

Vida Grange Limited

Vida Grange

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected Vida Grange on 6 and 8 November 2017. The inspection was unannounced on the first day and we told the provider we would be visiting on the second day. This was the first inspection of the service since it was registered in December 2016.

Vida Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Vida Grange can accommodate up to 124 people across eight units which are called houses. Each house has its own separate adapted facilities. When we visited five houses were open and 72 people used the service. Three of the units provided nursing care and two units provided residential care. The service provided support to older and younger people living with dementia.

The service had a registered manager 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.

The provider's vision included a commitment which stated, 'Vida Grange will see each resident as unique and respect the perspective of each individual through the provision of life story work and adopting a person centred approach to our residents and within our team'. The provider had worked very hard to integrate their vision and ethos of care into every aspect of their work from recruitment, designing care with people and their families and using every opportunity to learn lessons and continually improve. This meant people received truly person centred care from staff who were extremely caring. Relatives described the service as distinctive from others their family members had used in relation to the person centred care people received.

People were treated with high levels of respect and afforded dignity. Staff provided excellent support to enable people to communicate which ensured people directed their own care and support. People told us staff were exceptionally kind towards them. People and their relatives told us they thought the care people received was of a very high standard.

The provider used good practice and innovation to ensure people living with dementia received an effective service. This meant people experienced a good quality of life and that the service had managed to support people to have good outcomes. Investment in the staff team with regards to their training and support meant they had the skills and knowledge to deliver expert care. Exceptional use of positive behavioural support techniques meant people experienced less distress and therefore had more positive feelings of wellbeing.

The environment was expertly designed to support people to be independent in their surroundings and this reduced the likelihood of distressed behaviour. The staff approach was to empower people to have choice and make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People had access to a wide variety of activities which they told us they thoroughly enjoyed. People were supported to develop and maintain friendships to prevent social isolation. Staff used information they gathered about people to develop meaningful relationships with them. All of this supported people to experience high levels of wellbeing.

People were supported very well to manage their health. People told us they found the food was of a great standard and this supported people to maintain good nutritional health. The service had excellent links with the healthcare professionals to maintain people's health.

Staff understood how to keep people safe and risks were well managed in all areas of people's support, for example, medicines, distressed behaviour and health. Where incidents occurred the provider had systems to ensure the situation was critically analysed to prevent a reoccurrence where possible. Staff understood how to recognise signs of abuse or neglect and how to report concerns. The registered manager had reported and investigated safeguarding concerns appropriately.

People told us they felt safe using the service. The provider used appropriate recruitment processes and understood the numbers of staff that were needed to keep people safe. The building was well maintained and safety checks were carried out to make sure the environment and equipment used was safe.

The provider gave people, their relatives and staff opportunity to be involved in the development of the service. They listened to feedback received including the issues raised via the complaints system and used it to continuously improve their service.

The senior team in the service were new as was the service. They had been supported to develop their leadership skills to promote a positive culture. The quality assurance systems in place were being embedded and the senior team displayed a commitment to continuous improvement of the service. Everyone was aware of the provider's values and ethos and demonstrated a motivation to deliver high quality person centred care for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

There were arrangements in place to ensure people received medication in a safe way. The premises were well maintained and safe.

People had individual risk management plans to provide staff with the details of how to keep them safe. Incidents which occurred were analysed to reduce the likelihood of a reoccurrence.

Good 

Is the service effective?

The service was extremely effective.

People experienced positive outcomes because the support they received was based on good practice in relation to supporting people living with dementia. This included excellent use of positive behavioural support.

Staff received specialist training, excellent support and mentorship to ensure they had the skills and knowledge to provide high standards of care and support to people.

The environment had been expertly designed to support people living with dementia to be safe and to be less anxious.

People were supported to maintain good health and had excellent access to healthcare professionals and services. Innovative ways to understand people's symptoms and to support their treatment were used.

Outstanding 

Is the service caring?

Outstanding 

The service was extremely caring.

Staff used their expert knowledge of each person to develop meaningful relationships which meant people felt confident communicating and expressing themselves.

People told us they were supported by exceptionally caring staff who respected their privacy and dignity. Visitors said they were made to feel welcome and were fully involved in their family members support.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs. This person centred approach had a very positive impact on people's feelings of wellbeing.

Is the service responsive?

