Valant Care Limited

Victoria Royal Beach

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Victoria Royal Beach is a residential care home providing personal care for up to 20 people with a range of care needs, including frailty of old age and dementia. At the time of the inspection, 15 people were living at the home. The home accommodates people in one adapted building.

People's experience of using this service and what we found
People and their relatives felt the home provided a safe environment. People's risks were identified and assessed, with guidance for staff on mitigating risks, which was followed. Staffing levels were enough to meet people's needs. Medicines were managed safely. The home was clean and smelled fresh.

People were positive about the skills and experience of staff who supported them. People and their relatives were encouraged to be involved in decisions about their care. A relative said, "We have been involved in care planning. A new format was put in place and this was explained to us". Staff completed a range of training to meet people's care and support needs and received regular supervision.

People were supported to have a healthy diet and with their nutrition and hydration needs. The lunchtime meal was enjoyed and special diets were catered for. People were complementary about the food on offer and could choose from a varied menu. A relative said, "The food appears good and [named person] has never complained. It's clear choices are offered".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were looked after by kind and caring staff who knew them well. People were treated with dignity and respect. One person said, "The staff are all lovely and know how to look after people".

People received personalised care that was responsive to their needs. Activities were organised and a range of entertainers visited the home. People could spend the rest of their lives at the home, if their needs could be met and this was their wish.

People felt the provider and management team were approachable and friendly. One person said, "It's a well-run home. Staff know what they are doing. The manager is on holiday at the moment; she is very helpful to residents and staff. The owner joins in with the life of the home". Residents' meetings took place and feedback was welcomed.

Staff felt supported by the management team in their roles. Staff meetings took place and enabled staff to reflect on their working practice and to discuss any issues or concerns.

A system of audits monitored and measured all aspects of the home and were used to drive improvement. The home worked proactively with health and social care professionals.

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

Rating at last inspection
The last rating for this service was Good (published 17 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Victoria Royal Beach

Detailed findings

Background to this inspection

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

Inspection team
The inspection was undertaken by an inspector 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 service.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with six people and three relatives or friends of people living at the home. We spent time observing the care and support people received. We spoke with the provider who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the assistant manager and two care staff. We reviewed a range of records. These included three care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We were sent copies of compliments from people and their relatives who had experience of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people. People were protected from the risk of abuse by staff who had been appropriately trained.
- One person said, "It is safe here; the staff are amazing and the night staff make me feel safe. Staff know where you are and how you are all the time". A relative told us, "It's definitely safe. When we complained about the room being cold, they added an oil-filled radiator at once". (The provider explained there had been issues with the gas boilers, but actions had been taken and boilers had been replaced. A risk assessment had been completed in relation to the use of an oil-filled radiator in the person's room.)
- Staff knew what action to take if they suspected any form of abuse. A member of staff explained, "Safeguarding is about protecting a resident and making sure they're safe and protected. I would report any concerns to the manager".
- The registered manager understood their responsibilities under safeguarding and the need to notify CQC of any abuse or allegations of abuse, in addition to informing the local safeguarding authority.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- Risk assessments were detailed and relevant to each person living at the home. We looked at risk assessments in relation to skin integrity, nutrition, falls and choking for one person. The person had recently lost weight and a referral was made to their GP for advice. This person was at risk of choking and advice had been sought from a speech and language therapist which staff followed. There were clear instructions for staff on minced and moist food and thickening of fluids, with photos to guide staff.
- A relative told us, "Mobility needs have received attention to make her safer. She was falling in her room upstairs, so she was moved to her current room, where staff can monitor more easily. They put in an alarm mat, so they know if she is moving and she doesn't fall now. They seem well provided with equipment. They agreed she could have her own bed at first, but now they provide one as she needs the airflow mattress".
- Each person had a personal emergency evacuation plan which contained information and guidance for staff on how to support people, should the building need to be evacuated in an emergency.
- Risks in relation to premises had been assessed and provided for. Equipment, such as hoists, was regularly serviced and records confirmed this.

Staffing and recruitment

- There were sufficient staff to meet people's needs, although some people felt there should be more staff. One person said, "There aren't enough staff. All the essentials get done, but they are so distracted by all they have to do. I don't like to have to wait when they are very busy". Another person told us, "The staff are always busy. I do notice days when staff are on holiday and they are reliant on agency staff". However, a

friend of one person living at the home said, "Staffing seems to have improved, including continuity. There have been more agency staff during the summer, but they have been more consistent too. I see bells are answered promptly".

● We discussed staffing levels with the provider. They had recognised that staff could be busy at particular times of the day, for example, when people wanted to get ready for bed. In response to this, an extra member of care staff was available for a 'twilight' shift, between 4pm and 8pm each day.

● Agency staff were only used when required and there was a full complement of permanent staff at the home.

● New staff were recruited safely. Staff files showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

Using medicines safely

● Medicines were managed safely and monthly audits were effective.

● Staff had been trained in the administration of medicines. Medicines that were to be taken as required (PRN) were administered in line with the provider's policy.

● We observed medicines being administered to people at lunchtime. This was done sensitively and the staff member waited patiently with people while they took their medicine.

