Vida Healthcare Limited

Vida Hall

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 14 and 15 February 2017. The inspection was unannounced on day one and we told the registered provider we would be visiting on day two.

Vida Hall provides residential care for up to 70 people who may be living with dementia. It is purpose built and consists of a main reception area with four 'houses'. Two of the houses provide nursing care and two provide residential care. At the time we visited 69 people lived at Vida Hall.

The home had a registered manager in place. 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.

At the last inspection in November 2014 the service was rated outstanding. At this inspection we found the service was good.

We observed extremely positive interactions between people and staff. People were supported to live a full and stimulating life and innovative ways to engage with people and involve people in activities were sought. For example one person was supported to share the poetry they had written. This demonstrated staff had good relationships with people and they treated people with dignity and respect.

People's feedback about the service was consistently high and people told us the care they received was, "Amazing" and "Nothing is too much trouble."

Safe recruitment and selection procedures were followed. Staffing ratios were flexible and responsive to people's changing needs and circumstances. This meant that people received attentive, timely care that met their needs. Staff told us that managers were supportive and they mentored and coached staff to enable them to provide compassionate, quality care.

There were systems and processes in place to protect people from the risk of harm. Staff knew about different types of abuse and were aware of action they should take if abuse was suspected.

There were inconsistencies in the recording and reporting systems. Measures were in place to reduce potential risks however people's records did not contain a thorough monitoring of the outcome. Not all incidents of abuse and serious injury had been reported to the CQC as the law requires. We have dealt with this issue outside the inspection process.

Not all good practice in relation to medicines was in place and we have made a recommendation about the management of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Although we found some records required updating the policies and systems in the service support this practice.

People had a choice of healthy food and drinks and their preferences were taken into consideration to ensure they had the diet and menu of their choosing. People were supported to maintain good health and the service had good relationships with professionals who supported people to maintain their health.

People's care plans were extremely person centred and written in a way to describe their care, and support needs. People, their relatives and professionals all told us the amount of effort and time the staff take to ensure everyone was involved to ensure a person received the support they wanted and needed.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Accidents and incidents were recorded appropriately and lessons were learnt following reviews of patterns and trends. The design of the building enabled people living with dementia to be independent and safe. For example, each house had an accessible outside space, either a balcony or a courtyard garden.

Effective leadership promoted a culture of learning and continuous improvement. The management team fostered mutual respect between staff at all levels. Managers supported and listened to staff ideas to develop the service. Staff had key roles as 'champions' with a focus on continuous improvement and excellence.

The service acted on staff and people's views and regularly consulted with them about how to improve. The registered manager and care director understood the home's strengths, where improvements were needed and had plans in place to achieve these with timescales 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?

Requires Improvement

The service was not consistently safe.

Recruitment checks helped ensure suitable staff were recruited There were enough staff to respond to the needs of people who lived at the service.

Staff could explain indicators of abuse and the action they would take to ensure people's safety. Incidents of abuse and serious injury had not been reported as required by law.

We have recommended the registered provider update their policy regarding medicines to ensure all good practice guidance is incorporated.

Risk assessments were robust, but staff had not always recorded when they were monitoring a person or providing care as part of control measures to help keep people safe.

Is the service effective?

Good

The service was effective.

Staff were enabled to provide compassionate care through successful support, coaching and mentoring. The registered provider had a plan in place to develop systems to ensure training was regularly completed.

People who lacked capacity were empowered to make their own decisions. Staff made decisions in people's best interests however records to document such decisions needed to improve.

People were supported to maintain good health. People enjoyed their food and were offered plenty of choices.

The design of the building enabled people living with dementia to be independent and safe.

Is the service caring?

Outstanding

The service was extremely caring.

People and their relatives were very happy and found staff to be extremely caring.

Staff had very good relationships with people which meant they delivered person centred support. Staff were innovative in finding solutions for people to live a life they chose.