Good ●

The service was responsive.

People had opportunities to take part in meaningful activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People received person centred care which focused on their own needs and how they preferred the support to be delivered.

People and their relatives knew how to raise concerns and were confident the registered manager would listen and act appropriately.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who understood their responsibilities of their role. The newly formed leadership team were working to develop the culture of the service and achieve high standards of care for people.

The provider listened to and acted on feedback from people, their relatives, members of staff and detail following analysis of incidents. There was a definite culture of continuous improvement.

Morale was positive and staff understood the values and ethos of the provider. Systems to measure quality and safety were in place.

Vida Grange

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.

We inspected the service on 6 and 8 November 2017. Day one was unannounced and we told the provider we would be visiting on day two. On day one the inspection team consisted of two adult social care inspectors, an inspection manager and a specialist advisor in medicines management. On day two one adult social care inspector and two experts by experience visited. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service. This included feedback received from members of the public, local authority and information we had received from statutory notifications since the service opened. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We sought feedback from the commissioners of the service prior to our visit. This included various local authorities and clinical commissioning groups. We asked Healthwatch if they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 improvements they plan to make. We used all of this information to plan our inspection.

During the inspection we spoke with ten people and eight of their family members/representatives. We spent time in communal areas and observed how staff interacted with people and some people showed us their bedrooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Following the inspection we received feedback from three people's relatives about their experience of the service.

We spoke with the registered manager, managing director, director of operations, training manager, marketing manager and 15 other members of staff who carried out roles such as heads of department, team

leaders, nurses and catering staff, care workers, agency care workers and wellbeing roles. We spoke with three visiting professionals during the inspection.

During the inspection we reviewed a range of records. This included five people's care records, including care planning documentation. We looked at 11 people's medicines records. We looked at three staff recruitment files and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. People told us, "No one is going to hurt me here I am safe" and "I am safe here the staff help me it's very pleasant." Relatives told us, "My family member can't hurt themselves because it is a contained unit and it is flat. They were falling over a lot before. This is far better for their safety" and "My family member is safe, the staff are really good, they keep an eye on them and look after them as I would."

Two relative's described to us the journey their family member had been on within health and social care. They described their family member's having to move between various hospitals and care homes and how they had not been satisfied with the care they had received within them. Both explained they were very happy with the support their family member received at the service and that they felt they were safe and this had reassured them. One of those relatives told us, "Vida Grange has been a breath of fresh air. My family member is safe and well looked after now. I feel a weight has been lifted off my shoulders. Instead of further decline in their health and illness I have seen they have perked up."

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidences were reported appropriately and the service investigated concerns. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had all been trained to recognise and understand all types of abuse; records we saw confirmed this.

The service provided support to people living with dementia who at times may become anxious or distressed. People can be aggressive verbally and physically when they feel anxious or distressed. Other people who live in the service may be the victim of verbal or physical aggression at times. Relatives described to us how this had made them feel worried. Relatives had seen how too many people who become distressed living together had at times created or exacerbated people's anxiety. Relatives we spoke with were informed and saw the provider responded to reduce the risk of occurrence but they still felt worried it may happen again as new people moved into the service.

The registered manager and managing director discussed with us the lessons they had learned since opening the service in December 2016. They explained the challenge to support people with very complex needs in a communal living setting whilst mitigating risk had been an on-going task for them. They had reacted following each incident to understand and make changes where feasible. This had included opening new houses so people could live with others more harmoniously. We saw records to confirm this had happened and relatives told us they had been kept informed each time their family member had been involved in an incident. One relative told us, "My family member suffers from agitation it's always reported to me. They have to report these things. They always deal with it appropriately."

Staff had been trained to understand positive behavioural support (PBS). PBS is a method of learning about

a person and why they may become anxious or distressed. Once staff understand why, they can work to remove triggers and/or support people better to prevent anxiety. As people move into a care home environment the change can trigger anxiety. Alongside this staff must develop knowledge about the person and how living with dementia affects them. Where people had suffered distress improvements had been made by reflecting on accidents and incidents which had occurred. There was also evidence healthcare professionals had been involved to support this process.