● Medication administration records (MAR) were completed accurately by staff. However, we noticed that several entries were completed as 'not required' for medicines such as Macrogel compound and paracetamol. We discussed this with the assistant manager who told us they would contact people's GPs and have their medicines reviewed. Medicines were not over-stocked, but if people felt they did not need laxatives or painkillers regularly, these prescriptions needed to be reviewed.

● All other aspects of medicines were satisfactory. Medicines were ordered, stored, administered and disposed of safely.

Preventing and controlling infection

● People were protected by the prevention and control of infection.

● The home was clean and smelled fresh. One person said, "The home is spotlessly clean". Another person told us, "There seems to be enough staff and the cleaning all gets done routinely".

● Staff had completed training in infection control We observed staff using disposable aprons and gloves when providing personal care or serving meals.

Learning lessons when things go wrong

● Lessons were learned when things went wrong.

● Following concerns raised to the local authority in relation to safe moving and handling practice, staff had completed additional training from a moving and handling trainer employed by the local authority.

● Additional equipment, a 'stand-aid', had been purchased. This had helped ensure that people were now moved safely by trained staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.
At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Before people came to live at the home, their care needs were recorded and pre-assessments were completed. One person said, "[Named registered manager] did my assessment before I came here. She was full of information and made me feel the kindness of the home. I have felt involved in my care plan since then, it's all what I have agreed".
- People's care and support needs were continually reviewed and monitored in line with best practice. For example, one person had difficulty remembering what was happening on any particular day, so staff prompted the person's memory by writing on their calendar. This meant that the person could see at a glance their plans for the day.
- Staff made referrals to other agencies as required. For example, one person had recently seen a speech and language therapist in relation to mouth care issues and needed to see a dentist about their dentures. The assistant manager was following this up.

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs. This included mandatory training in moving and handling, fire safety, health and safety, mental capacity, first aid, nutrition awareness and dementia awareness. Some training was delivered via eLearning and the provider had purchased a laptop for staff to complete their training on, if they did not have access to a computer at home. The provider employed the services of a training consultant for face to face training.
- People felt that staff were competent and knowledgeable about their care and support needs. One person said, "I feel staff are clear about the basics that have to be done and also understand what is specific and important to me".
- Staff were encouraged to study for vocational qualifications such as diplomas in health and social care. New staff completed an induction programme then went on to study for a level 2 diplomas. One staff member explained that they shadowed experienced staff as part of their induction.
- Staff had regular supervision meetings which occurred four times a year and they also had an annual appraisal of their performance. Records confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us there was a choice of food available and enjoyed the meals on offer. One person said, "The food is exceptional, all home-made. I have breakfast when I like and there's wine or sherry available at meals". A relative told us, "The food is fantastic and [named family member] really enjoys it. We were able to enjoy Christmas dinner together here, which was wonderful".

● We sat down with people in the dining room and were given lunch. The meal was delicious and nicely presented. Some people had forgotten what they had chosen for lunch and there were no menus on the dining tables to remind people of the food choices. (A menu was on display in the hall area.) At feedback, we suggested to the provider that menus could be printed off and placed on tables, so people knew what food choices were available to them.
● Tables in the dining area were attractively laid and staff were attentive to people who required assistance. Support was offered discreetly and in accordance with people's wishes.
● The chef came round to offer people ice in their drinks and later to offer ice-cream with their dessert. People know the chef well. There was a choice of three desserts, all home-made. People told us they also enjoyed home-made soup at suppertime.
● We saw one person leave the dining table after eating very little. A member of the care staff interacted and asked the person if they would like to sit at another table. The person agreed and ate a little more of their meal. Later we saw a dish of fruit had been taken to the person's room. A relative of the person said their lack of appetite was a cause for concern and staff were addressing this.
● Special diets were catered for. For example, one person had diverticular disease and required a high-fibre diet.
● Drinks were freely available to people and staff were observed to continually offer drinks throughout the day. A small kitchenette area adjacent to the dining area enabled staff to prepare drinks for people and visitors as and when required.

Adapting service, design, decoration to meet people's needs
● The service had been adapted to meet people's needs. Signage was used where needed to enable people to find their way around the home.
● People could access all parts of the home easily. A lift helped people to move between floors.
● Rooms were personalised according to what people wanted. We saw that people had pictures, photos and items that were of significance to them in their bedrooms.
● People had access to gardens at the home.

Supporting people to live healthier lives, access healthcare services and support
● People received healthcare support as needed from a range of healthcare professionals. Care plans showed that people had access to community nurses, opticians, chiropodists and GPs.
● We saw that a GP had visited one person when they developed a swollen leg. Antibiotics had been prescribed and the person was advised and supported by staff to wear support stockings and to elevate the affected leg. Guidance was followed by staff.
● A relative said, "They are quick to get outside medical help, but sometimes they have to chase the GPs a lot. It's hard to get them to come to the home. We agreed with the home that we would take [named person] to A&E when the GP just kept prescribing antibiotics without visiting. That moved treatment along, so now we all have a better understanding and the care plan has been changed to reflect needs and how to meet them".
● Another relative told us, "I feel staff really understand [named person] needs and get medical attention quickly when necessary".