Staff were able to describe people's likes, dislikes and preferences and were committed to making what people wanted happen. They often went the 'extra mile' to do this.

People and their relatives alongside professionals were actively involved in running the service. People felt valued, empowered, listened to and valued.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People who used the service and relatives were always involved in decisions about their care and support needs. Support for a person was a shared experience. Relatives told us they valued this.

People had opportunities to take part in activities of their choice inside and outside the service. Staff found innovative ways to enable people to have fulfilled lives.

People and their families felt confident to raise concerns and were actively encouraged to do this. The registered manager and registered provider responded appropriately to any concerns.

Is the service well-led?

Good ●

The service was well led.

The registered manager was recognised by people, their relatives and visiting professionals as a good role model.

People, their relatives and staff were involved in the running of the service to ensure it was run in the best interests of the people who lived there.

The quality assurance system supported the registered provider to assess if the service was safe and of good quality. This was being re-designed to address all of the issues highlighted at this inspection.

Vida Hall

Detailed findings

Background to this inspection

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

We inspected the service on 14 and 15 February 2017. This was an unannounced inspection on day one and we told the registered provider we would be visiting on day two. The inspection team consisted of two adult social care inspectors on day one 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. One adult social care inspector visited on day two.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. A notification is information about important events which the provider is required to send us by law. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with 10 people and 10 relatives / visitors. We spent time in the 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.

As part of the inspection we spoke with the registered manager, the managing director who is referred to during this report as the registered provider and the operations director who is also a company director. In addition we spoke with four other managers with responsibilities for training, operations and catering. We spoke with 15 members of staff who provided care to people in roles such as clinical lead, residential lead,

team leader, nurse, care workers and lifestyle and wellbeing. Following the inspection we spoke with the care director who is a company director and acts as the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This person is referred to as the care director throughout this report.

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

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I like it here." "I have no qualms" plus, "I cannot fault the staff." One relative said, "My relative is safe, happy and well cared for thank God for Vida Hall."

We looked at the arrangements that were in place to ensure safe staffing levels. During our inspection we saw the staff rota and the tool used to map the dependency of people who used the service. The registered manager told us they used this information alongside staff feedback to ascertain the levels of staff needed. We discussed the benefits of using a recognised staffing tool to determine staffing levels. The registered manager and care director told us this was something they would source.

We spoke with staff who told us if people's needs change they would ask the registered manager to assess the situation. We were given two examples where staffing had increased as people's needs became greater. We observed there were plenty of staff available to respond to people's needs and enable them to do things they wanted during the day.

We looked at four staff files and saw the staff recruitment process was safe. It included completion of an application form, full work history check, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

The registered manager told us the formal process comprised of a value based interview with the candidate. Part of Vida Hall's stated ethos is that, 'Only people who share the values of the home and are committed to providing the highest standards of care are employed by the home'. We saw the interview questions the registered manager used and they had asked the candidate their knowledge and opinion around people's rights and person centred care. The registered manager then spent time with the candidate in one of the houses so they could assess how they interacted with people and the team. Not all of this detail was recorded so we could not see the selection process clearly. The registered manager told us this was something they would do in future.

A relative commended the selection process. They said, "The management choose the staff they have, it is a clever selection and the training helps."
We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. Examples included checks on the fire alarm, fire extinguishers and gas safety.

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 but staff had not taken part in evacuations as frequently as the registered provider told us they were required to. A plan was in place to ensure staff took part in an evacuation practice by the end of March

2017. Tests of the fire alarm were undertaken to make sure it was in safe working order.

We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Staff told us they felt confident to raise concerns and they knew issues would be dealt with appropriately. They told us they had all been trained to recognise and understand all types of abuse. The registered provider told us following the inspection that 55% of staff had up to date training in this area and plans were in place for all staff to receive this training.