The number of staff on shift was linked to the needs of people the service supported. Some people required one to one support and others required close observation to maintain their safety. We saw there was enough staff on shift to meet and respond to people's needs. Staff confirmed they felt staffing levels were safe. A member of staff told us, "Staffing levels are good here. I haven't met a member of staff who doesn't work their hardest." People and their families recognised at times there were busy periods but that overall the levels of staff were appropriate. One person told us, "There is enough staff I don't have to wait." The registered manager worked with the heads of department to adapt staffing levels flexibly as new people moved into the service or when people's needs changed.

The registered manager told us recruitment of staff had been a challenge for them and this had led to using agency workers to ensure the safe levels of staff were on shift. We saw appropriate records were in place to evidence safe recruitment of permanent workers and agency workers.

Where nurses had been recruited the provider ensured they checked with the Nursing and Midwifery Council (NMC) they were registered as a nurse.

The PIR submitted explained 'We believe all applicants wishing to work at Vida should be given the appropriate opportunity to be able to express their emotional connection to the role so we can assess if they are kind and caring'. Records we saw confirmed values based recruitment had happened.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. The service had a medication policy in place, which staff understood and followed. This required updating to include the process for ordering and receipt of medicines. We saw the audit trail to evidence the prescribed medicine being ordered and received was not clear. Changes were completed with the pharmacist immediately and the policy updated following day one of the inspection.

We checked peoples' Medication and Administration Record (MAR). We found a small amount of errors of which some had already been picked up by the provider audit process. The registered manager instigated an investigation into the errors we found immediately. We could not see evidence anyone had been harmed because of them. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training.

People were satisfied with the support they received with their medicines. One person told us, "At 9am every morning I get my medication. Never miss." We saw healthcare professionals were involved in decisions about people's medicines including the review of medicines.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised which enabled staff to have the guidance they needed to help people to remain safe. Staff were asked to complete records to monitor the risks to people's wellbeing. We found on two occasions these had not been completed robustly. This meant the provider would not know if

appropriate support to mitigate risk had been delivered. The registered manager immediately implemented a new process to ensure checks of monitoring records were made by the person in charge each shift.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. The service was clean and free from malodour. The operations director explained they used a system within the laundry, cleaning process and through air exchange to maintain a clean environment and prevent spread of infection. The environment had also been designed to reduce the likelihood of cross contamination. When outbreaks of infection had occurred the managing director told us they were able to quickly eradicate the spread of infection because of the system used. Staff had access to appropriate personal protective equipment to prevent the spread of infection.

We saw Personal Emergency Evacuation Plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken.

Is the service effective?

Our findings

People and their relatives felt they received support which was effective and succeeded in affording people a good quality of life. Relatives explained the extremely positive difference the service has made to the quality of life their family member experiences. Relatives were able to describe how distinctive the service was when their family member had lived in previous care services. They felt this was because staff had an excellent understanding of dementia and how to implement positive behavioural support (PBS). PBS is a method of learning about a person and why they may become anxious or distressed

The provider had invested in training champions in PBS to pioneer its use to enable staff to quickly understand a person so that their anxiety is reduced through staff expertly intervening. All the staff team had also been trained around PBS. This approach had led to people with very complex needs being supported extremely well, with a reduced number of incidents of distress and an increased feeling of well-being.

For example, one relative told us, "My family member when they lived in previous care homes would not tolerate staff supporting them with personal care. They (the service) have a different approach to dementia they have done their homework. My family member now smells so nice because they can achieve the basics around personal care. Also getting their haircut, they also communicate with people more. My family member runs over when I visit with open arms to welcome me. I can't tell you how that makes me feel. I enjoy visiting and staff take care of me too. It is an unbelievable service."

An agency worker told us they had met a person previously when they lived in a different service. They told us, "I was very happy when I saw them. I thought finally this person has been saved; they are walking alone and not agitated. I have observed the attitude of staff taking care of people and it is different. The staff care more, they are more professional and they look to solve problems. I have told the managing director this is the best care home I have ever worked in."

Staff were able to describe the success they have had implementing the PBS approach for people. A member of staff described what they called the 'special ingredients' to support people, they said, "Spending time with a person, listen and try to communicate and understand, alongside love and care. It works." They told us this approach had led to a person now working with staff to take part in their routine and being able to put their shoes on independently.

