

Parcs Healthcare Limited

Vrandavan Care Home

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 7 September and was unannounced. We returned on the 8 September 2016 announced, to complete the inspection.

Vrandavan Care Home is a care home that provides residential care for up to 16 people. The service specialises in caring for Gujarati Asian Elders whose first language is Gujarati. The accommodation is over two floors, accessible by using the lift and stairs. At the time of our inspection there were 16 people in residence.

A registered manager was in post. 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 told us they felt safe and protected from harm. The provider had taken steps to minimise the risk of abuse and staff understood their responsibility in protecting people from the risk of harm.

People's care needs were assessed including risks to their health and safety. Care plans were updated and centred on people's needs, which included the measures to help promote their safety and independence. Care plans provided staff with clear guidance about people's needs which were monitored and reviewed regularly.

People told us staff that looked after them well. People's safety was assured by the provider's staff recruitment procedures and the training provided. People's needs were taken into account to ensure there were sufficient numbers of staff to promote their safety and wellbeing.

People lived in an environment that was safe and comfortable and had access to a secure garden, which people could use safely.

People received their medicines at the right times. There was clear guidance for staff to follow and the systems to store, manage and administer medicines safely were safe. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

People were provided with a choice of traditional Gujarati vegetarian meals in line with preferences and dietary needs.

Staff were trained, supported and had their work appraised to ensure they had the knowledge and skills to support people. The management team and staff had a good understanding of the key principles of the Mental Capacity Act 2005. People's consent had been obtained and recorded.

Vrandavan Care Home had a warm and a happy atmosphere. People were supported by kind and caring staff and we saw many positive interactions between staff, the people using the service, and relatives, who were involved in communal life and could observe their faith at the service. People told us staff were respectful in their approach and promoted their dignity and independence.

People were involved and made decisions about their care and support needs. Care plans were focused on the person and incorporated advice from health and social care professionals. People were supported to maintain their independence and take part in hobbies, activities that were of interest to them and observe their faith. People's care needs were reviewed and took account of people's wishes and choices.

People told us if they had any concerns or complaints they would tell the registered manager. The views and opinions of people who used the service, their relatives and staff were sought in a number of ways including meetings and surveys. Staff felt supported by the management team and understood their role and what was expected of them in providing quality care to people who used the service.

People were confident in how the service was managed and the abilities of the management team to ensure the service provided was effective. The provider had systems to monitor and assure people who resided at Vrandavan Care Home that they received a quality care service that was consistent and met people's individual needs.

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 were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns. Risks to people's health and wellbeing had been assessed, managed and reviewed to ensure staff supported people safely to promote their independence. People were supported to receive their medicines safely. Medicines were stored and managed safely.

Safe staff recruitment procedures were followed. Sufficient numbers of staff were available to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff received induction, training and support that enabled them to provide the care and support people required. People's consent to care and treatment was sought and staff worked to the principles of the Mental Capacity Act 2005.

People's nutritional needs were met and they were supported to access healthcare support as required.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who respected their privacy and dignity. People were involved in making decisions about their daily care needs and staff respected their wishes and rights.

Is the service responsive?

Good ●

The service was responsive.

People's assessed needs and their on-going care was reviewed regularly to ensure the care provided was appropriate. Care provided was tailored to people's needs, met their cultural needs

and lifestyle choices.

The complaint procedure was available in a format that people could understand. People knew how to complain and were confident that their concerns would be addressed.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who provided good support and leadership. Staff were supported and understood their responsibilities to provide people with quality care. People and their relatives expressed confidence in the management team in delivering a quality care service. The quality of service provided was monitored consistently to ensure people received safe and quality care.

Vrandavan Care Home

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 was 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 inspection took place on 7 September 2016 and was unannounced. The inspection was carried out by an inspector 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. Our expert by experience for this inspection had experience of using health and social care services. The inspector and the expert-by-experience spoke with people in their first language, which was not English.

The inspector returned on 8 September 2016 announced, to complete the inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a set of information about the service and the support people can expect to receive. We looked at the notifications sent to us. Notifications are changes, events or incidents that affect people's health and safety that provider's must tell us about. We contacted commissioners for health and social care responsible for the funding of some people's care that use the service and asked them for their views.

