Victoria Nursing Group Limited

Victoria Highgrove

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 6 December 2016 and was unannounced.

Victoria Highgrove is a nursing home registered for up to 21 people, primarily older people. Short periods of care and support is provided where people have been in hospital, or to prevent a hospital admission, and who are in need of a short period of rehabilitation before returning home. Help provided at Victoria Highgrove includes assistance with personal care, mobility, kitchen assessments, including meal and hot drink preparation, mobility practice, home and/or access visits to assess people's home environment.

The short-term rehabilitation is a joint partnership between Brighton and Hove City Council and the Sussex Community NHS Trust who work together to provide co-ordinated care. Consultants for elderly care, GPs and a community mental health nurse visit the service. People receive support from a social work team, social care staff, medical and nursing staff, physiotherapy and occupational therapy staff. These specialists had worked with people to improve their independence and mobility prior to returning home. There are a high level of admissions and discharges due to the short-term nature of the service, and there are no long term placements. There were 20 people living in the service on the day of our inspection.

There was a registered manager for the service. 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.

A dedicated maintenance worker was responsible for the general maintenance, alongside external contactors who were used for service checks and repairs. However, areas of the environment were in need of redecoration. One visitor commented," I feel however that on top of the excellent service that this home offers, the management should pay attention to some minor things in the home and improve on these. For example, (pointing at the window curtain) the window curtain there. It is torn and it has been like that for quite a while". We discussed this with the registered manager who acknowledged this was an area in need of improvement. They told us service was going through a significant period of review, where local stakeholders were looking at the service provision, what was needed and how the service would best be provided in the future. Due to this the refurbishment plan had been deferred until 2017 to address this and improve the physical environment for people.

People told us they felt safe. One person told us, "I have every confidence in all the people here. They are doing a fantastic job looking after me. I depend on them totally as I cannot move by myself. That means getting up from bed, washing and getting dressed up" Another person told us," They are really good and helpful people. I have every confidence in them and I am well supported in this home. I couldn't ask for more." Detailed risks assessments had been completed and reviewed. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.
Staff were aware of their responsibilities from the Mental Capacity Act (MCA) and Deprivation of Liberty

Safeguards (DoLS.) Where people lacked capacity to make decisions about their care and treatment this had been considered in their best interests.

People and their visitors told us staff were kind and caring. One person told us," This place has got excellent staff. They are absolutely fantastic in everything that they do. I have received nothing but kindness since I have been here. I really can't fault them on anything. At first I really didn't fancy the idea of coming here from hospital but after spending here a few days, I come to like it here so much. I will be more than happy to recommend this home to anybody. It is a lovely place with caring people." A visitor told us," This home has got excellent people and excellent service. The workers are very hard-working and friendly. "

People told us there were adequate care staff on duty to meet their care and support needs. People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. One person told us, "I really do like it here I cannot think of anything that I would fault them on." Another person told us, "The workers in this place are really caring people. At the moment I am totally depending on them. I don't know what I would do without them." A visitor told us," The kind of care given to residents in this place is of high standards. My mother feels absolutely safe here and based on what I have seen thus far, her dignity is respected at all time. The workers are excellent at what they do. Overall however, we think that the home provides an excellent service to the residents. I think that the home is well managed."

Senior staff monitored people's dependency in relation to the level of staffing needed to ensure people's care and support needs were met. People were cared for by staff who had been recruited through safe procedures. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, and plans were in place to promote good practice and develop the knowledge and skills of staff.

Medicines were stored correctly and there were systems to manage medicine safely. Audits and stock checks were completed to ensure people received their medicines as prescribed.

People told us they had felt involved in making decisions about their care and treatment and felt listened to. Care and support provided was personalised and based on the identified needs of each individual. People's care and support plans and risk assessments were detailed and reviewed regularly giving clear guidance for care staff to follow. People's healthcare needs were monitored and they had access to health care professionals when they needed to.