The progressive training manager who was a trained nurse took an active role in ensuring the knowledge staff received was put into practice. One of the ways they did this was by observing people and how staff intervened both in the daytime and through the night. This helped them understand how best to support people and also how to help staff reflect on their approach to ensure it was successful. We saw records to confirm this had happened and staff told us they benefitted enormously from the reflective practice to improve their approach. For example; a member of staff told us a person moved to the service and was afraid of male staff and was anxious. The team worked with the PBS champion to observe and record what they saw and experienced. They now know a successful technique to prevent anxiety and this had led to the person being no longer afraid of male staff and accepting of their support with activities and medicines.

The environment had been designed around best practice to support people living with dementia to be as independent and as anxiety-free as possible. It included a continual walkway known to reduce anxiety and support people to walk around free from harm. Murals and bold colours on doorways including personalised memory boxes outside each person's bedroom supported people to find their way as independently as possible. Technology was used to support people to be independent calling staff for support. A Wi-Fi call system allowed the provider to use different devices for people with additional needs to enable them to press for assistance. This empowered people to be independent and also respected the fact that people may want to spend time in different areas away from traditional call points.

The environment included outdoor space which people could access from each house. This was either a patio or balcony. Relatives appreciated this space, one told us, "The outdoors is lovely, and we sit together when the weather is nice."

Each of the houses had its own independent entrance which meant visitors could access the correct house directly and this protected people's privacy and impacted positively on people's anxiety. People had been involved in the decoration of their own houses. This meant we saw appropriate design based on people's preferences and culture. For example, in the house supporting younger people living with dementia, we saw pictures of well-known rock stars and in the house where people were older they had all taken part in decorating the communal areas with an autumn theme which included poppies in remembrance of the wartime.

All staff had received specialist training in PBS, dementia and persons centred care which highly influenced the positive impact made in people's experience of wellbeing described above. Where people had specific needs the whole team worked together to design care interventions and specific team members were trained in the specialist interventions to ensure support was delivered effectively. For example; we saw where people required staff to physically hold a person during personal care to support their hygiene needs, this had been agreed in their best interests. This demonstrated training for staff was specific to people's own individual needs.

Alongside the specialist training provided to meet people's needs the registered manager told us staff new to care undertook the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The training manager provided us with evidence that training had happened in all areas such as moving and handling, fire safety and safeguarding which staff required to fulfil their role. Staff told us, "We are all always learning and striving to improve. All feedback and observations that can assist us are welcome."

We saw records to confirm people had visited or had received visits from their dentist, optician, chiropodist, dietician and their doctor. The registered manager said they had excellent links with the local GP practice and community mental health team. The service had recognised one person was experiencing pain in their mouth and instigated specialist dental support for them. Staff told us they supported the person to access the hospital for their treatment. The registered manager explained that following correct medical interventions the person's quality of life had improved and pain reduced dramatically.

People told us they enjoyed their food and that plenty of choice was available. People described the food as excellent. They said, "We have good healthy food which I am used to eating. If I ask for more I will get it", "I like the food here" and "I get a choice, we do have a menu." A relative told us, "My family member loves the food and has gained weight; they may have two puddings sometimes."

The catering staff had good knowledge of people's preferences and needs around food. We saw they were

highly trained around preparing specialist diets. This included training on how to prepare foods for people with swallowing difficulties. They worked closely with the care team to ensure people received sufficient nutrition. The provider had ensured adapted cutlery and cups were available to promote people being independent.

We saw excellent examples during the mealtimes where staff worked with people living with dementia to promote them to eat their food where they may be reluctant to eat or have difficulty eating. Staff asked for food to be prepared such as finger foods that people could pick up and eat as they continued to walk around. We saw staff innovatively used the positive staff relationships with people to ensure they were supported someone who could successfully encourage them to eat. We saw staff used different techniques to explain the importance of eating to a person who was diabetic and reluctant to eat. Their approach was successful and the person was seen to have enjoyed their meal. Staff also worked flexibly with people who chose not to eat at main mealtimes, food was saved and prepared when the person felt they were ready.

All staff, whether they were an agency worker or permanent employee, gave positive feedback about the induction and how it prepared them to start their new role. A member of staff told us, "When new staff or agency start, staff take responsibility to mentor them. I have seen them say 'I will mentor you today'. I know this puts new staff at ease."