The registered manager told us all incidents were recorded and the service investigated concerns. Records we saw confirmed this. The registered manager had internally investigated and recorded the outcome, together with changing care plans and /or risk assessment where appropriate. This meant people were protected from avoidable harm.

The registered manager and registered provider had not reported all incidents to the local authority or to the CQC via a statutory notification which they are required to do. A notification is information about important events which the provider is required to send us by law. We saw potential safeguarding and serious injury notifications had not been sent. For example a person had sustained unexplained bruising which was not reported.

We discussed this with the registered manager and care director and feel confident they now understand their responsibilities with regards to reporting concerns appropriately. We have received appropriate statutory notifications since the inspection which demonstrates that understanding. We will deal with this issue outside the inspection process.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation was appropriate and the registered manager reviewed patterns and trends for individuals each month. Following an accident or incident the service looked to see if they could learn any lessons and prevent a reoccurrence. We saw one example where a person had fallen during a fire evacuation practice as they tried to leave independently. Plans had been put in place to ensure this person was supported during all fire practices.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as nutrition, pressure care and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe. Where a risk assessment identified staff must monitor people, for example a person's visits to the toilet or that staff must complete daily exercises, records did not always reflect robust monitoring. We therefore could not tell from records if all control measures to prevent avoidable harm had been completed. We spoke with the clinical lead, residential lead and registered manager who had noted inconsistencies in recordings during their own audits. It was noted they had discussed this with staff during team meetings.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. Overall the system was safe. All medicine was appropriately stored and stock control was well managed. Observations of staff administering medicines were positive, people were offered a drink and staff explained what their medicine was for.

Medicines with specialist instructions such as those to be given before food or those to be administered at different frequencies were identified and instructions for staff to follow were clear. Controlled drugs (CDs) were stored and recorded correctly. CDs are medicines which require stricter legal controls to be applied to prevent them; being misused, being obtained illegally or causing harm.

Topical medicine administration records (TMARs) were not used to support staff to understand where creams and lotions were required on a person's body, why and when they should apply them. This meant staff did not have the full information required to support them to make decisions. Staff told their superior they had administered creams and they signed the MAR. The person who administered the prescribed medicine should sign this record.

Where people were prescribed 'as and when required' (PRN) medicines the service did not always have protocols in place to describe to staff fully when they should administer the medicine. One person was prescribed anti-anxiety medicine. A detailed plan which told staff what steps to follow before administering the PRN medicine was not in place. This meant people were at risk of receiving medicine before all other avenues to support a person had been exhausted. Following the inspection the care director sent us copies of a new support plan due to be introduced. This aims to identify for staff more clearly what action to take when a person displays anxiety, to intervene appropriately and to avoid the use of medicine where possible.

We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. We checked people's Medication and Administration Records (MARs). We found these were fully completed, contained required entries and were signed, in most cases. Where there were gaps in signing for a medicine the registered provider had a system to record the error. We discussed with the registered manager how they could develop this system to demonstrate their investigation and outcome. They agreed to design a new system.

We saw there were regular management checks to monitor safe practices and these identified some issues. We saw recorded the actions which had been taken to improve. Staff responsible for administering medication had been competency checked.

We recommend the registered provider review their medicines policy to ensure all good practice guidance is implemented within systems to ensure people receive their medicines safely.

Good

Is the service effective?

Our findings

People and their relatives told us staff provided good quality of care and they had confidence in the skills of the staff and their competence. A person told us, "The people [staff] are nice; she knows a lot (referring to a care worker). We are happy and we laugh a lot." One relative said, "Staff are fantastic and seem well trained" another relative told us, "The training is fantastic and they seem well trained." Relatives went on to tell us that they had such close contact with staff and were involved in discussion around care needs and care plan development, to the extent that they felt they were gaining knowledge indirectly through this.

A relative told us, "I see evidence of sound training and implementation here." When we asked what this meant to them, they explained they had seen a situation where a care worker had skilfully diffused a situation between one person and other people resting in the lounge area. The care worker did this in a natural way and without anyone becoming upset or anxious. This skill impressed the relative.

