

Vida Healthcare Limited

Vida Hall

Inspection report

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Ratings

Overall rating for this service	Outstanding	
Is the service safe?	Outstanding	
Is the service effective?	Outstanding	
Is the service caring?	Outstanding	
Is the service responsive?	Good	
Is the service well-led?	Outstanding	

Overall summary

We undertook this unannounced inspection on 6 November 2014. The last inspection was completed on 19 August 2013 and the service was meeting the regulations we assessed.

Vida Hall provides accommodation for up to 70 people who live with a dementia related condition. It is purpose built and consists of a main reception area with four 'houses', which are named: Woodlands, Orchard View,

The Glades and Meadow View. Each 'house' has a secure entry system, wide corridors with areas for people to sit in to enjoy the views, spacious communal areas with plenty of light and large bedrooms with en-suite facilities.

The service has a registered manager in place. A registered manager is a person who is registered with The Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act 2008

Summary of findings

and associated Regulations about how the service is run. All the staff we spoke with said that the registered manager and registered provider were dedicated, supportive and approachable. They said whatever people needed was provided to ensure people had the best quality of life they could achieve.

People we spoke with were settled and contented. Relatives and friends visiting the home told us they only had positive experiences and praise for this service. Staff treated people as individuals with dignity and respect. Staff were knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively.

The registered provider, registered manager and all the staff we spoke with were passionate about providing a service that placed people and their families at the very heart of the service. This was confirmed with us by three health care professionals we spoke with and through speaking with relatives and visitors.

Staff told us that they would not like to work anywhere else. They received training in dementia care practices, for example NICE (National Institute for Clinical Health and Excellence) quality statement on dementia care, and current research on what 'good' dementia care looks like. This ensured they were very skilled at looking after people who had memory impairment. Staff we spoke with told us how they encouraged and supported people to make decisions for themselves, which ensured people were able to live the life they chose.

Staff had received training about how to ensure people's rights were respected and how to safeguard people from abuse. They were able to describe the different types of abuse that may occur and said they would report any

issues straight away. Staff told us how they were openly encouraged to raise any issues which were then reported to the local authority for them to consider under their safeguarding of vulnerable adults procedures. This helped to protect people.

Risk assessments and detailed care plans were in place. This helped staff to deliver the care and support that people needed. There were robust medication systems in place.

People were offered appropriate food and fluids to maintain their nutrition. The chef and catering staff took pride in serving appetising and nutritious food. A person we spoke with said, "The food is good." another said "The food is delicious." Those who required prompting or support to eat were assisted by patient and attentive staff which ensured that people's nutritional needs were met.

A wide range of activities were available which people's family and friends were invited to. Spontaneous activities took place, staff spent quality time with people to give them emotional support and comfort. Staff were seen reminiscing with people about their life, singing, discussing the newspaper headlines of the day or going for a walk with them. Entertainment was provided, we saw on the day of our inspection a musical concert was performed. This was seen to be enjoyed by everyone who attended.

Staffing levels were high to meet people's needs. If people were upset or unwell and more staff were required, this was provided straight away to support people. Relatives of people who had been unwell said they were kept fully informed and said staff were allocated to their relatives to provide comfort and care. This was greatly appreciated by the relatives we spoke with.

Summary of findings

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 were knowledgeable in recognising signs of potential abuse and the reporting procedures to the local authority. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of highly skilled and qualified staff deployed to ensure that people had their needs met in a timely way. The recruitment practices were innovative to ensure staff were matched to people using the service.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines; appropriate arrangements for the recording, safe administration, safe keeping, using and disposal of medicines were in place.

Innovative ozone disinfection technology was used to maintain cleanliness and infection control in the laundry. An air exchange system throughout the building ensured fresh tempered air flowed at all times.

Outstanding



Is the service effective?

The service was effective. Staff received training, supervision and had a yearly appraisal. We observed that staff were highly skilled and experienced in delivering care and support to people who lived with dementia.

People's mental capacity was assessed to ensure their rights were protected. People were supported by staff to make decisions for themselves.

People were provided with a choice of food and drink at mealtimes and throughout the day. Those at risk of weight loss had their individual needs monitored to protect their wellbeing.

The home was purpose built and was designed to ensure it thoroughly met the needs of people living with dementia.

Outstanding



Is the service caring?

The service was caring. We observed staff treated people with dignity, respect and kindness. Staff were extremely knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible to live the life they chose.

Relatives told us that the end of life care provided for their loved ones was exceptional and that they could not thank the staff enough for their care and support.

Outstanding



Is the service responsive?

The service was responsive. People were treated as individuals. Assessments were undertaken to identify people's needs and these were used to develop care plans for people who used the service. Changes in people's health and care needs were acted upon to help protect people's wellbeing.