The support for staff was proactive and delivered in a range of ways such as formal one to one meetings, group reflection and learning, alongside mentorship. We saw examples where group reflection had helped staff understand a person's change in need and what care tasks were needed to keep the person safe. We saw mentorship had been provided to a member of staff who had struggled to cope with people who were distressed. Following the mentorship the staff member had recorded, 'I now enjoy my role, and I enjoy the challenges and making a difference to resident's lives'. This approach demonstrated the provider understood that high levels of support for staff is directly linked to ensuring high quality care for people.

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 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.

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw appropriate documentation was in place for people who lacked capacity where the service had assessed MCA assessment was required. Staff worked to ensure people received the least restrictive support and empowered people to make their own decisions.

At the time of the inspection 25 people had been authorised to be lawfully deprived of their liberty and further applications had been made to deprive others which had not yet been approved.

Is the service caring?

Our findings

We saw a real person centred culture where staff displayed empathy and worked with people and their relatives to understand how to best support them. People told us they felt extremely well-cared for and their relatives agreed. We saw compliments had been received such as, 'Words cannot express our thanks for your kindness and support', 'Every single member of the team has been warm, loving and compassionate' and 'Staff are quite simply outstanding at what they do'.

We asked people and their relatives if they could tell us what they meant by caring. People told us, "They treat me like I am the master and they are my servants. My needs are a priority", "If I make a sudden movement they are there. They are very much in touch with my needs" and "Staff are always kind and caring. They never raise their voice and are never rude to me." One relative told us, "It's fantastic here, it feels like home here. My family member was missing their dog and it wasn't possible to bring our own dog here. The manager went home and brought their dog to spend time with my family member. This reassured and calmed them."

We asked staff the same question and one member of staff told us, "As staff we must put the residents first and have a real passion. The tiniest thing can make people happy. Taking care of emotional needs as well as physical needs, make people feel loved and valued." A visiting professional told us, "There is a lovely feel to the service. Staff are helpful and caring. People look well cared for and the environment is clean and free from malodour. I would let my relative move in."

All of the work to deliver person centred care and achieve positive outcomes, treat people with respect, work in partnership with people and their relatives to deliver high quality support was driven by the provider's vision and values. An extract from the provider's vision read, 'Vida Grange will deliver dementia care by providing an environment which promotes respect for the human rights of all our residents. Vida Grange will see each resident as unique and respect the perspective of each individual through the provision of life story work and adopting a person centred approach to our residents and within our team'. The provider integrated this vision into every aspect of what they did from staff induction to care planning. The provider was working on a 'Vidasaurus' when we inspected which outlined the words which are respectful and acceptable to be used in the service and why others are not acceptable. This demonstrated the respect everyone had for people who lived in the service and the attention to detail to achieve high standards.

We observed very positive interactions between staff and people during the inspection. Staff approached and responded to people as individuals, tailoring how to do this based on their in-depth knowledge of the person. This meant we observed meaningful relationships based on trust and mutual respect. An example of this was the approach the provider took around staff uniforms. A decision had been made for staff not to wear uniforms as it was felt if staff wore ordinary clothes it created a more homely environment and allowed trust to develop between people and staff.

We were told one person had not known how to communicate their needs when they moved to the service. One particular staff member had worked closely with them to understand and develop their skills in

communication. The member of staff told us, "Caring is coming to work and from start to end put in as much as you can to give love and attention that any person would have received at home." Staff told us, 'Watch out for the big smile the person has when this staff member approaches them'. One staff said, "It is a smile as big as the moon and lovely." We observed that smile and the warm interaction between the two. We could see how beneficial the meaningful relationship was to that person and how it had impacted on their independence, communication and feelings of well-being.

A relative described to us how isolated their family member could become due to their sensory loss and dementia. They told us they felt reassured that their family member lived at the service. They told us, "What you see today is what you get to see every day. If I am upset I get support. Staff are very proactive and pick up on things. I can see which staff my family member responds well to. My family member is blind and has dementia but the staff have reached them. They said the other day when they heard a particular staff voice 'Oh my friend is back, I know her'. These are the little things like learning my family member likes bubble baths to calm them. Those little touches make you feel better. I know if my family member had not moved here they would not have survived. The service thinks outside the box and is solution driven. I was so relieved to be listened to."