We spoke with 11 people who used the service, seven visiting relatives, and a visiting health care professional. We also used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people in the lounge during the morning and at the lunch time meal service.

We spoke with the registered manager, a care manager, a senior carer and four care staff involved in the care

provided to people and the handy person. We also spoke with the registered provider who was visiting the service at the time of our inspection visit.

We looked at the records of five people, which included their risk assessments, care plans and medicine records. We also looked at the recruitment files of three members of staff, training records and a range of policies and procedures, maintenance and complaints records and a range of quality audits to see how the provider monitored the quality of service provided.

Is the service safe?

Our findings

People told us they felt safe at the service and with the care staff that supported them. Comments received from a group of people included "There's nothing here for me to worry about" and "All of them [staff] help us and are always respectful." A relative said, "We know mum's been safe here. Considering she moved in at short notice the care she's had has been 100% good. Mum would tell us if anyone had hurt her." Another relative told us their family member was safe and said, "Whenever I come [person's name] looks happy and quite settled. She sees this place as her home."

The provider's safeguarding policy and procedure was easily accessible to staff and was up to date. The registered manager and staff understood their responsibilities with regards to safeguarding procedures and the process for reporting abuse or concerns. A staff member said, "We all know what to look for and would tell [registered manager]. I think everyone is safe here." Staff were confident to report concerns about people's safety to the provider and external agencies such as the Police and the Care Quality Commission. This showed staff knew how to protect people and keep them safe.

Staff understood the need to report all incidents and accidents. A record was kept of events and the actions taken to support people and to reduce future risks. Where required people's care plans and risk assessments had been updated to ensure support provided was appropriate to meet their needs. All incidents and accidents were looked at as part of the provider's quality assurance systems to ensure future risks were avoided. This meant people's safety was protected and appropriate action was taken to help maintain their wellbeing.

Records showed that routine checks were carried out on the premises and fire safety. Equipment such as hoists, slings and wheelchairs used to support people was serviced. Staff knew how to report faults if they had any concerns about the premises or equipment, which helped to ensure people lived in a safe place. People's individual personal emergency evacuation plans (PEEP) had information for staff or the emergency services personnel should there be a need to evacuate people in an emergency. The PEEPS identified the level of risk and the support required to evacuate each person safely.

People's safety was protected by the provider's recruitment practices. We looked at recruitment records for staff and found that the relevant checks including a Disclosure and Barring Service (DBS) had been completed. DBS check helps employers to make safer recruitment decisions. That helped to ensure staff were safe to work with people at Vrandavan Care Home.

People told us they were helped to stay safe. One person told us they staff helped them to have a shower every morning and used a shower chair because they were at risk of falling. They felt safe and assured the risk was managed and kept their independence. A relative told us that when their family member moved to the service at short notice, their care needs and risks were assessed. Staff had explained how the risks would be managed and the care plan signed by the person to confirm they were in agreement for the support to be provided.

We observed staff encouraged people to maintain their independence safely. One person who used a walking frame was guided by a member of staff who gave clear directions in the person's first language which was not English. Another person was supported by staff who gently raised the person's clothing off the floor when they walked using a frame to prevent them from the risk of tripping over their clothing. We saw the person ensured staff helped them each time they wanted to move. That showed staff were close by to ensure people were supported to stay safe.

People's care records showed risks associated to their health and wellbeing had been assessed. These centred on the person's individual needs and covered risks such as falling or being unable to walk independently. Care plans had clear information for staff to follow to keep people safe and meet their needs. Records showed that risk assessments were regularly reviewed and care plans had been updated when people's needs changed. Staff told us that they read people's care plans and received updated information on any changes to people's needs at the handover meetings. That meant people could be assured their needs would be met and helped to stay safe.

People told us there were enough staff to meet their needs. One person said, "The carers do take care of me; they bear us in mind all the time, they think of us." They explained that staff considered people's needs and safety and between them ensured everyone was supported. Another person told us staff were 'very helpful'. A relative said, "Whenever we've come, there's always staff around." Another said, "The staff are very good, always around if you need anything. [Person's name] has just had praise for all the staff because they understand our Indian culture."

Staff told us there were enough staff to support people. Staff had key responsibilities throughout the day to ensure people's needs were met. We observed this to be the case as staff supported people promptly. That showed people received reliable and timely support from staff.