Good



Summary of findings

The service provided a wide range of activities for people. Staff were responsive and undertook activities with people on a spontaneous basis to engage them. Staff were knowledgeable about people's life history so they could speak with them about their lives and family and help them reminisce.

People we spoke with and their relatives told us they felt able to raise concerns and would complain if they needed to.

Is the service well-led?

The service was well-led. An experienced registered manager was in place who was highly trained. They promoted the highest standards of care and support for people. This was confirmed through discussions with staff and relatives. Up to date research was used in the service to promote people's quality of life.

Staff told us they would not want to work anywhere else. They said they felt well supported by the registered manager who was approachable and listened to their views. The ethos of the home was positive; there was an open and transparent culture. Staff understood the management structure in the home and were aware of their and roles and responsibilities.

We found there was a friendly welcoming atmosphere to the home and this was confirmed with visitors we spoke with. Health care professionals were extremely positive about the quality of the service provided to people and their families.

Outstanding



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 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 this service on 6 November 2014 and the inspection was unannounced. The inspection team consisted of an adult social care inspector, an inspection manager who is a dementia lead, 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.

Prior to the inspection the registered provider was asked to complete a Provider Information Return (PIR). We looked at the notifications we had received for this service and reviewed all the intelligence CQC had received. We looked at the risk level for this service. We reviewed all of this information to help us make a judgement about this care home.

During our inspection we looked around the building. We observed a medication round. We watched lunch being

served on three of the houses. We looked at records. This included five 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 the complaints file. We carried out a Short Observational Framework for Inspection (SOFI) where we sat and observed people in the lounge on one of the houses and in the dining room to see how staff interacting with people.

We spoke with the registered manager, the duty manager, six care staff and two cooks. We spoke with ten people living at the home and with nine relatives. We asked three visiting health care professionals for their views about the service.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also contacted the Local Authority to find out their views. Neither organisation had any concerns to raise with us about this registered provider or service.

Is the service safe?

Our findings

Relatives we spoke with told us they felt they could really relax knowing their loved ones were being cared for in a very safe place. One relative said, “X has everything necessary to keep him safe.” They referred to the fact that sensory mats had been provided to help prevent falls. Another relative said, “It’s really relaxed and calm here. It is home from home, a homely atmosphere. They went on to say “It’s wonderful nothing is a problem the staff sort things out, they get the doctor for X, I have no worries at all whilst X is here I can go home and I am happy because I know X is alright.”

During our inspection we saw how the innovative design of the building assisted in keeping people safe and reduce anxiety levels. For example, people who liked to walk in a purposeful manner could do so without coming to a dead end because the building had been designed to encourage orientation. This prevented people from becoming frustrated. Secure entry systems were in place throughout the service. Secure patio areas, balconies and gardens were provided so that people could walk outside if they wished. All exits had level access to assist people who were unsteady on their feet. A nurse call system was in place which was able to show if staff were present in a room assisting someone or summon extra staff to assist in an emergency.

In the reception area we saw a leaflet called “Keeping people safe”. This informed family and friends about the action that would be taken if abuse was suspected of occurring. Staff we spoke with confirmed they had undertaken very detailed safeguarding of vulnerable adults training and they could tell us about the different types of abuse that may occur. All the staff we spoke with said they were actively encouraged to raise any issues immediately to the registered manager and to the local authority. The staff confirmed there were no recriminations for raising these issues. This helped to protect people.

During our visit we spoke with three health care professionals. They all said that they had never seen anything that had concerned them; in fact they reported quite the opposite. One said, “I don’t feel there are any concerns here at all the staff are all on the ball. If I need a home I would come in here myself.”

We observed that the staff had underpinning knowledge regarding dementia and were well trained to really understand what an unsafe environment was and the impact it could have. Staff understood and provided the individual support people needed to receive to keep them safe. Staff were observant and attentive to the movements of people. For example, we observed staff were there immediately to assist people to rise from chairs safely to prevent falls. Staff were quick to attend to people if they looked unsteady on their feet or were seen to be getting upset. Staff were seen to actively protect people’s health and safety whilst allowing them to maintain their independence.

The service had effective systems in place to identify and manage risks to people’s health and wellbeing. For example, we viewed accident and incident records and monthly fall audits. These records were very detailed and we saw the registered manager looked for patterns to incidents before taking prompt action to reduce the risk of similar accidents or incidents happening again. We saw timely advice was gained from relevant healthcare professionals to help to maintain people’s wellbeing. A health care professional we spoke with said, “The staff tell us about anything or they tell the GP, so I have no worries at all. Everyone is so well looked after.”

