

Vida Healthcare Limited

Vida Hall

Inspection report

Station View
Starbeck
Harrogate
North Yorkshire
HG2 7JA

Tel: 01423885702

Website: www.vidahealthcare.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Vida Hall provides residential care for up to 70 people. The service specialises in the care of people living with dementia. It is purpose built and consists of a main reception area and four houses. Two houses provide nurse led care and two provide residential care. At the time of the inspection 69 people lived at Vida Hall.

People's experience of using this service and what we found

People received exceptional dementia care. The leadership team promoted education and research-based practice, which fostered high quality, person-centred care throughout the service. Staff followed the principles of person-centred care to promote the highest standard of care for people living with dementia.

There was a strong sense of commitment within the whole staff team to source new initiatives and find creative ways to support people to lead the best lives they could. Staff were exceptionally kind, caring and compassionate. The high standard of care they provided significantly improved the quality and life for people living with dementia and enhanced their quality of life and wellbeing.

We found staff and managers were passionate about providing people with high quality, person-centred care. Relatives told us people were recognised as unique individuals. Staff worked proactively to ensure people's care was bespoke and designed to meet their individual needs and care preference while also offering people new opportunities and experiences. This had an extremely positive impact on people who lived at Vida Hall.

Staff were well trained and recognised people's emotional needs exceptionally well and treated people with dignity and respect. We saw numerous examples of where staff helped people to express their wishes and needs. Staff responded to people courteously and spoke about them with great warmth and tenderness.

Staff at all levels had training in how to care for people with dementia. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Emphasis was given to making sure people got enough to eat and drink and food was presented in an appetising way.

Staff were knowledgeable about people and incorporated their care preferences into care plans. These were used to make sure people could continue to do the things they enjoyed previously while also offering new opportunities to stimulate and engage them.

People lived in a warm, comfortable environment which had been planned and adapted to meet their specialist care needs. Everyone living there had access to an outside space to enjoy regular exercise, fresh air

and natural light.

Highly effective management systems were in place to promote people's safety and wellbeing. The provider acted upon feedback and advice; they were proactive at looking for new ways to drive improvement.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Vida Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, an inspection manager 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection-

We looked around the building. We observed medicines being administered. We observed the lunchtime experience in two houses and activities sessions. We looked at records. This included six people's care records and records relating to the management of the service including policies and procedures, maintenance, quality assurance documentation, staff rotas, staff training supervision and appraisal records and complaints.

We spoke with ten people living at the service and six relatives. We asked three visiting professionals for their views about the service. 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.

We spoke with 15 managers and staff including a chef, nurses, care staff, the registered manager, deputy, quality service and training managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to validate the evidence we found on inspection. We contacted three health care professionals and two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider reviewed their medicines policy to ensure all good practice was implemented within systems and people received their medicines safely. The provider had made improvements.

- Effective systems were in place to protect people against the risks associated with the management of medicines; appropriate arrangements were made for the recording, administration, storage, use and disposal of medicines.
- Staff followed evidence-based guidance and took a person-centred approach to ensure people received the best possible outcomes from their medicines.
- Relatives told us staff made sure people got their medicines on time. One said, "They always check how long we are going to be out in case I need to take [Name's] medication."

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Staff understood and provided the individual support people needed to keep safe including when people were anxious and distressed. Staff were trained in positive behaviour support (PBS) and considered specific triggers, which may prompt an emotional reaction. Positive strategies were devised to help soothe people.
- People were supported to take positive risks to promote their independence. For example, one person goes out daily to practice their religious faith.
- Staff were knowledgeable about best practice in relation to human rights and restraint reduction. The service was working towards certification with the British Institute of Learning Disabilities (BILD) to meet Restraint Reduction Network (RRN) Training Standards 2019.
- Staff had been trained to recognise signs of potential abuse. Records we saw confirmed staff followed local safeguarding protocols and reporting procedures in practice.

Staffing and recruitment

- There were enough numbers of skilled and qualified staff deployed to ensure people had their needs met in a timely way. Staffing was assessed using an accredited staffing tool and linked to the needs of the people supported.
- Managers followed a values-based recruitment system and interview process. Staff personality and skills were matched so they worked with people who would benefit the most. In addition, the interview process helped determine what support and supervision a staff member required in their new role.
- A dedicated rota manager had been appointed to ensure an appropriate skill mix was present in each of

the houses. This enabled staffing levels to be adapted flexibly and quickly to respond to changing needs.