The staff rota reflected the staff for both Vrandavan Care Home and the care service next door. The registered manager took account of people's needs and the numbers of staff required to support people to stay safe. They told us that staff absences were managed using the existing staff, which helped to provide continuity in care to ensure people's needs were met.

People told us they received their medicine at the right times. One person told us when they experienced pain then they would ask staff for pain relief medicines. A relative said, "I know mum gets her medicines otherwise she'd tell me."

All the medicines were kept secure. We were shown the plans for the new treatment room where all the medicines along with the medication policy, procedure and relevant information would be stored. Small medicine cabinets were being fitted in people's rooms, where the prescribed topical creams would be stored. This helped to promote and support people who wished to continue managing their own medicines with little or no support from staff.

Senior carers were trained and had their competency assessed to administer medicines. We observed a senior carer who administered people's medicines. They supported people individually to take their medicines and completed the medicines records to confirm the medicines were taken.

Records showed that staff had followed the correct procedure for medicines administered when required, such as pain relief. Staff understood when those medicines were to be given and recorded the amount given. Records showed appropriate assessments and a best interest decision was completed for someone who had their medicines disguised in a drink. Senior carers had followed the instructions in the care plan

which was supported with a GP authorisation and advice from the pharmacist. That helped to maintain people's health.

Is the service effective?

Our findings

People told us staff were good at meeting their preferred and individual needs. One person told us that the staff understood their independence was important to them and supported them accordingly. A relative said, "Since [person's name] been here, she's responded well with the staff who have been great. All the staff have helped her; they're always giving her confidence and supporting her. She's eating better and is taking a few steps." Another relative said, "I've seen they [staff] offer to help and explain everything in Gujarati. [Person's name] takes her time but she knows the carer stays with her." This showed people were assured that the staff helped to support them with their needs and communicated effectively.

Staff told us the induction training was comprehensive and informative. Staff spoke positively about the training they had received and found the training had equipped them with the knowledge and skills needed to support people. Another staff member felt the training was tailored to staff's learning needs using a variety of face-to-face learning, practical and e-learning. For example training information produced in English and Gujarati to support staff's understanding. Training records showed a range of essential training was completed to support staff's roles and covered topics related to health and safety and record keeping. Awareness training enabled staff to support the people living with dementia and other health conditions. This helped to ensure staff that they had the skills to meet people's needs.

Staff told us they were supported by the registered manager and the care manager on a daily basis. Staff said that the care manager worked alongside the staff team, which helped to assure them that the training was used effectively to support people. Staff's work was appraised and they had the opportunity to discuss any training and development needs. Staff had meetings where they could talk about the quality of care people received, could raise issues and make suggestions to develop the service and improve people's quality of life.

The Mental Capacity Act 2005 (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 take 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager, care manager and staff demonstrated a good awareness and understanding of the MCA, and when this should be applied. We saw staff sought consent before helping people. A staff member told us people had the right to refuse to be supported and they would explain how their health or dignity could be affected. We saw this to be the case and when the staff member returned to offer support to someone a short while later, they were happy to be assisted.

We checked whether the service was working within the principles of the MCA. People told us that they were involved and made decisions about their care. We found conditions on the authorisation to deprive a person

of their liberty were being met. Health decision-specific capacity assessment had been completed, when required. For example, where someone had their medicines given to them disguised in a drink. A relative whose family member was living with dementia told us that they were involved in the best decisions made about their family member's care. We found care plans were signed by the person or their nominated representative to evidence their consent for the care to be provided. That showed the principles of the MCA were followed.

We asked people for their view about the quality and choice of meals. Everyone we spoke with told us the quality and variety of meals provided was good. One person told us the meals were served in a thali (plate with compartments) and read the menu which was written in Gujarati. We saw that people were continually being offered a range of hot and cold drinks and staff ensure people always had a drink by their side to help them remain hydrated.

Relatives were complimentary about the choice of meals provided. A relative said, "[Registered manager] went through what [Person's name] likes to eat and drink. She has proper Gujarati food, very tasty and just right for her. I know she enjoys the food here."

