Valant Care Limited

Victoria Royal Beach

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

The inspection took place on 16 December 2016 and was unannounced.

The last inspection took place on 19 October 2015. As a result of this inspection, we found the provider in breach of two regulations, one relating to safe care and treatment and the other associated with good governance. We asked the provider to submit an action plan on how they would address these breaches. An action plan was submitted by the provider which identified the steps that would be taken. At this inspection, we found the provider and registered manager had taken appropriate action and these regulations had been met. As a result, the overall rating for this service has improved from 'Requires Improvement' to 'Good'.

Victoria Royal Beach is a privately owned care home in Worthing and is registered to provide care for up to 20 older people with a range of health needs. At the time of our inspection, there were 16 people living at the home and all rooms were single occupancy. Victoria Royal Beach has been converted into a home from three properties that were originally terraced. It is situated within a few minutes' walk of the seafront at Worthing and close to the town centre. The majority of rooms have en-suite facilities and those facing on to Grand Avenue, at first floor level, have a balcony. Communal areas comprise a large sitting room, dining area within a conservatory and a quiet lounge, where people can meet with relatives and friends. The home has accessible gardens to the front and side and there is a five person lift within the property.

At the time of our inspection, the deputy manager was also the acting manager, since the previous manager had deregistered with the Commission in October 2016. A new manager had been appointed and was due to commence employment at the service in January 2017. 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.

Medicines were managed safely and staff had completed each Medication Administration Record (MAR) to show that people had received their medicines as prescribed. Medicines were stored safely and only authorised staff had access to the medicines room. Some oral mixtures and eyedrops did not have the date of opening recorded on the bottle or outer packaging, but the deputy manager took steps to rectify this omission at the time of our inspection. People told us they felt safe living at the home and staff had been trained to recognise the signs of potential abuse and knew how to manage this. Risks to people and the service were identified, assessed and managed appropriately. Staffing levels were sufficient to meet people's needs safely and new staff were recruited following safe practice.

A range of systems and processes had been put in place to monitor and measure the quality of care delivered and of the service overall. People and their relatives gave their feedback about the service and residents' meetings were held monthly. Plans were in place to manage the home until the new manager came into post. The Commission was notified appropriately. Staff felt supported by the management team.

Staff had completed a range of training that enabled them to carry out their roles and responsibilities effectively. New staff followed the Care Certificate, a universally recognised qualification. Staff received regular supervision meetings and an annual appraisal. Staff were knowledgeable about the Mental Capacity Act 2005 and understood their responsibilities under this legislation and with the Deprivation of Liberty Safeguards. The service operated within the principles of this legislation. People were supported to have sufficient to eat and drink and to maintain a healthy lifestyle. They had access to a range of healthcare professionals and services.

People were looked after by kind and caring staff and spoke positively about the way they were cared for. They were encouraged to be as independent as possible. People were supported to express their views and were involved in decisions about their care. Review meetings took place every month and relatives were also involved in the reviews. People were treated with dignity and respect.

Care plans provided detailed information about people and guidance for staff on how to support them. People's interests and hobbies were documented and the deputy manager told us they tried to organise activities that were of interest to people and in line with their preferences. No complaints had been received within the last year; a complaints policy was in place.

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.

Staff had completed training in safeguarding adults at risk.

Medicines were managed safely.

People's risks had been identified and assessed appropriately, with guidance for staff on the management and mitigation of risks. People confirmed they felt safe living at the home.

Staffing levels were within safe limits.

Is the service effective?

Good

The service was effective.

Staff had completed all essential training to carry out their roles and responsibilities. They received regular supervisions.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had sufficient to eat and drink and were encouraged to maintain a healthy lifestyle. They had access to a range of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People felt that staff were kind and caring and positive relationships had been developed.

People were encouraged to be involved in decisions about their care. They were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information about people's care needs and guidance for staff on how people should be supported.

A range of activities was available to people and external entertainers visited the home.

No complaints had been received within the last year. A complaints policy was in place.

Is the service well-led?

Good

The service was well led.

People and relatives provided positive feedback about the home.

The deputy manager was managing the home as an interim measure. A new manager had been appointed and was due to commence employment in January 2017.

A range of systems had been put in place to measure the quality of care delivered and the service overall.

Victoria Royal Beach

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 December 2016 and was unannounced.

One inspector and an expert by experience undertook this inspection. 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 at this inspection had expertise in older people and dementia care.

Before the inspection, the provider completed 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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including three care records, two staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with six people living at the service and spoke with two relatives. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the deputy manager, the provider, a care assistant and the chef.