We looked at the medication system in operation at the home. We discussed how medicines were ordered, stored, administered, recorded and disposed of. We saw robust systems were in place. People were identified by photograph on their medication administration record (MAR). Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to people. A health care professional involved with monitoring medication systems at the home told us how the registered manager continually discussed the medication systems and storage and had followed their guidance on the safest methods to be adopted. They confirmed all the staff who administered medication had undertaken training and staff audited the quality of the medication systems in place, with advice being sought regularly to ensure the medication systems remained safe. A member of staff was undertaking clinical medical reviews for everyone at the home to review their current needs.

The registered manager knew people’s needs in great detail; this helped them to understand the care and

Is the service safe?

support people needed to receive. Staffing levels and skill mix were monitored very closely. Staff who were highly trained and very skilled used imaginative and innovative ways to engage with people and distract them when they were getting agitated or upset. This helped to keep people safe from harm.

The registered manager told us staffing levels were extremely flexible and were monitored and adjusted to make sure everyone living at the home had enough support to live their life. Relatives we spoke with confirmed if their loved ones were not well or were unsettled extra staff were put on duty to look after them. This was confirmed by speaking with the staff and looking at staff rotas. A member of staff said, “When I started working at the home I was shocked with the high numbers of staff provided. If there are any issues more staff come to help us out we are well supported. We ring and we get whatever we need if something does go wrong we have the support there. I would not like to work anywhere else.”

The registered provider told us how recruitment procedures were maintained and the selection of staff was carried out after all relevant pre-employment checks had been undertaken. This helped to ensure staff that were recruited were suitable to work at the service. The registered provider and registered manager informed us that they looked for potential staff who displayed very

caring qualities and for those who expressed the willingness to develop these skills. As part of the recruitment process a matching exercise took place. For example, the personality of staff based on their strengths and qualities particularly in relation to empathy, caring and emotional connection would be matched with the service user's. The interview process included relatives and people using the service to ensure individual needs could be robustly met.

Incidents and accidents were monitored and investigated. We saw that staff took appropriate action and implemented systems to reduce the risk of them happening again. Staff were then informed at handover and through updated care records about changes that had been implemented in response to these incidents. People had detailed personal evacuation plans in place which had been reviewed on November 2014 and audits were undertaken of equipment in use such as hoist slings and wheelchairs to help maintain their safety.

The service had installed innovative ozone disinfection technology in the laundry which allowed clothes to be thoroughly cleaned at low temperatures whilst removing bacteria and viruses. This technology was used via an air exchange system in every room which ensured the home was kept fresh and clean.

Is the service effective?

Our findings

The registered manager ensured that an innovative service was provided to meet people's needs. For example senior staff completed Dementia Care training which focused on emotional well-being and effective communication. National Institute for Health and Care Excellence guidance (NICE), the National Dementia Strategy and the Prime Minister's Challenge on dementia was understood and taken into account. The latest research on environmental design, and techniques to enhance conversations with people living with dementia were fully embedded and an integral part of supporting people living with dementia.

The service had innovative ways and creative ways to train staff. There was a 'progressive training manager' in place. This person was a 'Champion' in dementia care this meant that they actively supported staff to make sure people experienced excellent care. This person was a mental health nurse and their role was to be in charge of providing dementia care training for all the staff, including the ancillary staff. They provided awareness training about older people and kept staff up to date with the most up to date research about dementia care, for example by using the principles of Dementia Care training, they told us how they mentored staff in classroom settings as well as in practice. For example, a member of staff told us that a person had got upset at the thought of having a bath. The progressive training manager worked with the care staff to examine their own feelings and actions about what had happened. This helped the staff approach this situation in a totally different way which allowed the person to relax and participate in having a bath. This improved the quality of care provided and ensured the person was being enabled to live well with dementia.

The progressive training manager provided specialist training for staff so they were able to support people who were unsettled or who displayed behaviour that may be challenging. Training was also provided to family members. This helped people's relatives to adapt to the different abilities of their loved one which helped them to maintain a meaningful relationship.

We looked at the training records for each of the staff. We found training in induction, fire, moving and handling, infection control, safeguarding, positive behavioural support, dementia awareness, specialist dementia support, first aid and medication was provided to staff.

Staff completed work based learning from Bradford University in Health and Wellbeing and Social Care. This ensured that the staff had very detailed up to date training provided which ensured they had the necessary skills they required. The registered manager had completed a training course about Culture Change in dementia care and in their Dementia Care Matters training they had learnt about the 'language of dementia'. Cognitive stimulation therapy was also being used. This information was shared with staff to enhance the effectiveness of the care and support provided to people.

