

People had detailed care plans and they provided staff with guidance on each person's individual needs. Details of people were comprehensive and included guidelines for staff to follow. Staff demonstrated they knew people well and were able to give examples of how they supported people living at Victoria Court.

Staff demonstrated how they gave people choice and how they knew people's likes and dislikes. For example, one person enjoyed football we observed them watching this in their room. Another person was offered three different breakfast options. These were placed in front of them so that they could decide which they preferred.

People were encouraged to maintain their independence and undertake their own activities of daily care. Where appropriate, staff prompted people to undertake certain tasks rather than doing it for people. One relative felt staff promoted their family members' independence and enabled them to live a quality life. They confirmed this was through using an encouraging and proactive approach whilst supporting the person with their care needs. During the inspection we observed people demonstrating their independence. This included, making their breakfast and hot drinks, undertaking their laundry and accessing the community. Staff demonstrated they knew people well and were able to confirm how they encouraged people's independence. They told us, "[Name] does their own laundry", "We use the activity board with [Name]. They choose what activity they want to do on the day" and "We always give people choice. It is about what they want and need".

People and their relatives felt they contributed to the person's care plan. People reviewed their care plan once a month with their keyworkers. A keyworker was a staff member who was responsible for keeping the person's care plan up to date. Records confirmed that as part of this review people were asked if they were happy with their care and if there were any changes to their care needs. People were able to comment on their care they received and were able to raise any changes they would like made. When required, the service undertook reviews with the clinical health specialists. Those reviews aimed to identify any changes the staff team might need to make to their practice in how they support the person. Every year the service undertook a review of the person's care and support needs. Relatives confirmed they were invited to these meetings and felt able to raise their wishes to the care provided. One relative told us, "We always get invited to [Name] review once a year". Another relative confirmed how they met every three weeks to review their loved ones care. They told us, "I meet with the manager or senior about every three weeks. They always seek my views in the planning of [Name] care. By relatives meeting with the staff they were able to contribute to people's care planning and keep up to date with any changes to their care needs.

People felt able to raise concerns or complaints if they needed to. People told us, "I can go to the manager if I need to" and "I have no complaints. If I did have to raise a complaint I would raise it with [Manager] and [Name]". Relatives all felt happy with the service and confirmed they had no reason to complain. They told us, "I am completely satisfied with the care at Victoria Court. No reason to complain", "We are very happy.

No reason to complain. I would speak to staff if I did need to raise anything" and "No reason to complain, we are very satisfied with the care [Name] gets". There was an easy read complaint policy. An easy read version of the complaints policy is when pictures are used with some wording. This is important as it enables people who are receiving the service to visually know what they should do if they needed to complain. One complaint had been received since the start of the year and this had been undertaken in line with the provider's complaint procedure.

People had choice about what activities were important to them. People felt able to make their own choices and decided daily what they wanted to do. They told us, "I am off out today", "I am off to bingo today" and "We are off out". One person confirmed how they enjoyed picking their activities. They told us, "I like going bowling and football. I pick and I have choice". Relatives confirmed people had choice and control with their activities. They felt these reflected what their loved one enjoyed. They told us, "[Name] is supported by staff with their football" and "Staff formulate a programme of activities that [Name] enjoys. They take them to the Gym, cinema, bingo and lots more. These are all things that [Name] enjoys.

# Is the service well-led?

## Our findings

The service was not always well-led.

At our previous inspection in June 2015 we found that the provider was not ensuring people had accurate records. For example we found, people's profile portraits, personal evacuation plans, risk assessments and fire plans were either duplicate or out of date. The provider sent us an action plan saying how they would meet these requirements. At this inspection we found improvements to records had been made. For example we found during this inspection people's profile portraits were current and up to date. People's personal evacuation plans were current and the file no longer contained duplicate copies. Risk assessments were reviewed, updated and current. We also found a current up to date fire evacuation plan to make sure people are kept safe in a fire.

The provider's quality assurance system had not identified shortfalls found during this inspection. For example, health and safety audits undertaken had failed to consistently highlight where electrical appliances and equipment required testing or checking. One audit identified they did and the following month did not identify they still required testing. No action had been taken to tests those appliances in-between the audits. This meant the audits were not consistent at identifying actions relating to Portable appliance testing (PAT). PAT testing is a term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. Most electrical safety defects can be found by visual examination but some types of defect can only be found by testing. It is essential to understand that visual examination is an essential part of the process because some types of electrical safety defect can't be detected by testing alone. There was no action plan in place that confirmed what action was being taken to test electrical items or check their safety. Following the inspection the provider confirmed they were addressing this shortfall and a health and safety manager would be responsible for health and safety audits and compliance.