People were supported to take part in a range of recreational activities. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They felt they knew people's care and support needs and were kept informed of any changes. Senior staff used handover notes between shifts which gave them up-to-date information on people's care needs. They confirmed that they felt valued and supported by the managers, who they described as very approachable. They told us the team worked well together. One member of staff told us, "I love working here. What's not to like."

People's nutritional needs had been assessed and they had a selection of choices of dishes to select from at each meal. People said the food was good and plentiful. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about

their food preferences.
People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns. One person told us, "I do not have any need of complaining in this place because I am happy with pretty everything but the manager and all the workers would be the people to speak to in case there was anything to complain about".

Senior staff carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, medication, and infection control. They were able to show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed.

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 cared for by staff recruited through safe recruitment procedures. Staffing levels were monitored to ensure there were enough staff to meet people's care needs.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. Medicines were managed, stored and administered safely.

The building and equipment had been subject to regular maintenance checks.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) Where people lacked capacity to make decisions about their care and treatment this had been considered in their best interests.

Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

People told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People had been assessed and their care and support needs identified. Care plans were in place to ensure people received care which was personalised to meet their needs and wishes.

People were supported as part of their rehabilitation programme to help them to return home. People could take part in recreational activities in the service. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Good

The service was consistently well led.

The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive.

Quality assurance was used to monitor and to help improve standards of service delivery.

Victoria Highgrove

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 checked 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 inspection took place on 6 December 2016 and was unannounced.

The inspection team consisted of two inspectors 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. The expert by experience helped us to get feedback from people being supported and their visitors.

Before the inspection, we reviewed information we held about the service. This included any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. This helped us to plan our inspection. We requested 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. We spoke to the local authority commissioning team who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. We also spoke with the Clinical Commissioning Group (CCG) for feedback on the care provided. Following our visit, we received feedback from three health care and a social care professionals about their experiences of the service provided.

We spoke with eight people, and three visitors. We spoke with the registered manager, a registered general nurse (RGN), three care staff, an activity co-ordinator, a physiotherapist, an occupational therapist, the maintenance person and a chef. We observed the care and support provided in the communal areas, medicines administration, activities provided and the mealtime experience for people over lunchtime.

We looked around the service in general including the communal areas, people's bedrooms, and the garden. As part of our inspection we looked in detail at the care provided to five people, and we reviewed their care and support plans. We looked at menus and records of meals provided, medicines administration records, the compliments and complaints log, incident and accidents records, records for the maintenance

and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and four staff personnel records. We also looked at the provider's own improvement plan and quality assurance audits.

This is the first inspection of the service since the re-registration of the provider's legal entity.

Good

Is the service safe?

Our findings

People and their visitors told us they felt people were safe, happy and were well treated in Victoria Highgrove. One person told us, "I am very safe here unlike back home where no one comes to see me." Another person told us," If I need help, they will help me. I have a bell in my room that I can ring if I needed help. I have used it especially at night."

To support people to be independent, people had individual assessments of potential risks to their health and welfare, and these were reviewed regularly. Where risks were identified, staff were given clear guidance about how these should be managed. Staff also told us if they noticed changes in people's care needs, they would report these to one of the managers and a risk assessment would be reviewed or completed. Where people had an air mattress (inflatable mattress which could protect people from the risk of pressure damage) where they had been assessed as high risk of skin breakdown (pressure sore). We were informed by staff the air mattresses were checked daily to ensure they were on the right setting for the individual needs of the person. Records we looked at confirmed this. Where people had been assessed as requiring to be turned periodically during the day there were checks in place to ensure the recording had been completed to demonstrate this had been done and inform the staff team of people's care needs.