Good

Is the service safe?

Our findings

At the inspection in October 2015, we found the provider was in breach of a Regulation associated with safe care and treatment. We asked the provider to take action because people's medicines were not always managed so they received them safely. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

People's medicines were managed safely. We observed medicines being administered to people just before the lunchtime meal. We spoke with the member of staff who was administering medicines and they confirmed they had been trained in this area. We observed they checked each Medication Administration Record (MAR) to ascertain which medicine each person should receive and prepared the prescribed medicine to administer. Once each person had taken their medicine, the member of staff completed the MAR in confirmation. Some people were asked if they would like medicine for the relief of pain and these medicines were to be taken as needed. Where people decided they did not need any analgesia, the staff member completed the MAR to show the pain relief had been offered, but was not required. We looked at all the MARs for the current cycle of medicines and found these had been completed appropriately and that staff had completed each entry accurately. Three people had refused to take their medicines on several occasions during December 2016. For example, one person refused their medicine on eight different occasions. The GP had been consulted and they confirmed this person needed to take their medicine as prescribed and that staff should encourage the person to take them. However, since the person had capacity to make informed choices, their decision to refuse to take their medicine was respected, as the person understood the implications of not taking their medicine.

Medicines were stored safely. Medicines that were required to be refrigerated were stored in a dedicated refrigerator which was kept locked. Medicines were dispensed from a medicines trolley that was secured to the wall of the medicines room; the medicines room was kept locked. Only authorised staff were able to access the keys to open the door to the medicines room. Stocks of medicines were kept in locked cupboards and were sufficient to meet people's needs. We checked bottles of liquid medicines, for example, oral mixtures and eyedrops. We found that not all oral mixtures had a date of opening recorded on the outer packaging and discussed this issue with the deputy manager. The deputy manager agreed with our findings and told us that staff had not always recorded the date of opening on bottles as the labels used for this purpose had recently run out. However, during our inspection, the deputy manager looked at all the bottles of medicines, including eyedrops, and wrote the date of opening on each. It is important to record the date of opening on oral mixtures or eyedrops to ensure that medicines are used safely within an appropriate period of time. For example, eyedrops should be disposed of within a month of the date of opening, as using them after this period of time could reduce their effectiveness. Medication audits were completed monthly and the latest audit was discussed with the deputy manager. The issue relating to recording dates of opening on oral mixtures and topical creams had not been highlighted as a concern in the latest audit. The deputy manager agreed that a monthly check to ensure dates were recorded needed to be included on the medication auditing tool and said they would arrange for this to be done in subsequent audits.

We asked people whether they felt safe living at the home and the general opinion from people was that they did feel safe. One person said, "Yes, I feel safe. There are enough staff working here". Another person confirmed they felt safe and added they were, "Perfectly happy". A third person told us, "I feel safe, there's always someone about". People were protected from avoidable harm as staff had been trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse had taken place. One member of staff described several types of abuse and added, "If there was any abuse going on I would report to [named deputy manager] or a senior and they would investigate. Depending on the circumstances, I might report it to the local authority". The training plan showed that care staff had completed training in safeguarding adults at risk.

Risks to people and the service were managed so people were protected and their freedom was supported and respected. People's risks had been identified and assessed appropriately, with guidance for staff on how to manage and mitigate risks. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Care plans showed that risk assessments had been drawn up for people in a range of areas including mental health, physical health, personal care, moving and handling, behaviour, nutrition and falls. Risk assessments were reviewed monthly. Where accidents or incidents had occurred, people's risk assessments were reviewed and updated if needed. In addition to people's risks, assessments were also in place relating to the safety of the premises and equipment. We saw assessments had been completed for bedrooms, communal areas, infection control, chemicals, maintenance, cleaning and on fire safety. A risk assessment had been completed in relation to pets, as a cat was also a permanent resident at the home. Equipment, such as slings used for moving and handling and air flow mattresses, was also checked on a daily basis to ensure it was working safely. People were consulted and involved in their risk assessments, for example, in giving their consent where bed rails were in use.

There were sufficient numbers of staff on duty to keep people safe and meet their needs. On the day of our inspection, three care assistants were on duty during the morning and two care assistants in the afternoon. In addition, the deputy manager was also available to work on the floor if required. Domestic staff and the chef were also working on the day of our inspection. At night, two waking staff were on duty to support 16 people who lived at the home. We looked at staffing rotas over a three week period and these showed that staffing levels were consistent over the time examined. Bank staff could be used if needed to fill any unplanned gaps or when permanent staff went on annual leave.