Three health care professional we spoke with told us they had excellent links with this service to ensure people received the most effective care and support to meet their complex needs. They said they felt the service really cared passionately for people and their family. One health care professional said, "The staff are so lovely, all so patient and kind. Nothing is ever too much trouble; they go the extra mile to look after people here." another said, "All the staff are very caring. Staff try to improve people's lives, activities are a big thing people get a lot of input."

We saw staff had quality observational audits undertaken on their practice. The progressive training manager worked with staff to ask them to examine their thoughts and feelings which enhanced the staffs understanding of certain situations. This allowed them to approach and support people better. For example, we were told if a person was not comfortable in the bathroom. Staff were encouraged to examine their feelings when delivering care to people so they could understand and empathise with people about what this felt like.

Staff confirmed they were provided with training at induction and during their employment to develop their skills used in current best practice. Staff we spoke with confirmed this was the case. A member of staff talked with us about caring for people living with dementia as individuals. They said, "When I started here I received training about person centred care. Everyone has this training not just new staff. It helps us care for people." Staff had undertaken dementia training which was relevant and up to date so they were skilled at supporting people. Staff were skilled at diverting people's attention when they were unsettled. A member of staff said, "I received training about how to catch behaviours before they escalate." Staff had undertaken training about Positive Behaviour Support and The Law. Three staff had undertaken a course called

Is the service effective?

'Culture Change in Dementia' This learning was being shared with all the staff to ensure their care practices were current and promoted a positive and innovative culture where the focus was on the person's wellbeing and not on tasks.

On Meadow View we carried out a Short Observational Framework for Inspection (SOFI). We sat and observed people in the lounge and dining area to see how staff interacted with them. We saw the staff respond to people's needs and talked with them with great skill. Some people had one to one support from staff. We observed staff responding to people in a kind, compassionate and timely way. We saw staff understood people's behaviour very well and diverted people's attention if they were getting upset. For example, we heard someone starting to shout, a member of staff gently approached them and asked if they were alright. The person gave the member of staff a handkerchief which they had been holding and the member of staff asked if they would like to go for a walk. They walked together and talked which calmed the person who was able to have their handkerchief back before the member of staff left them relaxed.

Throughout the service we observed staff treating people with the utmost dignity and respect. Staff gained consent from people to deliver care and support to them. We saw that staff were empowered to challenge decisions and were open and effective communicators with people, relatives and health care professionals.

Each person at the home had their mental capacity assessed. People who were unable to make their own decisions were protected by the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). One person had a best interest's decision in place to help to protect their rights. We observed when staff spoke with people they gave them time to respond or staff reworded their sentence to help people understand what was being said. Staff understood how to apply for an authorisation to deprive someone of their liberty. A health care professional we spoke with said, "Staff are keenly aware of consent, capacity and MCA. The provider is very keen to get things right." The registered manager told us that restraint was not used at the home.

We looked at five people's care records. We found care plans and risk assessments were in place and were reviewed regularly to ensure people received the care and support they needed. Where people had difficulties in

maintaining their weight staff monitored their food and fluid intake and discussed any issues with the chef and relevant health care professionals. Care plans and risk assessments were in place for issues such as weight loss and falls. Corrective action to be taken by staff was recorded to help to maintain people's safety.

Each person living at the home had their nutritional needs assessed very thoroughly, on an ongoing basis. Information about people's preferred foods and drinks, food allergies, likes and dislikes was recorded and this information was shared with the kitchen staff. The head chef and care staff actively went out of their way providing meals and refreshments that people liked. People were weighed on admission, if their weight was too high or low they were monitored closely and a referral was made to the dietician. People's weights had been noted in their care plans and relevant nutritional monitoring tools were being used to ensure people received adequate nutrition.

We spoke with the head chef; they were passionate about the food provided to people. We were told how fortified foods were routinely supplied to people who found it difficult to eat. We observed lunch in two of the houses. We saw lunch was served in the dining areas. Lunch time was peaceful and calm. People had a choice of home cooked food; staff asked people what they would like to eat if they were unsure plated food was shown to help people decide. The aroma of the food was appetising and this was seen to assist people to understand that a meal was being provided.

Staff assisted people to eat; they encouraged them to do what they could for themselves but guided and prompted or assisted people where necessary. We saw staff observed people's body language to see if they were enjoying the food. People we spoke with said the food was wonderful. A relative told us their loved one had put on over a stone due to the good food provided. Different foods were offered if the person was not enjoying their meal. We saw there was very little food wasted and it was encouraging to see how peaceful and sociable people were whilst having their lunch.