Records showed that people's dietary needs were assessed and monitored and if they needed extra support with their nutrition this was provided. Freshly prepared Indian Gujarati vegetarian meals were served at lunch time. The meals were served looked balanced, with a selection of curries (vegetables and lentil); served with chapatti (unleavened bread), rice, condiments and a sweet dish. Meals were served with a choice butter milk or water.

We saw a staff member supported people who needed assistance to eat. Staff offered people second helpings and replenished the drinks. We saw one person struggled to hold the spoon to eat their meal. We asked the registered manager whether the support the person required to eat had been assessed. They assured us that the support needed had been assessed; however, they would contact a health care professional for advice. The following day we saw this person was using the adapted spoon to eat their meal comfortably. That showed advice was sought, which helped to promote the person independence.

People had access to a range of health care professionals, who worked with staff to provide ongoing health care support. One person told us when they were unwell the staff called the doctor who visited. A relative said, "We know the doctors been in to see [person's name] when she came out of hospital to check everything's ok."

People's healthcare needs were assessed as part of their care plan and included people's dietary needs. Where people's appetite or weight was of concern staff would contact the GP for advice and where appropriate a referral to the dietician was made. Staff worked closely with health care professionals to ensure they followed instructions to monitor and maintain people's health.

We spoke with a health care professional who supports someone's health needs. They told us that the staff knew people well and had sought advice when people's health was of concern. They planned to provide staff with training on pressure care management and diabetes awareness but the dates were yet to be confirmed. This showed that the provider encouraged staff to continuously learn and develop in order to help maintain people's health.

People lived in an environment that was designed and decorated to promote people's choice of lifestyle and independence. There was a choice of lounges and a small dining room. People could access the small garden to the rear, which was one way of meeting people from the care home next door owned and

managed by the same provider.

Is the service caring?

Our findings

People told us that the staff and the management team were kind, caring and were approachable. One person described staff as being 'like a daughter who looks after their mother'. This person told us they often helped to prepare vegetables for lunch, which made them feel involved. Another person said, "They [staff] take good care of me with love and affection" and "They [staff] keep me well in all aspects but just I miss the family."

A relative said, "Staff are amazing, they are so caring. They understand our Asian culture how religion and family life is important to us. My mother loves it here." Another relative told us when their family member was unwell, staff were attentive and checked on them regularly, which assured them their family member was supported by caring staff.

People looked clean and dressed in clothing of their choosing. One person told us staff helped them to wear a sari [traditional clothing worn by most Gujarati women] which was important part of their identity. We saw staff always spoke with people in their first language which was not English.

We saw staff acknowledged people whenever they walked passed someone. Staff spoke with people in a respectfully manner using a form of address that was culturally respectful of elders. People were comfortable with the staff who took every opportunity to engage in a conversation or singing. This showed people had developed positive relationships with staff including the handy person and the registered manager.

A health care professional told us that staff were very caring. They told us staff were often seen to offer comfort and assurance that people when needed.

People were provided with information about the service; the Gujarati lifestyle offered by the service and the range of support they could expect to receive. People were involved in the decisions made about their care. One person told us that the staff would go through their care plan every few weeks to make sure the provided was right for them and checked if they needed any other help. They felt in control of their care and said staff respected their wishes. Another person said, "I understand English and Gujarati, some of us [people using the service] do understand but I generally have all matters and things explained to me."

People's care records showed they had made decisions about their care and support along with their views, wishes and choices. Care plans had clear information for staff about how much the person was able to do for themselves, what tasks they needed staff to help them with and what was important to them. Information about people's life histories, interests and family members was also recorded. Staff told us that the information was used to start conversations that were of interest to people.

People told us that staff treated them with respect and maintained their privacy and dignity. For example, staff were prompt to assist people who needed to use the washroom which helped to maintain their dignity and independence. We saw a member of staff took care when they helped someone to be seated and

checked the person was comfortable before leaving them. That showed staff were supportive and respected people's wishes and dignity.

Staff described ways in which they preserved people's privacy and dignity which supported our observations and comments received from people using the service. Staff told us people preferred to be seen by the GP or community nurse in private. We saw a privacy screen was kept close to the lounge. Staff told us that they would use the privacy screen in the event someone's dignity had been compromised, had a fall and were being treated by the emergency personnel if the person was unable to return to their room. That showed staff knew what to do to maintain people's dignity.