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Comments from people included, "They keep me alive!", "Staff have the right skills to meet my needs" and, "My care needs are being met". Except for moving and handling, first aid and fire safety, all training was completed by staff on line. Staff were also encouraged to study for National Vocational Qualifications (NVQ) in health and social care. The training plan for 2016 showed that staff had completed training in dementia awareness, food hygiene and safety, health and safety, infection control, mental capacity, nutrition awareness, end of life and person-centred care. New staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. We spoke with one member of care staff who had completed their Care Certificate recently and was in the process of studying for an NVQ at Level 3 in health and social care. They told us, "The training is very good actually".

Staff had attended regular supervision meetings with the deputy manager, or the previous registered manager, and these were held twice a year, together with an annual appraisal. Records confirmed that meetings had taken place. One appraisal record we looked at showed that the staff member's performance had been discussed for the last 12 months, with ideas for any improvements in working methods and training also discussed. A member of staff told us about one of their supervision meetings and said their weaknesses, strengths, any improvements and personal development were discussed. We asked them whether they felt supported by the management and they said, "Yes, I definitely feel supported. All the care staff are nice". Staff meetings were held and records showed the last meeting had taken place in March 2016, at which daily tasks, medicines, premises, care plans, supervisions and laundry were all discussed. In addition to staff meetings, communication was effective between staff and management through a communication book, to which all staff had regular access.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. No-one living at the home was subject to DoLS and no applications had been made as no resident had been assessed as lacking capacity. Capacity assessments were in place within people's care records. The front door to Victoria Royal Beach was kept locked, but this was to prevent unknown people from entering the premises. People were free to come and go as they pleased, although many people told us they required the support of staff, relatives or friends to ensure their safety. We asked staff about their understanding of mental capacity and one staff

member explained, "You have to check on the capacity. I would say the majority here have mental capacity". They went on to say, "We offer people different choices. We also have activities and people can choose whether they want to take part. People choose what they want to wear and make day-to-day decisions".

People were supported to have sufficient to eat, drink and to maintain a balanced diet. People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The provider had completed these assessments using the Malnutrition Universal Screening Tool, a tool designed specifically for this purpose.
Lunch was served at noon if people wished to eat in their own rooms or at 12.15pm in the dining area/conservatory. We sat with people as they ate their lunch and tables were nicely laid with tablecloths, Christmas decorations which people helped to make, glasses and serviettes. A list of people's individual dietary preferences was pinned to a noticeboard in the dining area, so staff could easily identify people's likes and dislikes, including people's preferences with drinks. Menus were organised over a four week cycle. We spoke with the chef who had a good knowledge and understanding of people's dietary needs and preferences. We spoke about the menu and the chef told us this changed during the summer and winter months. They said, "The manager and the owner help plan the menu. We accommodate people's likes and dislikes". The chef added, "We try and keep to fresh food as much as possible. I sit and have my lunch in the dining area, so I chat with people"; this enabled people to chat with the chef and give their feedback about the food on offer. Specialist diets were catered for. One person chose to have their food pureed as they had problems with their teeth and had declined dental treatment. Another person required a diet that met their diabetic needs. The chef told us they were busy planning the Christmas day menu and that there would be turkey with all the trimmings or people could choose to have salmon instead.

People were supported to maintain good health and had access to healthcare services and support. One person told us, "Sometimes I have to wait to see the doctor, but usually it's quick". Care records showed when healthcare professionals had visited people living at the home, the reason for the visit and any outcomes or actions required. For example, one person living with diabetes had daily visits from a district nurse to have their insulin administered. One care plan recorded, '[Named person] has had teeth problems and lost a number of teeth. Saw dentist and declined any treatment. She is happy and comfortable and has her food liquidised'. Care records also confirmed that people received support from GPs, chiropodists and opticians.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. People told us they were happy, well looked after and encouraged to be as independent as possible. Family and friends were able to visit without undue restriction. We met with two relatives who confirmed they were fully involved in the care planning of their family member. Comments from people were generally positive and included, "The family pop in whenever they can", "The staff help if you need it" and, "The staff are lovely, they're really nice". People's personal histories were recorded, for example, people who were important to them, their lives before they moved to Victoria Royal Beach and information about their hobbies and interests. People had signed agreements to state whether they preferred to be looked after by male or female staff. However, at the time of our inspection, only female staff were employed and there were no male residents. We observed that people were at ease in the company of staff and the atmosphere at the home was relaxed, caring and friendly. One member of staff told us, "Everything is good. All the different choices people have and all the joking around. I enjoy making people laugh".