People we spoke with told us the food was very good and there was plenty of it. We observed mid-morning and afternoon drinks and snacks were provided. Supper was also available. Food and drinks were offered all the time to people which helped meet their nutritional needs. The head chef said, "Food is an important part of people's lives

Is the service effective?

we all want to make the food served here as good as we can for people to enjoy. So we ensure our guests and their special nutritional needs receive the utmost consideration. We can offer people what they fancy the ethos here is that food is fresh wherever possible and local produce is used, we use high quality produce. We aim to provide choice and variety.” Both chefs went onto each house to check to see if people were enjoying the food and see if staff had any special requests that may help encourage people to eat. A relative said “The food is fantastic and people are supported and encouraged to eat well and snack on biscuits and chocolate. Each day there are a couple of jugs of homemade smoothies in the fridge. If folks don’t like what is available at mealtime there are always sandwiches available and they will prepare omelettes or other alternatives.” We saw that the quality of food provided and the choice of food was exceptional.

There were ‘champions’ amongst the staff who researched and promoted best practice in their key area taking account of relevant legislation and guidance. For example the ‘progressive training manager’ was in place and in charge of dementia training for all staff. They said “I am in charge of the awareness training for older people, and for keeping up to date with the latest thinking about dementia care. I mentor staff in the classroom and in practice on the floor. I work with residents day to day. I work with people who are in a difficult place or support staff with behaviours that may be difficult. I also support families with awareness and support group.”

The head chef confirmed there was a strong emphasis at the service about the importance of food. They were a

‘champion’ for the food services. They told us they had attended a National Association of Catering and Care workshop where the work of Heston Blumenthal had inspired her work and made her consider how foods from the past could be used to help people remember their past. They were considering play noises associated with food, for example, waves breaking on the beach then the food being served was fish. The registered manager and registered provider told us how they selected champions for their motivation, dedication and commitment to the continuous development and improvement of the service.

Each person had their own room and all were en-suite to aid people’s privacy. People could bring in their own furniture and belongings to personalise their room. Furniture was placed in bedrooms where people wanted it and to aid people’s mobility and provide space for staff to use any equipment that was necessary.

An effective environment was provided. There were secure garden areas and patios as well as balcony’s so people could enjoy the outdoor space if they wished. Signage was present throughout the home to help people find their way to toilets, dining rooms, lounges and their own bedrooms. Some people had memory boxes which contained personal items which they remembered to help remind them where their bedroom was. Lighting, décor, flooring, curtains and carpets were considered on an individual basis. A passenger lift was provided to the first floor ‘houses’ to help people gain access to all parts of the building, where this was necessary. An activity room and a separate hairdressing salon were available for people to use.

Is the service caring?

Our findings

People living at the home were positive about the service. One person said about the care and support they received, "I haven't found any problems up to now." Another said, "The care must be fine. I have no complaints." A relative said "It is very humbling to be on the receiving end of such outstanding care and I do get very emotional when I talk to people about my experience of Vida Hall." Another said "The care X receives was exemplary." We observed that the staff throughout the service were compassionate, caring and attentive to people. This included the ancillary staff.

We spoke with visiting relations. They were all extremely complimentary about the caring attitude of the registered provider, registered manager and staff. A relative we spoke with said, "Staff are lovely with people, if they get excited staff don't shout they have a lovely calm way, gentle, quiet and comforting." Another relative said, "The care at Vida Hall is way beyond outstanding. Staff treated X with the utmost kindness and respect. What is really lovely is that everyone is part of the care team at Vida reception staff, kitchen and laundry staff, the handyman, the housekeepers all interact in a really positive way with the residents. It is a happy place with lots of banter and laughter where I was always made to feel welcome and a place I enjoyed being."

Staff told us that they saw themselves as 'guests' at Vida Hall. The main emphasis was that people were at home; this enhanced people's wellbeing. We observed staff were highly motivated to provide excellent care for people. Staff were seen to address people by their preferred names. We saw that if a person had their bedroom door closed staff always knocked on the bedroom door and waited for a response before entering their room.

Relatives were quick to give us examples of how caring the service was to them. For example, a relative said, "I had sent information to the home before Mum's admission about her background and life story. We got to the home about 6.30pm and a member of staff welcomed Mum, she was very familiar with the information that I had sent and had a friend in the area where Mum was brought up so very skilfully developed a conversation about the area using road names which made Mum feel a real connection. Completely unexpectedly for me (apparently this happens all the time) the registered manager called in about 8.30pm to welcome Mum and to help settle her. We called in about 9.30 the next morning and the registered manager had

been in since 8am giving Mum a lovely bubble bath and between her and the night staff they had done a full body map and identified two sacral sores and vulnerable spots on her heels." This relative told us they were amazed by this and this gave them great comfort and support knowing that everything was being done to help her mother settle in and meet her physical and emotional needs.