We saw excellent role modelling and mentoring by all members of the staff team which demonstrated their knowledge and skills whilst supporting new members of staff and agency workers. Not all training and clinical competencies were up to date. The registered provider had recognised this. The clinical lead had attended a train the trainer course and a training manager had been recruited to organise the training better. We saw no impact on the people who lived at Vida Hall because staff training was not fully up to date. A robust improvement plan was in place to develop this area.

We discussed with staff the mentoring and coaching approach we saw. One staff member told us "We mentor new staff or agency and explain our approach step by step until they feel confident. We have a team work approach, positive communication and good knowledge." A relative confirmed this and said, "They give lots of time to new staff. The management choose the staff and they have clever selection and training." One staff member had recently been recognised for their achievement in this area. They had reached the finals of the care awards for being an excellent mentor to staff new to care. This approach meant people received the support they had chosen from all staff in the way they preferred.

Staff we spoke to discussed their personal development opportunities whilst employed at Vida Hall. For example, a care worker had been supported to develop their skills to become a team leader in the future. The registered manager explained two staff had recently completed a 'positive behavioural support' train the trainer course to enable them to become champions in this area.

The registered manager had commenced employment since the last inspection and they told us their induction was carried out over a period of six months until they felt confident with their new role. With regard to this induction period, they said, "I think it is unheard of; it was superb. It [the induction period] led to me feeling valued and I have felt confident to put my own stamp on the service once inducted."

Training had been delivered in specialist areas around dementia and person centred care. Staff told us about a new approach to training where they took part in a form of role play. They said this involved wearing a body suit and mask so they could understand what it felt like to have a sight or mobility impairment. One

staff member said, "It made me think how people feel, it made me look at the little things that matter and it has helped improve my work. For example, at mealtimes I make sure I do not get distracted, give eye contact and speak to the person I am supporting."

Staff we spoke with during the inspection told us they felt well supported and they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We looked at four staff files and records confirmed supervision and appraisals had taken place. For the nursing staff the clinical lead told us some of their supervision was carried out in groups as part of the clinical meetings. This was not recorded in their staff files. The system in place for the registered manager to oversee whether each staff member had received enough support was not clear.

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).

Staff we spoke with had a good understanding of DoLS. At the time of the inspection 33 people were authorised to be deprived of their liberty and other applications were pending assessment.

Staff understood the practicalities around how to make 'best interest' decisions. We saw members of staff offered people choices and respected a person's decision, even if this was a refusal of support. Staff were able to describe to us how they empowered people to make their own decisions, but also how they supported people who lacked capacity to understand that their decision may cause them harm. We saw care plans included information on how staff must ensure people were listened to and supported in this way.

Members of staff had considered people's capacity when they developed their care plan and they had included relatives to understand people's preferences. The registered manager and registered provider were working with the staff team to develop better records to evidence which specific decisions had been made in people's best interests. Where new decisions were made owing to changing care needs, updates to records relating to the changes had not always been made.

People and their relatives told us they enjoyed their food and were involved in making choices about the food they ate. One person said, "It is always good food." People were asked for feedback frequently when the head chef visited each house monthly. The head chef told us they altered menus following feedback. For example, a person who required a diabetic diet had their favourites included in the menu. People who required specialist diets were catered for. The head chef explained one person and their relative had designed a specific vegetarian diet personal to them.

We saw lunchtime on both days. People were supported to eat in the dining room and in their own room if they chose this. The tables were laid in the dining room to welcome people, the atmosphere was relaxed, people were socialising and the food looked appetising. People had chosen their preference earlier in the day and were offered options once again as the meal was served. This helped people living with dementia make choices. We discussed how showing people the food on plates can also promote people living with dementia making food choices. The registered manager explained this was something staff were asked to do.