People were supported to express their views and to be involved in making decisions about their care, treatment and support. People were involved in reviewing their care plans on a monthly basis and records documented the meetings that had taken place. One person's care plan had been signed by their relative, which was their wish. A member of staff explained the importance of involving people and their relatives in the review of care plans and said, "We always let the family know. We can't force people to do anything they don't want to do".

We observed that people were treated with dignity and respect. Staff knocked on people's doors and checked with them that it was all right to enter. One person told us, "I dress myself, but I have help with washing and my dignity is respected".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided comprehensive information about people and advice for staff on how people wished to be cared for. For example, we read in one care plan, '[Named person] is bed bound and is unable to socialise with anyone. She enjoys talking to staff but also likes to be left alone'. We observed this person throughout the day and that they appeared perfectly happy to stay in bed and watch television or listen to music. People's care needs were also documented as part of their risk assessments, which we have written about in the 'Safe' section of this report. Before people moved into Victoria Royal Beach, a pre-admission assessment was completed which formed the basis of the care plan. Care plans were completed using pre-printed care plan booklets and these were reviewed monthly so people's most up-to-date care needs were assessed and met by staff. Handover meetings held between shifts also enabled staff to discuss people's care needs and ensure people were cared for in a responsive way. People's weight and blood pressure was recorded. People's wishes and preferences were recorded with regard to their future care wishes and end of life care.

People's interests and hobbies were documented and the deputy manager told us they were trying to arrange activities based on what people wanted. An activities log contained information about activities that had taken place. A recent visit by a Shetland pony had proved very popular amongst residents and the deputy manager told us they would take people out on an individual basis for outings to a local park or for coffee and cake. Last summer an ice-cream van came to the home and people sat out in the garden and chose their ice-creams from the ice-cream vendor. In one person's care plan we read, '[Named person] says her favourite pastime now is doing nothing and she does not take kindly to be organised by others'. People chose whether they wanted to be involved in activities organised by care staff or with external entertainers who visited the home. The deputy manager told us that some people liked to help staff with routine tasks, such as folding laundry or folding napkins. The activities programme for December 2016 showed external entertainment of music, exercise, singing and other activities included current affairs, informative talks, films and reminiscence. A member of care staff commented on the activities on offer and said, "We play board games like snakes and ladders and people enjoy that. [Named person] doesn't do any activities, she listens to music. We chat to her. She occasionally sits in the chair and likes having her hair and nails done". They added, "I'd like to take the residents out to the pantomime, but a lot of them would refuse". One relative brought their pet dog to the home once a week and people enjoyed these visits. Minnie, the resident tabby cat, was also popular with people.

The deputy manager told us that they welcomed complaints and any issues raised would be dealt with promptly and lessons learned. They told us that no formal complaints had been received within the last year. The provider's complaints policy stated that any complaints received would be investigated and dealt with within two weeks of receipt.

Good

Is the service well-led?

Our findings

At the inspection in October 2015, we found the provider was in breach of a Regulation associated with good governance. We asked the provider to take action because there were no systems or processes in place to measure the quality of care delivered and no formal audits to ensure that all aspects of the service were fit for purpose. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that improvements had been made and that this regulation was met.

Quality assurance and governance systems were in place to drive continuous improvement. The risk assessments referred to in the 'Safe' section of this report, had been designed and completed to monitor and measure the quality of care delivered and the service overall. Monthly medication audits were completed.

People and their relatives were actively involved in developing the service. Residents' meetings were held monthly and we looked at the record of a meeting which had taken place on 5 December 2016. This record showed that meals, people's care, heating, laundry and housekeeping had been discussed. People were asked for their feedback on an individual basis and no concerns had been raised. A survey had been sent out to residents during 2016. Sixteen residents had responded with the majority rating the home as either 'excellent' or 'good' overall. We looked at cards and complimentary letters that had been sent to the provider. One relative had written, 'We really appreciate the care, support and patience [named registered manager] and the team at Victoria Royal Beach provide and show to our mother. We know how difficult it is'.

The service demonstrated good management and leadership. The deputy manager was also the acting manager, since the previous manager had deregistered with the Commission in October 2016. A new manager had been appointed and was due to commence employment at the service in January 2017. The provider had notified the Commission of the arrangements that would be put in place to manage the service from the time the registered manager had left the home until the new manager was in post. Staff felt the management team was supportive. One staff member said, "It's a nice place to work and a good atmosphere. When the new manager takes over, I shall be happy then". Another staff member told us, "[Named deputy manager] is here quite often and she's very, very good. She's helped me through things I've needed and in difficult times".