Another relative told us how the chef had organised a 60th wedding anniversary party for her. They said, "The chef made a cake; I was so overwhelmed with it all. It is home from home here it is wonderful." This was greatly appreciated.

On the day of our inspection we saw that a chiropodist had returned to treat a person when their relative was present. Staff had organised this to help encourage and support the person to have their treatment. Staff ensured the care was person centred even when arranging appointments for people.

Relatives were very enthusiastic about the caring attitude in the home. A relative said, "The staff are never condescending or patronising. They are incredibly patient and understanding." Another relative said they had noted that, in relation to the other residents in the home, the staff 'did a good job keeping residents calm and soothed'. Another relative told us, "Staff treated X as if he was their granddad."

People's diversity was celebrated and supported by the staff. For example, people dressed in their preferred clothes and continued to undertake with their individual hobbies. We observed people were treated as individuals and were able to do what they wished, making their own individual decisions helped and supported by staff. A member of staff we spoke with told us, "The residents are all lovely. They are not pushed to have a certain routine; we go with the flow so people live the life they choose."

We saw that staff demonstrated a compassionate attitude towards people. For example, during some entertainment staff were observed not only sitting and talking to people but holding hands and stroking their arms in a comforting manner. Whilst walking around the home we noted that all the staff interacted with people in a caring and considerate way when assisting them. Throughout the whole visit staff

Is the service caring?

were heard speaking with people only in endearing terms and re-assuring them if they appeared distressed or upset. We observed that staff went the extra mile to care for people.

We observed staff giving people their medication. Staff assisted people in a patient and safe way with their medication. They verified people's identity before giving medication to them and observed that this was taken which protected people at the service from gaining access to medication that was not prescribed for them. We observed a member of staff asking the person if they wished to take their medication. They told the person what it was for and took their time to sit patiently and talk with them whilst they took their medication. They then asked the person if they had had enough to drink and asked if they were alright before leaving them.

We observed the registered manager made herself available to see how care was being delivered throughout the service. They were able to prioritise the support needed, for example, they noted if people were settled and contented or if someone needed assistance, this was offered immediately by the registered manager and then by other staff.

When we asked relatives about care plans and their involvement, all the relatives we spoke with said they had enough involvement to know their loved one was being looked after satisfactorily. Relatives told us this gave them great comfort. One relative said as far as he was concerned, the approach to care was 'patient centred' and that the staff were very determined to treat each resident as a person and to enable them.

Visiting was not restricted; people were welcome at any time. The service provided a Relatives Support Group which held meetings every two months. In July 2014 there had been discussions held about dementia awareness with poetry and a short film. Experiences were shared and social support was provided by staff who offered advice, help and training for relatives. One relative we spoke with said, "They look after the relatives as well as people living at the home. It's like one big family." A member of staff told us how it was important to support relatives and visitors. They said, "When a person comes in, the relatives may be in a state of shock. Family can sometimes feel emotional and raise

issues. It is a release for them. We have very good relationships with everyone." We observed that staff, throughout the service were highly motivated in supporting people and their relatives.

We spoke with the registered provider of this service they said, "It is important to provide the best care, support and environment to people to help them live their lives to the full supported by skilled, dedicated staff who understand the importance of achieving this." This was apparent during our visit.

People at the home received support from a local GP practice. The GPs in attendance visited regularly so that they got to know people well and built up a rapport with people and their family. A GP we spoke with said, "This is brilliant, it works well, we get to know individuals much better. The staff are the best around, the way they look after people is second to none, and the relatives care is second to none." They told us how they could not fault the caring attitude of the staff at this service.

Staff told us how people's wishes regarding their end of life care were known as well as their decisions about resuscitation. We saw that where people were unable to make a decision about this appropriate people were involved, for example relatives and GP's. Do Not Attempt Resuscitation (DNAR) forms were in place to ensure people's wishes were known in the event of an emergency.

The service provided outstanding end of life care. All relevant specialist and specialist equipment was provided to make people comfortable at this time. Relatives who had experienced end of life care told us they were lost for words by the support they received from the staff at the home. They told us the support they received when their relative was dying was amazing. They said "In my Mum's last few weeks it was not just her who was cared for incredibly well I was too. We were very keen to keep Mum out of Hospital and for her to be cared for in the lovely surroundings that she had come to know. In the last week of her life one of the night staff was ill and all the staff shuffled round their shifts to avoid the use of agency staff. Someone came back from their holidays a day early to do a night others swapped shifts and the registered manager worked on the floor, they said they would not have someone Mum did not know to look after her when she was so poorly. When Mum died one of the carers told me 'She was lovely and it was an absolute privilege to look after her'. This was incredibly heartfelt and the kindness

Is the service caring?

and most comforting thing anyone said to me.” Another person we spoke with said when their relative was seriously

ill they could have stayed overnight if they had wanted to and told us that staff had discussed end of life care with them. They said they would always be in debt to this service for the fabulous work they did to support them.