People were supported to be as independent as possible to eat their meal. Their preferences were taken into consideration and we saw one person did not like the meal offered and three options were provided as an alternative. People were offered second helpings and we saw drinks and snacks were available throughout the day. Staff told us they had access to the kitchen overnight and had food stock in each house if people were hungry or fancied a snack overnight.

We saw in care plans that people's weight and nutrition was monitored regularly. The team worked alongside professionals where they had concerns. This included using the 'first line care plan' from the dietician service. This was a positive way to assess the whole person and find a solution. A relative told us, "They make tight notes and share issues; they take it so personally if my family member is losing weight for example. I think this means they care." Another relative told us they had sent written concerns to the registered manager about their family member's diet and the fact the food was so good they were putting weight on. They explained it was taken seriously.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager and staff team said they had good links with the doctors and district nursing service. Every week a GP visited to conduct a 'ward round'. The registered manager told us this process had reduced the need for hospital admissions. A relative told us they were impressed when two care workers assisted their family member to an appointment to ensure they received the support needed.

One visiting professional told us, "I have no problems with Vida Hall, I see staff following advice, they call if concerned and we generally find things are actioned. I have no worries."

Vida Hall provided support to people living with dementia. We saw the environment had been created to ensure these people could find their way around independently. This included appropriate signage and the use of bold, contrasting colours to help people orientate themselves. Each of the houses had access to outside space, whether a balcony on the first floor or a courtyard on the ground floor. People and their relatives told us this was a space they enjoyed. A relative told us, "There are three entrances to the garden courtyard area. My family member can go out into these areas safely whenever they want." Separate entrances had been built into the design of the building so anybody visiting could access the right house without intruding by walking through other people's homes. This had been found to reduce people's anxiety and ensure a more dignified environment.

We saw all walkways were continuous, this meant people were safe to walk around the house free from harm. The corridors had contrasting murals which helped people know where they were. The registered provider had worked with the staff team to understand why people had chosen not to use a particular lounge and they had all realised this was due to the lounge being out of sight and not on the continuous walkway. The registered provider had arranged for a bold colour to be painted onto the link corridor which helped people to know where to turn into the lounge. This had been successful and people were now spending more time in this area.

Following feedback from people, relatives and staff the registered provider had started to put plans in place to renovate one of the lounge areas to make it bigger to enable more people to utilise it.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were extremely caring. Relatives said, "Amazing", "Never seen anything like it, so reassuring and that helps us as a family" and, "Nothing is too much effort. When I brought Mum here I thought I had died and gone to heaven, it is wonderful, and the empathy is incredible." Also, "The admin officer was very empathic and supportive when I needed help in placing Dad." And, "From the moment Dad came he felt so welcome. The staff focused on him all the time. Even kitchen staff know his name. Care staff and cleaners all refer to him by name."

We found the approach at Vida Hall empowers people and their relatives. Everyone 'wraps around' the person to ensure they receive the best possible care. It is a genuine joint effort between relatives, members of staff and the registered provider. A visiting professional agreed when they told us, "I have witnessed many acts of genuine kindness and compassion. It is often quite moving observing the staff working with residents. This approach is actively encouraged. Vida work hard to develop a genuine culture of professional care."

We observed staff had excellent relationships with the people they supported. Staff took time to listen and respond in a respectful way with compassion. A relative echoed our observations when they said, "The care is amazing, from the moment I contacted the manager I felt confident and reassured and could relax. The residents come first." People were not always able to tell us their view on the care they received but we saw how people felt comfortable seeking support from members of staff and also that people enjoyed staff company. One relative told us, "When [name of care worker] walks by we get a smile." This demonstrated the positive relationships between the staff and people they supported.