Preventing and controlling infection

- The service was maintained to a high standard of comfort and cleanliness.
- A specialised disinfection system was used to maintain cleanliness and infection control in the laundry and throughout the service.
- Relatives told us the service was maintained to a high standard of comfort and cleanliness. One said, "It is always really clean. They work really hard to keep it like that."

Learning lessons when things go wrong

- The management team reviewed patterns and trends including following incidents and accidents. The provider implemented changes when needed to minimise recurrence and the risk of harm.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was effective; staff holistically assessed their physical, mental and social needs. The provider ensured the latest research and published guidance was fully embedded into staff practice. For example, NICE guidance on dementia and on oral health.

Staff support: induction, training, skills and experience

- The strong emphasis on staff training and development fostered delivery of high-quality care, empathy and understanding. One relative told us, "The staff have the skills. They are well trained."
- Staff received excellent role modelling and mentoring from managers. Key staff undertook specific training and roles as champions to embed best practice across the staff team.
- The provider delivered bespoke training programmes on a range of topics including dementia awareness and person-centred care.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff used 'Food First' to manage nutritional risk. This initiative treats poor dietary intake and unintentional weight loss using everyday nourishing food including small frequent meals and snacks.
 - Staff were passionate about the food people enjoyed. A chef told us fortified foods were routinely supplied to people who found it difficult to eat. They confirmed kitchen was well equipped and enabled them to provide people with a blended diet based on individual preferences.
 - Where people were identified at nutritional risk, plans were in place to monitor their needs closely and relevant professionals were involved.
 - Staff maintained good links with health and social care professionals to make sure people received the most effective care to meet their complex needs.

Adapting service, design, decoration to meet people's needs

- The environment was designed and developed to meet people's needs, reduce stress and promote independence. Small dining areas, kitchens and quiet spaces allowed people space to move around and to be as social or as private as they wanted. People could access secure outside areas independently, if they wished.
- Specialist facilities and equipment needed to keep people safe were not obvious to others.
- The provider had listened to feedback from relatives and staff regarding one area resulting in an extension

and larger communal space. This had enhanced people's lifestyle and wellbeing.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's mental capacity was assessed to ensure their rights were protected. Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People's wellbeing was enhanced through an extremely enthusiastic and committed staff team. Staff clearly demonstrated they upheld the provider's values, ethos and expectations and delivered empathetic, compassionate care. People told us staff had "kind, compassionate hearts."
- Staff were particularly sensitive to situations when people needed compassionate, skilled interventions. The creative practice manager spent time with people in groups and individually playing music and singing at chair and bedside. We saw this had an extremely positive effect and helped soothe and comfort people. A relative told us, "They [Staff] are highly competent and meet [Name's] needs incredibly well."
- People's wellbeing was enhanced further through the development of positive relationships and understanding of the person as a unique individual. Staff genuinely wanted to know about each person and what they did before they needed care. One staff member told us one theme, which ran throughout the service was, "Knowing what makes the person tick, what was their occupation." This helped to promote good conversations and the culture of individualised, person-centred care we saw.
- Everyone working in the service was considered as an integral part of the care team. All staff shared the same enthusiasm and commitment to interacting in a positive way with people and families and seeking their views. Chefs met with families to speak about people's food preferences, what was working well and what could be improved. They were proud to tell us about recent developments to tempt people's appetites and trigger memories.
- Staff recognised and comprehensively addressed people's diverse needs. Staff took a proactive approach to make sure people could follow their chosen lifestyle and interests. For example, staff had arranged for one person to go out to daily religious practise to support strong faith. People dressed in their preferred clothing and staff supported them to celebrate personal anniversaries and events. One example was a special celebration anniversary dinner prepared for one couple.

Supporting people to express their views and be involved in making decisions about their care

- People's views and experiences were central to the care provided and staff used innovative ways to ensure their views were heard and provide high quality care.
- Staff observed care being delivered to help them understand people's experiences and make positive changes. For example, four staff acted as dining champions. They undertook regular monitoring checks to ensure people were offered choice and mealtimes were a happy and relaxed time. They identified the environment was noisy as food was being served. As a result, serving utensils were changed from stainless steel to silicone, which had a positive impact for people.
- The service offered relatives training and support to help increase their knowledge and understanding

around people living with dementia. Relatives spoke highly of the training and support and the opportunity to discuss their experience of dementia and share ideas and information. Relatives told us they now had a much greater understanding their loved one and the effects of dementia. One relative told us they had learned a lot about what their loved one enjoyed through the support given.