Areas of Victoria Highgrove were in need of redecoration. We discussed this with the registered manager during the inspection. We discussed this with the registered manager who acknowledged this was an area in need of improvement. They told us service was going through a significant period of review, where local stakeholders were looking at the service provision, what was needed and how the service would best be provided in the future. Due to this the refurbishment plan had been deferred until 2017 to address this and improve the physical environment for people. A dedicated maintenance worker was responsible for the general maintenance, alongside external contactors who were used for service checks and repairs. Staff we spoke with confirmed that any faults were repaired promptly. Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. Records we looked at confirmed this. The registered manager told us about the regular checks and audits which had been completed in relation to infection control. There was an emergency on call rota of senior staff available for help and support. Contingency plans were in place to respond to any emergencies such as flood or fire. PEEP's (Personal Emergency Evacuation Plan) were in place for people in the event of a fire. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Medicines were managed safely. People told us they received their medicines as required. One person told us, "I get my medication regularly and all that is done by the nurses." We looked at the management of medicines. There were appropriate arrangements in place to protect people against the risks associated with the unsafe use and management of medicines. Medicines were kept securely and within their recommended temperature ranges. The nursing staff were trained in the administration of medicines and had their competency regularly checked by the registered manager. Staff told us the system for medicines administration worked well in the service. Systems were in place to ensure repeat medicines were ordered in a timely way. A member of staff described how they completed the medicines administration records

(MAR). MAR charts are the formal record of administration of medicine within a care setting and we found these had been fully completed. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. Where people had topical creams applied recording had been completed to evidence it had been applied and inform other care staff of its application. People were encouraged to self-medicate in preparation for discharge home. We observed an RGN working with a person in order for them to self-medicate. The RGN provided a detailed and clear written instruction sheet outlining the medication/ time and dosage for the person to take home. The information was discussed with the person and their knowledge was tested through feedback. The medication was transferred to a locked drawer in the person's room. The key to the cupboard was then given to the patient for him to initiate the next administration under supervision by an RGN.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the CQC when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. Staff told us that they would immediately report any bruising and finger marks, change of behaviour or if people became withdrawn.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future.

People told us they felt safe and attended to by staff. Care staff were supported by the ancillary staff who covered catering, domestic, maintenance and administrative tasks in the service. Bedrooms had an emergency call bell which people could press if they required urgent attention and a call bell to press if they required assistance. One person told us, "I only need to press the button once and they are here. Another person told us," Yes I have a bell in my room but I don't use it much but if I need help, the staff have always come quickly to help me. A third person said, "I have a bell here (pointing at it) which I have only used once or twice but I don't need it much because they are always here." We found that call bells were answered promptly by staff on the day of the inspection. People and visitors told us there were enough staff on duty to meet people's needs. On the day of the inspection there were adequate staff on duty to meet people's care needs.

The staff demonstrated they knew the people well. The registered manager told us they regularly met with the RGNs to identify the level of staffing needed. Staff showed us the dependency tool they used to help ensure that there were adequate staff planned to be on duty. Senior staff regularly worked in the service to keep up-to-date with peoples care and support needs, which helped them check there were adequate staff

on duty. We asked staff about staffing levels at the service. Care staff told us there was enough staff to meet people's care and support needs. A senior member of staff told us, "We check later and we are contactable, we supervise what is going on. We have all the staff we need." Another member of staff told us, "It is a very busy place, but there are plenty of staff it is a safe place." Staff told us that they rarely used agency staff and then usually at night. They did overtime or used the provider's bank staff to cover any staff absences. One member of staff told us, "There is a good ambience here and the people are nice to each other. We work as a team and support each other." Another member of staff told us, "There is enough on duty we only use agency for one to one and we cover using bank or overtime we can need to cover with agency once a month but there are more permanent staff now." A sample of the records we looked at showed that the minimum staffing level was adhered to.

People were cared for by staff who had been recruited through safe recruitment procedures. Where staff had applied to work at Victoria Highgrove they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written references requested. Where registered nurses were being recruited we saw that checks had been made on their pin number. This is an information system which can be accessed to ensure nursing staff were still registered to work as a nurse provided nursing care. This meant that all the information required had been available for a decision to be made as to the suitability of a person to work with adults.

Good

Is the service effective?