Relatives and friends were encouraged to be part of people's lives. The registered provider and the management team had developed a family group where relatives could spend time discussing their experience of dementia, a loved one moving into a care home and maybe to seek and feel supported by the group. This group was very successful and relatives were appreciative of the support. One relative said, "It is a wonderful group, we get together to discuss our own experiences and how we have dealt with things, how we have coped." Another relative told us, "It is an additional benefit, it should be recommended for all. Relatives and friends are important for staff and vice versa. It makes it a shared experience."

A relative said, "Staff say we are all a family. Another relative told us, "They [staff] look after him as I would. They look after me as well," and, "It is absolutely fantastic here. When you enter the home it hits you. You feel you are walking into a home. When I take Mum out, she sometimes asks if she can go 'home' now." We visited on Valentine's Day and saw this was a big event. Staff were busy making sure people were supported to look smart and beautiful for their loved ones. We saw people having their hair done, make up applied and there was a general buzz about the day. One relative felt seeing a husband and wife drinking a glass of wine together typified the care and attention staff take in their caring approach.

There was a calm and relaxed atmosphere. Throughout our inspection we saw staff interacting with people in a very caring and friendly way. Observation of the staff showed they knew the people very well and could

anticipate their needs. For example, a person content to fold the washing during lunch was supported to enjoy the activity they felt important whilst staff prompted them to try their meal. This approach led to the person completing the washing happily and also eating their lunch. A relative recognised the value and skill of the approach staff took. They said, "Staff are quick to de-escalate to prevent incidents." A visiting professional said, "One of the best care homes. It is calm and friendly. There is no panic when issues occur. Residents are calm."

We asked relatives whether they felt staff went over and above their duties to provide compassionate, kind and dignified care. One relative told us, "It is the attention to detail to the small things. For example today when I arrived Mum's nails had been manicured and painted, which she was really pleased with." We observed a relative arrive to collect their family member to celebrate a birthday. Staff had taken time to support the person to dress up for the occasion. Her husband said he was thrilled with how his wife looked and called her his 'Valentine'. This demonstrated staff were respectful of people and promoted their right to maintain a fulfilled life with the people they cared about.

Staff told us they were 'spot on' getting to know people. They had care plans and the 'about me' profile which was kept in people's rooms. Staff told us this document helped them to 'break the ice' when a new person moved in to get to know them. All staff said it was very important to spend time with people so you understand them and their needs. One staff said you know you have succeeded in developing a relationship when you see 'people's faces light up' when they see you. One relative told us, "I was losing my family member; they [staff team] gave him back to me. They are now his family. I don't have to ask about anything. They see what he needs before I am even aware."

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. Staff told us they followed people's lead in how they wanted to spend their time. For example, if people wanted to stay in bed they could. One member of staff gave an example of one person on the day we inspected who had enjoyed a leisurely bath in the morning and then chose to relax on their bed. This helped to ensure people received care and support in the way they wanted to.

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. This showed the staff team was committed to delivering a service had compassion and respect for people.

Staff had taken time to support people to personalise their own rooms and to be involved in the communal environment. We saw a person moved in on the day we visited and already pictures, furniture and personal items were arranged so the person felt at home. In one of the lounges people were involved in renovating a dolls house and a sign stating 'under renovation' was stuck on the front for when the renovation group spent time on their project.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Outstanding ☆

Is the service responsive?

Our findings

People were observed to enjoy activities and relatives told us they were very pleased with the level of activity their family members received. A relative told us, "My family member is more sociable and outgoing, a lot happier. Staff know him well and encourages him which makes him feel better." And, "There is always something to do."

A visiting professional told us, "I can think of fewer examples of organisations who respond to residents or staff needs in the way that Vida do. At all levels people are listened to and plans actioned. I have been told by two people this week; they have never felt better supported."

There was a 'lifestyle and wellbeing team' who were line managed by the progressive training manager. The team use the 'butterfly approach' to activities. This is where they visit the houses and observe who may need social stimulation because maybe they are anxious or maybe they need extra support. The lifestyle and wellbeing team members knew people very well and were able to describe people's likes and dislikes, this helped them to offer people what they liked when using the 'butterfly approach'. A relative told us, "Mum needs to be busy all the time, so they give her little jobs to do, such as folding napkins." Another relative told us, "The wellbeing team organise activities and my family member has engaged well sharing their skills and reminiscing about memories, joining in music and crafts."