We saw other examples of how staff had thought outside the box to support people to communicate their needs and understand their preferences. We saw one person who was deaf had been supported to use written notes and personal sign language to communicate with staff. As they were living with dementia they could become anxious not knowing the routine or what was happening. Staff used a diary with the person to circle the time of day and write down what would happen next so the person could refer to it when they chose. This worked to reduce the person's anxiety and also importantly included them in social interaction. We saw staff offered people choices in different ways to promote people to express their view. For example, showing three different choices of drink and waiting for the person to point. Other people were supported to use technology to keep in touch with relatives and friends, such as skype, text message and social media.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. Staff also responded quickly and calmly to people's emotional distress which meant the person quickly calmed and also that the staff showed concern in a meaningful way. For example we saw a person become distressed and staff immediately implemented the care plan which described that the person must be supported to a quiet area and staff to remain with them. We saw this was effective.

Time was taken during assessment to ensure people's diverse needs were understood and plans to meet them incorporated into their care plans. For example, we saw time was taken to understand people's preferences around their support needs such as only wanting female care staff to support with personal care. People's confidentiality and privacy were respected at all times, and this included keeping their personal records securely locked away. We observed staff using all of these practices during the inspection. This showed the staff team was committed to delivering a service that had compassion and respect for people.

A relative described to us what dignity and respect meant to them. The said, "The staff repeatedly demonstrate that they care about my family member as a person. They use their name frequently, they ask them to express simple preferences, for example tea or coffee. They politely tell them what they are going to do, for example walk to the living room. They hold their hand, they use eye contact lots and their voices and gestures show genuine kindness and care."

We saw people had free movement around the service and could choose where to sit and spend their

recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure people received care and support in the way they wanted to.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. For example; one person was trying to access the kitchen all of the time and it was unsafe for the person to do this. Staff sat down with the person and asked what is it you want to do in the kitchen. The person explained they wanted to 'make something' so they could tell people 'I made these for everyone'. Staff thought creatively about how to support the person to achieve this and they arranged for them to make crispy buns and they were able to say 'I made these'.

Relatives, staff and people were equal partners in designing the care people wanted in the way they wanted it. Staff gathered each person's life history and used this to develop positive relationships and design care which included the person's preferences. For example one person was very private and needed to have their own personal space which was protected for them from others. We saw they had their own space in the living area which staff ensured was theirs. This meant they did not display as much distress. Relatives told us they were made to feel very welcome anytime of the day at the service and were involved in all aspects of the care their family member received.

Relatives told us they also benefited from a family support group where they could speak about their experiences of supporting a loved one with living with dementia. Relatives felt this helped them cope but also gave them knowledge about dementia which they found interesting. We spent time observing a 'house meeting' where the heads of department met with relatives to discuss Vida Grange and upcoming changes or events. We saw each head of department, the managing director, progressive training manager and registered manager spoke with passion about how they planned to continuously improve the service. They listened to feedback and welcomed ideas.

Is the service responsive?

Our findings

Staff had an excellent knowledge of the people they supported. Every aspect of a person's life was assessed to understand how best to support them. People and their families were involved during assessment and also during reviews of people's support. The whole person was thought about including their cultural, social, and physical and communication needs. The care plans we saw reflected this. People told us they felt involved, one person told us, "I've suggested things and the named nurse has frequent chats with me. I feel involved."

How a person likes to be supported was important to staff and they had taken time to get to know people to understand the best way to support them when they were not able to tell them. They had used key information provided by families and the person's life history's to develop relationships and to know key preferences. This meant staff worked in a person centred way.

A member of staff was able to describe to us a particular incident where a person had not been willing to accept they had dementia and had not accepted staff support because of this. They had been at high risk of falls, social isolation and infection. Staff explained how they trialled different ways of communicating with the person to promote them developing positive relationships. They had observed and recorded what happened when they offered support and analysed what had worked and what had not worked. They achieved a positive outcome because they now understand how best to approach communicating with the person and how to alter the environment to support them best and they have developed a strong relationship. The risk of falls has reduced, the infection had been successfully treated and this had led to improved capacity for the person. The person now experienced improved feelings of wellbeing. We saw the care plan stated that to keep the person's emotional wellbeing staff must 'ensure the person feels safe, has choice and reassurance'. This meant the service tailored its approach to meet the needs of people in an individual way to ensure flexibility, choice and continuity of care.