Our findings

People and visitors told us they felt the care was good and people's health care needs had been met. They spoke very well of the food provided. One person told us, "The food is very good and we get quite enough of it." One questionnaire completed at the end of a person's stay detailed, 'The food is of a high quality and well-cooked and tasty. I would definitely recommend Highgrove.'

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. We checked whether the staff were working within the principles of the MCA. Staff understood the principles of the MCA. They were aware that any decisions made for people who lacked capacity had to be in their best interests. They gave us examples of how they would follow appropriate procedures in practice. There were clear policies around the MCA. Care staff told us they had completed this training and all had a good understanding of the need for people to consent to any care or treatment to be provided. There were records on people's care plans that, where possible, people had been asked to consent to their care and treatment. Care staff confirmed they always asked for people's consent before they undertook any care or treatment. One person told us, "They talk to me with respect and they usually ask before they do anything in my care. For example, they will ask me what I want to eat on a daily basis and if what I wanted was not available, they will offer me something else."

The registered manager told us they were aware of how to make an application and about the DoLS (Deprivation of Liberty Safeguards) applications that had already been made and had been agreed. They were monitoring and ensuring these were being followed and updated as required. Care staff told us they had completed this training and had a good understanding of what this meant for people to have a DoLS application agreed, and they were clear who had been put forward for a DoLS application.

People were supported by care staff that had the knowledge and skills to carry out their role and meet people's individual care and support needs. The registered manager told us all care staff completed an induction before they supported people. This had been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own. The length of time a new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. Staff told us that they were shadowed for a week after initial induction training. One member of staff told us, "They show you everything at induction and what you can and can't do in the first two weeks." Another member of staff told us, "We get two weeks shadowing I was first as a carer and we had to read a huge pack of policies. Had to do a medical assessment before I was left alone as a RGN. I had tests for medication and how to learn from incidents and reflect on this and how to improve. It was more

than enough."

Staff received training to ensure they had the knowledge and skills to meet the care needs of people living in the service. Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Training had been provided with the dementia in reach team. Nursing staff had been supported and provided with information on courses they could attend to keep their clinical skills updated and current. The training completed was given through a mixture of e-learning packages or practical sessions. Care staff told us their training was up-to-date and had helped them understand and support people. Staff told us that a training schedule was posted in the staff lounge and they were also informed by the registered manager. One member of staff told us of all the training available," There are 100's of trainings. We get on line training, I am not always happy to go on my day off but we get paid. I had diabetes training last week and dementia and manual handling yearly but I don't do personal care so don't do the hoist training." Another member of staff told us, "I feel happy and comfortable here with everybody and my role here, I think it is good."

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, to share and update themselves of any changes in people's care. Care staff received supervision. This was through one-to-one meetings. These processes gave care staff an opportunity to discuss their performance to identify any further training or support they required. Staff told us that supervision was a two way process and that they could have informal chats and go through the training. Additionally there were monthly staff meetings to keep staff up-to-date in the service.

People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. People's weights were monitored regularly with people's permission and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. Care plans outlined details on fluid and food intake such as, 'To have proper fluid intake and remind staff that he is to drink plenty of fluids. Consider food as treatment.'
Where shakes and fortified foods were in place this was documented clearly in the care plans with recorded weight and nutritional assessments. One member of staff told us, "We check their weight straight away before transfer and every week after or every day if they have water retention. We notice if they're not eating well and start them on full fat diet and snacks and monitor and discuss with the GP for supplements. When we collect the tray we note down the amount eaten and the fluid. The RGN checks and takes action."

People and visitors spoke well of the food provided. One person told us, "The food is so good and plenty. We are given the choice on what we want to eat or drink." Another person told us," They give us good food and also a good selection. I can have tea, coffee, or cold drinks any time I want day or night." The chef told us there was a rotating menu, which was based on people's likes and dislikes. Two options were always available, and we found that people could also make additional requests if there was nothing on the menu that they liked. This information was then fed back to the chef. The chef showed us they had information available on the dietary requirements and likes and dislikes of each person. For example, where a pureed or soft diet was required. They told us, "I like it here there is a fast turnaround of residents with different needs. I go round every day with the handover sheet and give them the menu choice. I am informed of any new residents and offer them alternatives to the menu. I have all I need to run the kitchen smoothly and if not the manager will get it for us." We observed the lunchtime experience. People chose to eat in their rooms. The atmosphere was relaxed. People were encouraged to be independent throughout the meal and staff were available if people wanted support, or extra food or drinks. We saw one person who was vegetarian being served a meat substitute. She told us that it was tasty and that she got a variety of menus, and said, "It's hot

and quite good."