We saw a programme of planned activities where people could join in groups, this included music, guitarist and the Vida Choir. Staff described to us how they supported people with their hobbies and interests and we saw this happen during the Vida Choir session. People were supported to know the choir rehearsal was happening and some people joined in straight away, singing and dancing. Other people came to the door with staff and watched until they felt able to join in. One person was supported to use their skill of piano playing. This person was living with dementia and they sat by the piano, as people began singing songs they remembered the tune and began playing. This was a real moment of success to enable a person living with dementia to continue to use their skills.

Staff described these experiences as 'Magic Moments' and they told us this was when they saw a real connection happen for a person. Staff were pleased they could help this happen. A magic moment was explained to us by the progressive training manager who had recently been accessing puppet school. This was where they learnt how to make puppets and use them to interact with people living with dementia. They had trialled this with a person who no longer uses verbal communication. They described how the person displayed a really fabulous response by mirroring the puppet which showed their effort to interact and communicate. Staff described this as astonishing.

There were activities supported within the community, accessing local shops and the village, plus the community members joining the team at Vida Hall to spend time with people. Staff told us about the local school performing the nativity, the Duke of Edinburgh young adults and school placements spending time with people.

People were seen to be alert and interested in their environment and people within it. This demonstrated people had good social stimulation. We discussed how the detail of the social experiences could be captured within records to support staff to review a person's feeling of wellbeing. The registered manager told us they would work with the team to design an appropriate method

People and their relatives told us they were involved in developing and reviewing their care plan. A relative told us, "They keep me informed of any incidents or changes" and, "The way they meet the needs of the residents is amazing, they go out of their way to keep people calm."

Relatives also told us the staff were responsive to people's needs and proactive. One relative said, "They have always acted before I have a chance to raise an issue," and, "They notice and attend to care needs immediately, they are ahead of the game all the time." Staff told us about a person who had not felt like having a bath recently. During a night shift the person had requested this in the early hours and staff had responded, the staff said the person really enjoyed this and had benefited from such a person centred response.

We spoke with staff who were extremely knowledgeable about the care people needed. They were able to describe what person centred care meant to them. One member of staff told us, "Care is person centred, we explain what we are doing and why rather than take over, we give choices such as bubble baths, using aftershave, it makes a difference." A relative described to us they felt the staff team were almost telepathic in the way they worked with people to meet their needs. A member of staff told us, "We have fantastic team work and joined up thinking, you don't have to ensure that everyone knows about people in detail, you know that all the staff will be fully informed, therefore a consistent approach is ensured." This meant staff had taken responsibility for delivering person centred care.

We looked at 11 care plans which were person centred and they included a person's life history. This helped guide staff and meant that people received care that met their preferences. For example, one care plan detailed how a person liked to hold onto their duvet and keep warm so they could settle for the night. Another care plan stated a person liked to wear make up and take pride in their appearance. Staff were able to describe in detail people's preferences, likes and dislikes. This meant people received the care and support they wanted in the way they chose.

We discussed with staff and the registered manager how to use the records they compiled to review progress and outcomes for people in a meaningful way. Some of the records had recently been archived which meant detail of past events was difficult to find such as patterns of anxiety or outcomes from previous medical appointments. We discussed how records could be archived without resulting in a loss of detail. The registered provider told us they would look at how this could happen.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. We viewed the complaints received in the past 12 months. We saw people had received an appropriate response and changes had been made where required following concerns being raised. These meant improvements were made as a result of the complaints. The registered manager reviewed complaints monthly and analysed the volume and type of concern so they could make improvements. Relatives told us the registered provider acted appropriately and they felt they were able to raise concerns freely.