Respecting and promoting people's privacy, dignity and independence

- Strong personal and professional relationships existed between people who used the service, relatives and staff. People told us staff were extremely professional in their approach while also being warm, friendly and caring.
- The environment was designed and adapted to aid people's orientation and promote their independence. The service ran a programme called 'wellbeing through music'. As part of this programme, voice activated technology had been installed in communal areas to allow people to access music and help with everyday tasks and queries. Where individuals had shown a particular interest, the provider had also installed these into bedrooms.
- The provider was proactive in acting to promote independence through dedicated staff to improve people's health and maximise their independence. For example, a personal trainer has been employed to encourage exercise for people and enhance their physical fitness and independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff used innovative and fun ways for people to feel part of the wider community, increase confidence and achieve goals. For example, the service took part in the 'Road World for Seniors' this year. This was an annual event for older people and people living with dementia. People used custom-made exercise bicycles to compete. One person had excelled and they proudly showed us their medal when we visited.
- Staff and relatives recognised and valued the approach taken to the use of activities which they said resulted in significant improvements to people's health and wellbeing. One relative told us staff skills had successfully contributed to their loved one's transfer from nurse led care to residential care.
- The service made considerable use of technology through video and instant messaging to maintain contact with relatives and to engage and stimulate people. For example, interactive games projected onto tables were designed to stimulate people to move more and to engage socially. We saw one of these being used to good effect; people were very engrossed in the game being played and were laughing and chatting with staff.
- Staff were extremely passionate about supporting people to maintain existing friendships and went above and beyond to support this. Staff had supported contact with the armed forces one person had previously served with to positive effect.
- The provider fostered a culture of person-centred care in which staff focused on people's unique qualities and needs. Relatives told us staff asked about care preferences and incorporated these into their care plan. One said, "I gave them a lot of detail about [Name] such as their likes and dislikes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used innovative ways to communicate with people. For example, the creative practice manager used puppetry to help people express their emotions, trigger memories and help break down barriers to communication.
- Adaptations were made to support people with visual or hearing impairment to access information through large print, pictures and objects of reference to represent an item or activity. Staff wore embellished name badges and we saw people responding to these.

End of life care and support

- People's wishes regarding their end of life care were incorporated into their care plans, together with decisions about resuscitation. Where people did not have capacity, then appropriate people were involved such as relatives and GPs.
- Staff spoke to us with great warmth and understanding about how they cared for people. They worked closely in consultation with palliative care team to provide people with the very best care. Family and friends were welcome to visit at any time and stay overnight, if that was what they wanted. Written feedback from relatives expressed their appreciation for staff support for their loved ones.
- The provider had employed an end of life care practitioner to work closely with people, relatives and staff and promote people's human rights, autonomy and dignity at this important time.

Improving care quality in response to complaints or concerns

- The provider acted on any feedback, concerns or complaints raised with them. One example was regarding the increased communal space mentioned in effective, which staff and relatives had raised.
- Policies and procedures including the complaints procedure was regularly reviewed including after any changes, concerns or complaints to ensure information was updated.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers led by example to ensure people living at the service received the best support. All managers demonstrated the values, ethos and expectations of a high-quality service and reinforced these through staff training, supervision and support.
- The provider regularly reviewed the service and acted on feedback to ensure improvements were considered and met. This was in line with the organisation's ethos to 'drive to constantly assess and challenge our practices to develop our service'. They had developed several key initiatives to improve consistency.
- Staff were motivated and passionate about their work. Staff told us senior managers had a 'hands on' approach and worked with them to mentor them to support their development.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear hierarchy and structure throughout the organisation with defined management roles to monitor quality and compliance.
- Plans were in place to identify and drive continuous improvement and look for new ways to meet people's needs. This included the introduction of new roles in training and development, quality assurance and a strengthening and refocusing of the health and wellbeing team. The provider and managers acted promptly when issues were raised with them and took appropriate action to listen and act upon advice.
- The strength of leadership was recognised in the Great British Care Awards in Yorkshire and Humberside with a Frontline Leader Award (2019) and Care Employer Award (2018). The provider had recognised and developed a framework of positive interventions to support staff to flourish at work. This included resilience training, independent counselling and an open-door management style where staff could seek help and assistance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider, managers and staff demonstrated a commitment to engaging with people and a range of stakeholders. Staff used innovative methods to understand people's experiences and adapt the service to meet their needs positively.

- Regular surveys were used to gather staff and relatives' views and the provider had acted upon their feedback. For example, to increase communal space upstairs. The provider told us of proposed plans to increase space for staff training and provide an area for private meetings.
- Relatives had the opportunity to participate in training and a support group to promote their knowledge and understanding of dementia and share experiences.