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. Care plans contained multi-disciplinary notes which recorded when healthcare professionals visited such as GPs, or the speech and language team (SALT) and when referrals had been made. Care staff told us that they knew the people well and if they found a person was poorly they should report this to a manager. People were supported to maintain good health and received ongoing healthcare support. One person told us, "Of course we get all the medical services here which is really good." Another person told us," I can see a doctor at any time and the nurses are always there for you just in case anything was not right" A third person said," I am currently under a watchful eye of doctors, nurses and all the other medical people, I am really getting first class service here." There was a policy and procedure for nursing staff to follow for wound care. There was guidance for nursing staff to follow, and recording and on-going photographic evidence to help monitor and review how the wound was progressing with treatment. Effective monitoring systems to evaluate and ensure the person's health and well-being was maintained, in relation to any wounds, were in place.

Good

Is the service caring?

Our findings

People and visitors told us people were treated with kindness and compassion in their day-to-day care. They were satisfied with the care and support people received. They were happy and they liked the staff. One person told us, "This place has got excellent staff. They are absolutely fantastic in everything that they do. I have received nothing but kindness since I have been here. I really can't fault them on anything. At first I really didn't fancy the idea of coming here from hospital but after spending a few days, I have come to like it here so much." Another person told us," This home has good and really caring staff." A third person said, "I like reading a lot and they make sure I have enough to read. As you can see I am not as mobile as I would like to be but they are always there for me. They always respect what I say to them or if I want something done."

People were seen to be comfortable with staff and frequently engaged in friendly conversation. People were enabled to make choices about their care and treatment. Staff ensured they asked people if they were happy to have any care or support provided. For example, we observed the activity members of staff informing and encouraging people to take part in the activities arranged on that day. Staff provided care in a kind, compassionate and sensitive way. They answered questions, gave explanations and offered reassurance to people who were anxious. Staff responded to people politely, giving people time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people, and there was a close and supportive relationship between them.

People were consulted with and encouraged to make decisions about their care. They also told us they felt listened to. Care provided was personal and met people's individual needs. One person told us, "The permanent staff are pretty good. For example, the boy who has just left as you came in, he is an absolute gem. To prove the point, he used his own time to give me this hair cut which I thought was very kind of him." Another person told us, "They really are an excellent bunch of excellent and caring people. All I can say is that I am well looked after here. My personal space and dignity are respected all the time. For example, they wouldn't do anything without seeking my opinion. I make the choice for example on food or what I want to wear."

People were addressed according to their preference and this was mostly their first name. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and how it affected them today. Care staff demonstrated they were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. One person told us, "I like keeping my own independence in my room and they respect that." Another person told us," I feel that they respect my personal space and I am treated with utmost dignity all the time especially when helping to wash and dress me up. I am really grateful for that."

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. People told us care staff ensured their privacy and dignity was considered when personal care was provided.

One person told us, "They treat me with utmost dignity and respect. They are simply excellent." Another person told us, "I have been here for three days now, straight from hospital and all I have got so far is pure kindness from everybody. My personal dignity is respected all the time. A third person said, "I feel that they respect my personal space and I am treated with utmost dignity all the time especially when helping to wash and dress me up. I am really grateful for that." Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction this was covered and the registered manager undertook checks to ensure staff were adhering to the principles of privacy and dignity. Care staff were able to describe how they worked in a way that protected this. One member of staff told us, "I ask them what they want and what they normally do and don't pass on any personal information to a third party. We put notices on the door when we are carrying out personal care and draw the curtains." Another member of staff told us, "We cover their legs when cleaning their top and close the curtains."