The ambience and décor was homely and reflected the cultural values and diversity of people who used the service. We heard someone tell the care manager, "Can you come to my home I want to talk to you." The care manager asked if they could visit within 10 minutes which the person was satisfied with. Another person invited us into their home. Their room was personalised and they were able to practice their faith in private which was important to them. A relative found the home environment promoted their family member's wellbeing and said, "Mum's got a really nice room. She goes to the lounge for company after we've gone."

People's bedrooms were respected as their own space and we saw that staff always knocked and did not enter until asked to do so. All the bedrooms had an ensuite shower and toilet facility, which for some people promoted their privacy. The bedrooms we saw looked comfortable and were personalised to reflect individual taste and interests.

Is the service responsive?

Our findings

People told us staff were responsive to their request for assistance and met their individual needs. The support people received had an emphasis on people being supported to remain as independent as possible. One person said, "Yes, they [staff] help; they say if you can't manage they will help you, don't worry." Another person told us that staff were prompt and consistent in the way their needs were met. That showed people received personalised care which was provided by staff whose approach in the delivery of care was consistent.

We looked at care records to see how staff provided care that was responsive to the needs of the people using the service. The registered manager assessed people's needs when they were referred to the service. This meant staff had the basic information they needed about the person when they began supporting them. A relative said, "The manager drove over from his holiday to assess mum because she needed 24 hour care quickly. That tells you they're responsive."

We saw that care plans focused on how people wanted their support provided. Staff had information about how to respect people's choices, for example one person's care plan stated that they needed some assistance with their personal care and on other occasions they liked to do things for themselves. A record was also kept about the support provided to maintain people's personal hygiene, general health and how people spent their day.

People's care needs were reviewed and the care plan was updated when people's needs changed. One person told us staff regularly asked them if they were satisfied with the care provided. A relative said, "We've been involved in our mother's care at every stage, before she came here, the assessment and reviews. She likes us to be with her because she wants to be assured the decisions she makes are right for her." They told us the care plan was accurate and that their family member received the care that was personalised to their needs.

A relative said, "The staff really work with you and are very pro-active." Another relative said, "Staff are genuine in their concern for people here and are quick to act. They will call us anything happens to mum."

Staff told us they were made aware of any changes to people's needs at the handover meetings. A staff member said, "[Person's name] is now walking with a frame where before she would not. We talked to her doctor who is happy with her progress. We changed the care plan and told staff how to help her." Records we looked at showed that staff sought from advice health care professionals to help maintain people's health whenever required. That helped to ensure people received support that covered all aspects of their life.

Care plans also contained individual information about the people's life histories, hobbies and interests, and like and dislikes. This provided an introduction to people to help staff engage with them and get to know them as individuals.

Meaningful activities were a big part of life at the service. We saw people's religious and spiritual needs were met. People spent time with their visitors in the lounge or in the privacy of their room or dining room. We saw a number of instances that showed people's lifestyle choices and preferences were promoted. One person liked to pray in the privacy of her room and when they joined people in the lounge they greeted each person, staff and visitors before being seated. We saw a staff member read a story and religious verses in Gujarati mid-morning. One person told us they enjoyed listening to the stories because it reminded them of their early life growing up with their siblings and the extended family.

People told us about the different activities at the service, including trips to the temple and visits from a local priest. We saw people liked to watch programmes on an Asian television channels in the morning. They sang bhajans (Hindu devotional songs) before lunch was served. After tea a number of people with staff played a singing game, known as 'Antakshari' whereby someone starts a song with using the last word sung. People looked to be enjoying themselves; challenging people when a song was repeated and were helped by staff. A group of people, visitors and staff sat in the garden singing songs and chatting with the people from the care service next door. This showed people socialised and comfortable in their surroundings.

People's views about the service were sought individually and through meetings. Minutes of the meeting showed that people using the service and their relatives were consulted about plans to develop the service and the planning of social events. This showed that the service listened and acted on people's views.

The provider's complaints policy and procedure was in place and produced in English and Gujarati and included how all concerns; verbal or written would be addressed. The contact details for the local advocacy service and the local authority were included should someone need support to make a complaint.