Is the service responsive?

Our findings

We found people's needs were assessed before they were offered a place at the service which assisted staff to deliver effective care and support. Once people had been admitted to the home we saw from care records that people or their representative had been involved in reviewing the care that was provided. Changes to people's needs were recorded in their care records so that staff were kept informed and could support people appropriately. One relative we spoke with told us that they had requested a very specific diet to be provided. They told us this had been achieved.

We saw if a person's conditions changed and staff were concerned for their wellbeing the person's family were contacted and informed of this. They were also reassured by the staff that their relative had been assessed and action had been taken, for example a GP visit had been requested to help to maintain the person's health. Relatives we spoke with said, "Care is patient centred." "the staff understand the problems that residents have." and "I'm happy with the medical attention here, there is access to health care when it is needed."

We observed from looking at five people's care records that speech and language therapists, dieticians, general practitioners, dentist, opticians and chiropodists and mental health workers visited people living at the home, where this was required. People attended hospital appointments escorted by family or staff. We saw there was enough suitable equipment supplied for staff to use if this had been assessed as being necessary to help maintain people's wellbeing.

We observed throughout all four 'houses' that people were encouraged to maintain their independence even if there were risks attached to this. We observed staff encouraging people to take a walk if they felt like they wanted to. Staff observed from a distance so they could assist the person promptly if this was needed.

People's care records were personalised. These were created by staff with the help of the person, where possible, or family members to ensure that people's preferences for care and support were known.

There was a proactive approach to care planning. Staff told us how their focus was based upon each individual's views and opinions and said that people and their family were

central in making decisions about the care and support provided. Information about people's life, work history, mental capacity, future wishes, preferences, likes and dislikes were known by the staff who considered this information and provided support with this information in mind. People had 'This is Me' information in their care records which helped inform the staff about the person using a holistic approach.

A health care professional we spoke with told us that the service was extremely good at keeping them informed of any issues which they needed to be aware of so they could respond in a timely way to support people. They said that all avenues were exhausted by the staff to help people to remain calm and contented without resulting to the use of prescribing tranquilising drugs. They said, "Professionalism is used when dealing with clients, this it is excellent. Solutions are effective; the manager and staffs approach in using the community mental health team to manage behavioural challenges is extremely good."

The information we received in the Provider Information Return (PIR) told us there was a complaints policy and procedure in place with people having direct links to the manager; we saw leaflets were also provided in reception. People had a named nurse and a key worker. (These are identified nurses and care staff who take extra responsibility for looking after named individuals) They helped to address any issues raised promptly and efficiently.

The registered provider had received very few formal complaints. Those received had been dealt with appropriately to people's satisfaction.

The registered provider had recently undertaken a comprehensive review of all internal and external events and activities provided. They looked at how staff spent their time and focused on providing an enriched environment that would create a natural opportunity for activity and engagement. During our visit we saw staff spent quality time with people, sitting and talking or walking with them. Activities were spontaneous, for example we saw a person sat with a member of staff talking about the news headlines. Another member of staff was sat with a person going through a photo album and reminiscing. A third member of staff was seen asking if a

Is the service responsive?

person would like to go for a walk and asking if they would like some company for this. One person we spoke with told us they were taken out twice a week to continue one of their hobbies, they appreciated this.

People who lived at the home told us they enjoyed the activities that were provided. We saw there were activities provided to stimulate people's memories. For example on the day of our visit there was a musical concert. Staff and

people interacted during the entertainment; we observed evidence of positive, meaningful relationships, with staff encouraging people to sing and inviting people to dance. Those who joined in appeared to enjoy this experience.

We saw a physical exercise class was held on one of the 'houses'. People could attend any of the activities being held on any of the 'houses', this increased the choice of activities available to people.

Is the service well-led?

Our findings

Relatives told us how the registered manager led the team by example to ensure people living at the home, their family and visitors received the very best support. We received the following comments from relatives: “The care X received was exemplary; all of the carers were remarkable this was due to the careful recruitment, training and mentorship they receive from the manager.” “It is magnificent here. The staff are absolutely wonderful. I love the manager; she cannot do enough for you. X is so well looked after.” “The manager makes all the difference.” “For the rest of my life I will be grateful that my Mum lived here and enjoyed her life.” The relatives also told us they had seen the registered manager telling staff that they were doing a fabulous job. This helped to encourage staff.