We found an audit undertaken in July 2016 had identified one person's room had mould and required decorating. The audit undertaken the following month (August 2016) had failed to identify the same concerns. The August audit confirmed, 'Decorating up to a good standard. Yes'. The deputy manager confirmed during the inspection that the persons room was being wall papered soon. We observed their room had starting to be prepped for this work to be undertaken. This meant the two audits were not consistently identifying areas for improvement.

We also found there was no system in place that identified when authorisations of deprivation of liberty (DoLS) had expired. One authorisation in place had expired in March 2016. Five months had passed before any action had been taken. This meant the service was not identifying in a timely manner when new authorisations needed to be made prior to them expiring. We also found one care plan had been evaluated each month. But the evaluation process had failed to identify that the person did not have a support plan in place that confirmed their diabetic arrangements. Audits should be effective at identify shortfalls to enable actions to be taken. We fed this back to the deputy manager who confirmed they would review the system in place to ensure audits were effective.

We recommend that the provider seeks guidance from a reputable source about effective audits that identify areas that require improvements within the service.

Victoria Court at the time of the inspection did not have a registered manager in post. The provider confirmed they were in the process of recruiting for a new manager.

People and relatives felt the home was homely and a nice place. They also felt the management were good. People told us, "Managers are alright. They are supportive, I see [Name] a bit", "The manager's left. Now we have [Name]. It is a good home" and "I am happy. Staff and [Name] is good". Relatives all felt that staff and the managers were approachable. They told us, "Staff are great I can talk to them about anything", "I find [Name] has been excellent and all staff I can approach" and "I meet with the manager regularly, communication is good and I am very impressed".

Staff felt happy working at the home. They confirmed that the provider and management of the home were good. They all felt supported in their work and personally. They told us, "I get a lot of support from my line manager. They are always available. I can even go to the owner or the operations manager. They have supported me personally, I can't fault them" and "I really enjoy working here. The management support is good they listen to you and have helped me personally".

People and relatives had their views sought on the care at Victoria Court. The deputy manager confirmed that this year's surveys were in the process of being sent. Relatives confirmed they had recently received their questionnaire. People we spoke with felt able to make comments about the service. All were happy with the care that their loved one received. They told us, "I have just returned my questionnaire. I am really happy with the care at Victoria Court" and "I find the care excellent. I am very pleased with the quality of the care. It is very good".

Staff meetings were an opportunity for staff to make suggestions about the service and give their feedback. All staff had a hand over meeting when they started each day. This was an opportunity for staff to pass on important information such as any changes to people care needs or wellbeing. We observed these meetings were an opportunity to share what was planned for the day and how people had been overnight. This allowed staff to be familiar with how people might be feeling and what support and help they might require that day.

The vision and values for the service was for care to be planned according to the individual's choices and needs, taking into account positive risk taking. The providers PIR (provider information return) confirmed how important it was that, 'Service users are allocated a member of staff, with support from management and clinical team to enable immediate actions to be taken to adapt and respond to any situation. To use Positive Behaviour Support to guide care practice. This uses person-centred, values-based approaches to ensure people are living the best life they possibly can'. The interview process for new staff demonstrated how important it was that staff came with the ability to, 'Demonstrate skills in de-escalating situations. How to build relationships including trust and how to offer choice to people'.

This was also confirmed by the provider's statement of purpose. A statement of purpose sets out what the business will do, where it will be done and for whom. The statement of purpose confirmed, 'The home aims to offer skilled care to enable people who live at Victoria Court to achieve their optimum state of health and well-being. To support individual choice and personal decision-making as the right of all Service Users'. It also confirmed, 'To empower all people who use the service to make choices and have more control over their lives. Respect individual's requirement for privacy at all times and recognise the individual need for personal fulfilment offering individualised programmes of meaningful activity to Service Users'. Staff during



the inspection demonstrated how important it was that people had choice and control around their lives and day to day decisions and activities.

The service was responsive and worked in partnership with other health and social care professionals and community professionals. This was confirmed by the provider's statement of purpose and people's care plans. Partnership working included working with other agencies such as the police. The provider's information return confirmed, this was, 'In order to drive up quality and provide cohesive, transparent, and consistent care'.

Prior to this inspection we reviewed notifications we had received from the provider that informs us of certain events that occur at the service. We checked these details were accurate during the inspection and found we had been notified as required. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service.