Every member of staff employed understood they were responsible for contributing to each person's positive experience of the service to promote wellbeing. Each interaction was viewed as an opportunity to engage positively with the person and make a meaningful connection and to make people feel valued. Whether this be saying good morning, asking how a person was or supporting with breakfast or tidying away craft items. People were listened to and supported to be involved. We saw people engaged in their environment and actively seeking to take part.

One person we saw walking around in one of the houses was not interacting or seemingly engaged with what was happening. This person was not able to communicate verbally and did not express their understanding of situations. We saw one of their housemates leaning against the hallway wall. This person went over to them seemingly understanding they were struggling and placed a reassuring arm gently across their shoulder. Staff noticed this and validated the caring approach the person had shown by complimenting them in an effort to make them feel valued. We saw them smile and nod. This demonstrated the outstanding skill of providing an environment which supports a person whatever their ability to feel engaged and empowered. This meant the service was responsive to people's needs.

A varied range of activities were available for people to access. Activities were supported by the wellbeing and lifestyle team. The progressive training manager led this team and supported them to deliver meaningful activities for people living with dementia. By meaningful, staff explained they see the person connect with the activity even if this is only momentarily. Staff told us they saw connections verbally when a person living with dementia answered a question in context; we saw this happen during the quiz we observed as people answered the questions about war time. A connection could also be joining in the activity using a skill such as stirring the baking, hitting the tambourine. Staff wanted to see people as active participants. One member of staff told us, "I know [name of person] has participated when I see them smiling, their eyes light up."

We saw the lifestyle and wellbeing team offered activities such as quizzes, baking, music therapy and exercise class. All of these were advertised and we saw many relatives came and joined in the activities. Staff told us they had use of a car to support people to access the community and that they linked with a community group to use their accessible minibus when they had the opportunity. People had been supported to play football on the 'The Stray' local parkland and also to visit Ripley for an ice cream.

People told us they enjoyed the activities on offer. They said, "I join in with my friends", "I am encouraged to get involved" and "We do things like baking today and exercises. We do dancing and singing and people do like the music." Staff explained from knowing people's histories they knew who liked baking and those people were working together to make the Christmas cakes for the service. We observed the music session and saw one person in particular was anxious not to miss it as it was their favourite. They were waiting up to an hour before to get a good seat. We saw the music session had a great atmosphere much like a family sing song. There was a song book for people and their relatives to choose songs from which were played. We saw one person became quite tearful when they heard the music.

Where staff saw people who used the service had things in common or seemed to enjoy each other's company they supported them to develop and maintain friendships. We saw three people sit together laughing and enjoying the quiz and another person was supported to see a friend at the music session and we heard them say, "Hello it's lovely to see you again." This helped to prevent socially isolation.

At the time we visited nobody in the service was supported with palliative care. We saw in each person's care plan staff had gathered knowledge on what their preferences would be should their health deteriorate.

We were shown a copy of the complaints procedure and this was available around the houses for people and their relatives to use if they wished to raise concerns. The provider offered people and their families numerous ways they could provide feedback such as the family support group, individual house meetings and people's individual reviews. The provider was keen to ensure people could raise their concerns and be listened to. We saw that nine formal complaints had been received since the service opened and we saw they had been dealt with appropriately.

One relative told us, "They (the provider) want you to raise concerns and they can't apologise enough. It was nice they took the time to hear. I don't lay awake at night worrying. Its brilliant." Most relatives agreed with this sentiment. A couple of relatives felt they had been listened to but were not sure all of their ideas or suggestions had been put into practice or their issues resolved. We saw from records and discussions with the registered manager that they learnt lessons following complaints and that they re-spoke to people to understand how they could make things better to resolve issues. They felt able to approach the registered manager to discuss their concerns again if they chose to. This meant the registered manager was approachable in such circumstances.

Is the service well-led?

Our findings

The provider outlined as part of their ethos of care that, 'We believe we work in your home and will respect it accordingly'. When we asked people if they felt the service was well led they told us, "It feels like home here", "I feel at home here. There is good, excellent team work. If I have an idea I put it to management and they respond in a positive manner straight away. I am listened to; I am encouraged to try new things. I feel I am respected and treated as an individual. I love it here." Relatives told us when we asked if they felt the service was transparent and open, "The manager is fantastic, she's on it" and "The manager is on the ball; she rings my nephew when there is a need to."