People had been supported to keep in contact with their family and friends. Visitors told us there was flexible visiting. The registered manager was able to confirm they knew how to support people and had information on how to access an advocacy service should people require this service. Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People said they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. One questionnaire completed at the end of a person's stay detailed, 'Very good with what the carers do for me, always willing to work with me when I don't feel well.'

Before someone moved into the service, a pre-admission assessment took place. This identified the care and support people required to ensure their safety, so staff could ensure that people's care needs could be met. Staff told us that the RGN carried out the first assessment when people arrived. One member of staff told us, "It's important to work with the family to speak about any special needs and respect their culture and principles and the character of the people. We try to keep them independent but sometimes they prefer you to do it and you respect their wishes. On one occasion the partner asked to participate in the nursing care and it's their right to choose."

Staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning. People's care plans contained a document titled 'My Life'. This identified the person's family history, interests, hobbies and employment history and provided staff with an insight into people's lives. One person told us," I don't get involved much in my daily care plan but they do tell me everything about my care." Another person told us, "As far as the care plan goes, I believe that the nurses and my daughters take care of that and I trust them that they will do the right thing for me." A third person said," I do believe that the nurse's deal with my care plan at the moment my priority is to get better and go home." The care and support plans were detailed and contained clear instructions about the needs of the individual. One member of staff told us, "Everybody is different as we discuss them at handover such as their diet or support needed to toilet and their level of dependence. We get involvement from the patient for example from using sticks in the hospital to offering them a Zimmer frame (Walking aid) and getting the physiotherapist to mobilise them." They included information about the needs of each person for example, their communication, nutrition, and mobility. Individual risk assessments including falls, nutrition, pressure area care and manual handling had been completed. There were instructions for care staff on how to provide support that was tailored and specific to the needs of each person. Where possible people were supported to be independent and care plans detailed the care people liked to undertake themselves and where they needed support. A nominated RGN had been allocated for each person to ensure care plans were reviewed and updated. These had been reviewed and audits were being completed to monitor the quality of the completed care and support plans. Care staff told us the care plans gave them the information they needed to support people. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, records confirmed that advice and support had been sought from the speech and language team (SALT). During our discussions with staff we found that they knew people and their individual needs and it was evident that they knew them well. People and their representatives were able to comment on the care provided through regular reviews of people's care and support plans.

People told us there were regular activities provided which they could join in with if they wished to. An

activities co-ordinator arranged activities in the service five days a week. Or external groups or entertainers were booked to come in and entertain people. The notice boards had information about activities people could attend during the week. One the day they spent time individually with all the people resident during the morning and later in the afternoon arranged a craft session for people to attend. People were being reminded and encouraged to join in the activities on offer on the day. Not everyone had chosen to join in the activities but aware they could join in if they wished to. One person told us, "As you can see, I am not in any good shape to play games or activities at this point in time. But I like watching TV and do a bit of reading until such time that I will be able to walk again." Another person told us," As you can tell, I am very immobile due to the surgery. I am just trying to get back to my feet with the help of the physiotherapist and for that matter I have not done any of the activities." Meeting people's religious and cultural needs was part of everyday practice at the service. Staff were able to describe how people's religious customs were respected and a range of pastoral visitors and church leaders could be requested to visit.