The service had received many compliments. Compliments cards that we looked at had the following comments recorded about the service: “I do feel that X could not have been better cared for anywhere”. “What an amazing place you are, every single practitioner works to their best with commitment and pleasure. It is impressive each time we visit”. “Everyone is treated with respect and warmth in a loving atmosphere with excellent care taken with nutrition, interests of each person and first class nursing.”

The registered provider and registered manager placed a strong emphasis on continually striving to improve the service. They demonstrated to all staff the values, ethos and expectations of providing a high quality individual service to people and their family. This was apparent in the services Statement of Purpose which was provided to people. The culture of the service was open and transparent. The values of this service were reinforced constantly through staff discussion, supervision and behaviour. The management team told us the ethos was to ‘provide the very best care, support and environment to people to help them to live their lives to the full, supported by skilled and dedicated staff who understood the importance of achieving this.’

The home was purpose built with the needs of people living with dementia at the heart of decisions made about the design of the building. Spacious corridors and signage assisted people to get around. A health care professional we spoke with said, “The provider is very keen to get things

right. I was very privileged to see this place being built. They know what patients with dementia need, for example, daylight and an environment that is safe yet allows freedom.”

There was a very clear management structure in place. Staff were acutely aware of the roles of the management team. Staff told us the manager had a ‘hand’s on’ approach and worked with them to mentor them in providing the most up to date care developed through Dementia Care Matters training. The registered manager was aware of the care and support provided to each person within the service, in great detail, this confirmed that they were heavily involved in supporting people and monitoring how the service was being delivered.

We observed that when the registered manager walked through the home they stopped to speak with people on friendly first- name terms. Other managerial staff had a passing word with people and staff this encouraged a team spirit within the service.

All the staff we spoke with told us how they valued the registered managers energy and desire to provide the very best service possible to people. They said excellence was always strived for. A member of staff we spoke with said, “The manager is outstanding and supportive. They are always looking to improve things. If anything goes wrong the manager is straight onto it” A health care professional we spoke with said, “Four or five staff have told me that the manager is the most amazing mentor.” Another health care professional said, “The manager is really good. Everything is running smoothly, everyone is so well looked after. If I needed a home I would come in here.”

Since our last inspection Vida Hall had been nominated for a Care Innovator Award in 2013. The registered manager had been nominated for an award as an ‘inspirational manager’, they had not gained this award but people had felt compelled to nominate her for this. A quote from the nomination process stated: “Thank you for your great inspiration in the concept of leadership of Vida Hall.”

Staff on all departments told us they felt very privileged to work at Vida Hall and said they would not want to work anywhere else. One member of staff said, “I love it here, it is the best job I have ever had.” When staff were asked why they felt this was they told us it was because of the positive

Is the service well-led?

and innovative leadership and the company policy of always putting people living there first. Staff told us they felt truly inspired and were empowered to voice their opinions.

The service provided a 'relatives support group.' In July 2014 discussions were held about dementia awareness, sharing experiences and signposting. At the last meeting a training session was provided to inform people about the experiences of people with dementia, this was done by using a film on this subject and by reciting poetry. Staff told us that the people who attended these meetings said they truly appreciated them and learned a lot from them.

The registered manager monitored the quality of the care provided by completing regular audits these were carried out weekly or monthly. They looked at people's nutritional needs, medicines management, care plans, infection prevention and control, training and recruitment and staff's professional registration. We saw evidence the registered manager evaluated the audits and created action plans for improvement, when improvements were needed. Regular meetings were held for team leaders, general staff and clinical staff. Health and safety meetings were also held to ensure people's wellbeing was protected.

The registered manager and registered provider told us how staff recruited were considered very carefully. The registered provider said "We look for the loveliness in staff." People living at the home were involved in the recruitment process so that their views were considered.

Surveys were sent to people to gain their views. We saw that in July 2014 these had been sent out. We looked at the results of these surveys; in one question 72 percent of people said they were extremely satisfied with the service. In another question 98 percent had said they would strongly recommend Vida Hall to other people looking for an excellent care home.

A range of meetings with health care professionals took place to gain their views and input about the services provided. The registered provider told us that any feedback received was acted upon to ensure that Vida Hall provided the best services possible to everyone. A health care professional said, "The Dementia Collaborative in Harrogate had the strap line 'Be delighted but never satisfied'. That completely encapsulates Vida Hall. The manager makes a massive difference to many people's lives, I'm not sure she realises herself quite what an impact she has- she is an extraordinary person." Another health care professional said "I think because I have spent nearly thirty years in this field I know how unusual this level of care is. They are constantly seeking ways to improve."