Staff told us the morale was good and they were kept informed about matters which affected the service. They said, "The culture here is open and very transparent. We can always go to the managers. We are respected for how we feel and never scared to approach them"; "I have never met anyone as passionate as the manager. She believes in it so much it filters through to the team. It makes you feel you can do it. Everyone understands the vision and ethos. I am confident in the higher management and the manager. I am very lucky, I love it here."

We observed the registered manager was a visible presence who worked with people who used the service and staff on a regular basis. This helped the registered manager understand the staff and their performance. The registered manager was able to tell us she had noticed a new member of staff had special 'gifts' which she felt could be developed and help the member of staff progress in their career. This type of leadership displayed in practice the provider's ethos that 'We believe the employees of Vida Grange are its greatest asset'.

We observed staff, people who used the service and their relatives being actively involved in the service. They were able to raise concerns, discuss ideas and join in the development of the service. This approach was seen in everyday interactions and during formal meetings. The registered manager also made themselves available each week for an hour for staff to drop in and discuss any ideas or concerns. There was a newsletter 'Grapevine' which provided everyone with important updates. A relative told us, "I was invited to the house meeting and coffee morning. It's things like that which make the community spirit." The provider was introducing a social media forum for families to communicate with each other and also for sharing ideas.

The heads of department and the registered manager had been supported by the provider to access leadership and management training. The managing director told us they had seen a visible improvement in how those on the leadership programme displayed confidence in their role and had started to reflect on their own style to become more effective leaders. Part of this was to ensure each head of department took responsibility for their area. They were able to describe their responsibilities and how the registered manager was coaching them to develop this understanding and skill. The registered manager had full knowledge of their responsibilities and the legal requirements expected of them. The registered manager had accessed leadership training called 'Top Leaders' via the Skills for Care organisation. They told us, "Top Leaders challenged me to understand the impact I make on others, this has enabled me to develop the

culture here at Vida Grange."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. The registered manager was able to show us numerous checks that were undertaken related to health and safety, medicines, infection control and accidents amongst other areas. We saw incidents were critically analysed to ensure lessons were learnt and the root cause understood. Heads of department were part of this process and the team discussed learning at the weekly meeting with the managing director. Although the system was emerging at this new service it was not fully evolved to capture everything for example, where staff had not recorded on the monitoring systems for people.

The managing director told us they had been working with the senior team to take ownership to embed a quality management culture within the service. Over the next 12 months they told us the focus was embedding the quality assurance systems and empowering the senior team to recognise, challenge and monitor safety and quality more independently alongside the registered manager and provider. As the senior team develop their skills this will allow the service to grow to full capacity with the confidence the quality assurance system works. The service was soon to be 12 months old following our inspection and the provider told us they would at that point initiate seeking feedback from relatives, people, staff and stakeholders through surveys.

There was a definite culture of continuous improvement at the service and the provider had employed a marketing manager who also took responsibility for keeping ahead of social care innovations in the market place. They worked alongside the senior team to understand how technology and innovation could improve further the quality and safety at the service. This had included the introduction of an IT solution for data storage. All archived records were easily accessible via the IT system which met regulations in relation to data protection. In the future the marketing manager told us about an innovative interactive computer system they hoped to introduce which supports people living with dementia to engage with experiences such as goldfish swimming in a pond. We saw the successful trial of this with people who lived at the service on video. An innovation called the 'Vida App' was being trialled whereby prospective staff could test their values completing an aptitude test before interview. The 'App' also included a dementia awareness video which the managing director felt gave prospective staff a picture of the values and ethos before they started employment. The managing director also told us about their plans for the introduction of electronic care plans and medicine systems in the future.

The motivation to strive for excellence and to invest time and innovation to reach excellence was evident in everything the provider did. Staff were able to tell us about it and people and their families benefited from this approach through positive outcomes and relationships. When we asked an agency worker why Vida Grange was the best place they had worked they said, "Staffing levels, resources, communication and understanding. My induction and the genuine activities people have opportunity to take part in. People are waiting for them because they enjoy them." When we asked people and their relatives the same questions they said, "Everyone is treated equally", "It's great, amazing how staff look after people here" and "Lovely very caring staff. A high level of commitment and appropriate levels of communication. Excellent."