People told us they had guidance and regular support from the physiotherapists, and occupational therapists. These specialists had worked with them to improve their mobility prior to return home. They told us of the exercises they were being supported to undertake. One person told us "The physiotherapist people have been working and encouraging me to walk. It's early days but I think I am on the mend." Another person told us," I am currently being seen by a whole raft of medical personnel who are trying to get me back into shape so that I can possibly return home. I am looking forward to that." Twice a week there were multi-disciplinary meetings, where health and social care staff met to discuss people's care and support needs, their progress towards their agreed goals and to identify when people were due to leave and their care and support needs to help them move on to other accommodation. Feedback from staff was that these meetings were informative and worked well. People told us they had the care to be provided under this scheme explained to them. They all spoke well of the care that was provided. They told us they had access to health care professionals, doctors and community nurses through the intermediate care scheme when they needed them. Records we looked at confirmed this. One member of staff told us when asked what the service did well told us, "We care a lot for the patients, we work in their best interest, we do a lot of discharge planning to have a safe journey from hospital to home. Everyone takes their job seriously." Another member of staff told us, "'The occupational therapists do a beautiful job and we try to understand if the care plan conflicts with the patient's wishes, they may not be in the mood or feeling unwell or tired. We write down decline and try again and report to the nurse in charge. If it happens more than once we report to the physiotherapists and occupational therapists for reassessment."

People and their representatives were able to comment on the care provided through regular reviews of people's care and support plans, and by completing quality assurance questionnaires. Comments received from feedback from the service's own quality assurance questionnaires when asked what the service did well included, 'All of the caring and everything really. I cannot find fault with anything about the home and it's staff,' 'Top dollar excellent in everything,' and 'Highgrove although shabby was excellent in its care and attention of nursing staff.'

People told us they felt it was an environment they could raise any concerns and knew who to talk to. There were systems in place to record any compliments, concerns or complaints. People were encouraged to raise any concerns and knew who to speck to if they had any concerns. One person told us, "I have nothing to complain about. I am happy and safe here." Another person told us," I have never felt the need to complain of anything. No one has told me how to complain but if need arose I would speak to the manager or any member of staff." Visitors told us they had no concerns about the care provided and felt they would be listened to if they had any concerns. People had access to the complaints procedures which detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external

agencies that people could complain to. Care staff were aware that if people or their visitors had any concerns these should be discussed with the registered manager. In addition to the compliments and complaints procedure, the registered manager told us they operated an 'open door' policy and people, their relatives and any other visitors were able to raise any issues or concerns.

Good

Is the service well-led?

Our findings

People and visitors told us they felt the service was well led. One person told us," Excellent staff and I am totally happy with the service. I am happy to recommend it to anybody at any time. I think that the home is well managed and I can't think of anything to complain about. Another person told us, "They never show any signs of stress or anything when doing their work and they seem to get on well among themselves, I am talking about the permanent staff." A third person said, "Yes I should think that this home is well led basing on the help and services I get from this lovely people. I think that whatever they are doing they are managing it well and beyond all the odds. I can talk to them about anything and they are so patient with me. I would definitely recommend this place to anybody else. It is a lovely place to live with good people". One member of staff told us, "I feel well supported and the support to carers who need help is good, the manager's door is always open."

There was a clear management structure with identified leadership roles. The registered manager was also the registered manager for another of the provider's service. They were supported by a deputy manager a team of registered nurses (RGN's) and senior care staff. The senior staff promoted an open and inclusive culture by ensuring people, their representatives, and staff were able to comment on the standard of care and influence the care provided. Staff members told us they felt the registered manager was accessible, the service was well led and that they were well supported at work. They told us the managers were approachable, knew the service well and would act on any issues raised with them. One member of staff told us, "We are supported by management, they fix things quickly."

Senior staff carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, medication, and infection control. They were able to show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed. There were opportunities for people to give feedback using the Choices NHS website, and questionnaires had also been used to gain feedback in the service.

Policies and procedures were in place for staff to follow. Staff supervision and staff meetings had provided the opportunity to both discuss problems arising within the service, as well as to reflect on any incidents.

Feedback from the health and social care professionals was of good interactions with staff who contacted them appropriately and followed guidance given. They spoke of good relationships with staff who had a good understanding of people's needs. Appointments were easy to arrange and kept to, staff were responsive to requests for information. A good professional relationship had been developed. The aim of staff working in the service was, 'We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full.' Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, and diversity and understood the importance of respecting people's privacy and dignity.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment. The registered manager was able to attend regular management meeting with other registered managers of the provider's services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service.