People told us they knew how to make a complaint should they need to. We asked someone who they would tell, they said, "The carer and the manager. I would ask questions and they would provide an answer usually, if they can't do someone they would tell me." A relative was given a copy of the complaint procedure when their family member moved to the service and said, "We've got no complaints at all. If we had any we would speak to [Registered manager]."

Staff knew to refer complaints to the registered manager. The service had received two complaints which included concerns that Care Quality Commission had referred to the provider to investigate. Records showed that the complaint procedure had been followed and actions taken, where appropriate. That showed complaints were acted on and used to drive improvements.

The service had also received a number of compliments and cards and letters of thanks from relatives of people using the service and those who no longer used the service. We looked at a sample of compliments received and the comments were of thanks and compliments about the staff and the care provided at Vrandavan Care Home.

Is the service well-led?

Our findings

The provider promoted a service that was positive, inclusive and empowered people to be involved. People and relatives we spoke with were happy with the quality of care provided by the staff and how the service was managed.

People and relatives we spoke with told us that they were involved in how the service was run in a meaningful way. Individual meetings took place to review people's care. We saw from the review of care meetings records that people's views about the care they received and where appropriate the views of their relative and any relevant health care professionals.

Meetings were held to discuss people's views about the service. Meeting minutes showed people were consulted about any proposed development of the service, social events and menus. The provider visiting the service at the time of our inspection said, "This is their home and any changes we think will improve their life has to be agreed with them." That demonstrated the provider's values and vision put into practice to provide quality care with people at the centre of the service.

Surveys were used to gather people's views about all aspects of the service and the views from people's relatives and health care professionals. The sample of the surveys returned in May 2016 were all positive and showed people using the service, relatives and health care professionals were satisfied with the quality of care provided.

The service had a registered manager. They were supported by the care manager and collectively they understood the needs of people who used the service and ensured staff had the skills, experience and understood the culture and values of looking after Gujarati Asian elders. We found the provider; registered manager and the care manager responded promptly to ensure people were safe. For instance providing special cutlery to enable a person to eat independently. That meant people using the service could be confident that the service was managed and took action to maintain people's quality of life.

People said the registered manager was approachable and we observed this to be case as they greeted people in a courteous and respectful manner. A relative told us that said, "The manager is very approachable. We can discuss any concerns or changes needed to make [person's name] comfortable and happy."

A sample of the provider's policies and procedures we looked at had been updated and provided staff with clear guidance as to their responsibilities in relation to their role. Staff had easy access to the procedures and could approach the registered manager if they needed clarity. The business continuity plan was updated to ensure arrangements were in place and staff knew what to do in the event of an emergency.

Staff told us they were supported by the registered manager and care manager and received updates in training to ensure their knowledge and practice was kept up to date. Staff were motivated to meet people's individual and cultural needs that promoted their wellbeing. Staff told us they felt involved in the running of

the service and could share their views about people's care with the care manager or the registered manager. That showed the provider had systems in place to ensure the management and staff team worked together to promote people's quality of life.

The provider had a quality assurance and monitoring system in place that checked people were receiving a quality care service. Records showed routine safety checks on the premises, equipment, maintenance and fire. The care manager carried out regular audits on people's care plans and medicines to ensure people received the care and medicines they needed. We saw issues found from the audits were addressed such as someone's care plan was updated to ensure staff had clear information to provide the support needed. This helped to assure people's health and wellbeing was maintained and effective systems were in place to monitor the quality of service provided at Vrandavan Care Home.

The provider visited the service and as part of the visit they reviewed any actions required from the 'manager's weekly reports'. A sample of reports we saw demonstrated clear and accurate records, which enabled the provider to monitor the delivery of care updates on staff training and complaints. This demonstrated that there was an effective system in place used to monitor the service and maintain people's quality of life.

The provider and the registered manager kept their knowledge up to date in relation to health and social care. They had accessed information and updates from the Care Quality Commission website and the local authority. The provider had links with care consortiums and attended conferences to ensure the quality of care provided at Vrandavan Care Home and the other care services under the same provider was consistently good.

Prior to our inspection visit we contacted the local authority responsible for the service they commissioned on behalf of some people used the service and asked for their views. They had no concerns and were preparing to carry out quality monitoring visit to assure themselves that Vrandavan Care Home provided the contractually agreed quality service.