We also saw many compliments had been received. One in particular was from a nursing student who had been on placement at Vida Hall. They described the support and positive experience they had received.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People and their relatives spoke positively of the registered manager, registered provider and director of care. One relative said, "The leadership comes from the top, they are wonderful. They made me feel part of it when my family member moved in, it was all encompassing. The new manager is very good, very nice and caring." Another relative told us, "[Name of registered provider] has got it right, and staff are second to none."

The staff we spoke with said they felt the registered manager was supportive and approachable. They were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff said, "[Name of registered manager] is approachable and brings compliments to the team's attention. If I have a query she will answer my issues" and, "I feel happy to talk to [name of registered manager] about concerns she is so approachable."

Staff told us their morale was good and they were kept informed about matters which affected the service. A member of staff said, "There is a transparent culture, we all take responsibility, there is no blame and everyone is supportive" and, "The management are lovely. I am really happy here. They make you feel you are free to speak to them. We are like a family." We saw staff across all departments had regular opportunities to meet and discuss the service with the registered manager. We saw in the records good practice was mentioned such as how to be person centred if a person was sleeping when medicines were due to be administered. We saw staff raised concerns and were listened to, for example; a new hoist had been purchased following feedback that staff required more equipment to meet people's needs.

The registered manager told us people who used the service met with them on a regular basis to share their views and ensure the service was run in their best interest. These meetings were called house meetings and we saw people and their relatives were informed about research the home was taking part in and also what people wanted from the service such as plans for festive holidays.

The involvement of people, their relatives and staff had led to a positive culture which meant people received compassionate care. A staff member told us, "The best thing about Vida is the care that individuals get. It is excellent, a caring atmosphere and we have close relationships. [Name of registered manager] is one of the best people they could have picked to be manager. A relative described, "I see team work. They fill in for each other on the rota, and there is laughter, positive attitudes and humour. The leadership and culture is excellent." A visiting professional told us, "I feel they work well with the multi-disciplinary team, it is a good culture. The leadership is absolutely marvellous, you can see the passion" and, "The managers are hands on, often working alongside the staff and residents, leading by example is a reality at Vida. I have seen many examples of excellent leadership and effective management."

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 service. Audits and checks were carried out by the registered manager, department heads, director of care and the registered provider. We saw checks in areas such as medicines, mealtime experience and care plans. Where

areas for improvement had been noted actions had been put in place. Records did not always clearly identify what the actions were or that they had been completed. The registered manager explained they would change the format to include such details.

The director of care and the registered provider had completed a 'mock inspection' to help the registered manager and themselves prepare for our visit and to understand where improvements could be made. The registered manager also sent reports to the director of care to provide them with details of occurrences.

We saw audits and checks picked up on some of the issues we found, for example, with regards to medicines and training. Not all issues had been identified such as failure to report occurrences to the CQC and the local authority. The registered provider had recently opened a second service and we discussed how their quality assurance process needed to evolve to ensure they have oversight across multi-sites. This was something the director of care told us would happen over the coming months.

We saw a survey had been carried out in 2016 to seek the views of people and their families. Family members were asked for their opinion in areas such as the atmosphere in the service, standard of care and healthcare support. We saw out of the 70 surveys sent to people, 40 had been returned and that people were mostly satisfied or very satisfied with the service. The registered manager was using the feedback received to plan improvements in the service.

There was a definite culture of continuous improvement. The service welcomed student nurses and the staff team was pleased they could support them to understand good care practices. We were told about the research the service was participating in to highlight social isolation for people who reside within care homes. Additional investment in training members of staff in positive behavioural support to enhance the lives of people who may suffer with anxiety had happened. The registered manager also took part in various forums and good practice meetings locally. All of this helped the team reflect on their own practice and improve.

We saw the service was well led and this contributes to the very positive experience people and their relatives have at Vida Hall.