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was gained in line with MCA and DoLS guidance.
- Some people had been assessed as lacking capacity in relation to specific decisions and DoLS had been applied for where needed; these were authorised by the local authority.
- Where relatives, or others, had the legal right to make decisions on behalf of people, copies of the appropriate Legal Power of Attorney were on file.
- Staff completed training in relation to mental capacity. The assistant manager explained their understanding, "It's whether people have the capacity to make particular decisions or choices". They provided us with an example in relation to one person who would be unsafe to go out unaccompanied.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well and supported by staff who understood people's diverse needs; they treated everyone equally.
- People's religious needs were respected. One person used to go to church every Sunday, but was now no longer able to attend. The assistant manager told us, "[Named priest] is coming next week to look around and then come once a month for Holy Communion and a service. We've asked all the residents if they're interested".
- Staff knew people well and how to support them. Contact by staff with people was observed to be kind, warm and caring. Staff had time to spend and chat with people.
- We observed one staff member reassuring a person who became very upset as they had been thinking about their husband who had died.
- A relative said, "Quite simply they love [named person]. They know her really well. Staff call in to her room a lot during the day". Another relative told us, "[Named person] is resistant to assistance with personal care and so staff have to tread a delicate line, which they are good at. I've seen an improvement in [named person] personal care over the time she has been here as a result. One member of staff has taken the lead on this, which has been very effective".

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

- People expressed their views and were involved in decisions about their care.
- People and relatives confirmed they were fully involved in care planning. A relative said, "We have an agreement about sharing information and they do so effectively. They value my opinion and I've been involved in the care planning". Another relative commented, "Staff attitude towards the residents are really good. They are kind and know people well. It's clear people's will is respected, no-one is made to do anything they don't want to do".
- One person told us, "I love all the staff and they know me very well. They have got to know my ways. They encourage me to do what I can for myself so I remain as independent as I can. They explain everything when they are caring for me, and get my agreement before they do anything".
- A staff member said, "We all work as a team here. We don't do things individually, we try and get everyone involved. We ask people what they want and encourage them to make choices. It's not our decision".
- We saw staff checking with people what they wanted to do throughout the day and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "There are no problems around privacy and dignity. Staff are attentive to closing curtains, knocking on my door, asking what I want done, and they

know my preferences". Another person told us, "All the staff are very good and kind. They wouldn't do anything I didn't want them to do. They know me very well. They wait for me to answer and say what I want".

● We observed that staff were patient and kind in their interactions with people and treated them with respect. Staff knocked on people's bedroom doors before entering and waited for a response.

● One staff member said, "I would treat any person as if they were my relative and how I would want to be treated as well".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised and care plans were written in a person-centred way.
- One person said, "The routines suit me. I feel quite independent. I decide how I like my mornings and evenings, and go down to meals. I can have drinks whenever I like. It was arranged for me to go out shopping or to the seafront with a lady who comes in just for me. I like using the outside seats here in nice weather and it's lovely having the cat here".
- Another person told us, "I like my own room. I'm not one for being in a group and I get so tired anyway, although I do enjoy having lunch with others in the dining room. The day passes as I choose and I'm helped to go to my room whenever I want to".
- Care plans were reviewed monthly and included detailed information about people's care and support needs. People's preferences, likes and dislikes were recorded. The help people required from staff was shown. For example, we read how one person required assistance from staff with dressing, and whether they preferred a bath or shower. Information was included about people's emotional state and moods. One person could become unsettled and upset and so an anti-depressant was prescribed to alleviate their anxieties. It was noted within this person's care plan that they would like the least possible amount of medicines to help control their mood. Staff respected this and their mental state had improved, with a regular review of the person's medicines and support from a community psychiatric nurse.
- Care plans provided information about people's physical health, continence needs, oral health, and also people's life histories.

Meeting people's communication needs

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

- Information was presented to people in a way that met their needs and which they could understand.
- People's communication needs were assessed and recorded and included people's preferences. For example, we read of one person who had extremely poor eyesight, but that their hearing was good. The person could become confused and forgetful at times.
- One staff member said, "I think people with slight dementia communicate in a different way. Like [named person] thinks she is on a ship sailing out of Southampton, so you go along with it".
- Staff knew people extremely well and reminisced with people about their past. A staff member told us of one person whose father was a farrier and the conversations that both enjoyed in relation to this.
- One person told us, "I enjoy music, but I miss conversation. I miss going to the lounge to be with the others and feel cut off from the outside world. I have very few visitors. I have made friends within the home

and one of them comes to visit me". Deterioration in this person's health meant they could no longer be moved safely around the home. Advice had been sought from an occupational therapist and the person had been assessed for a particular type of chair that would support them safely. The chair was due to arrive soon. In the meantime, we saw staff chatting with the person when they could. Staff encouraged one resident to visit the person in their room because they both enjoyed conversation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Activities were designed and organised based on what people wanted to do, their interests and hobbies. Free wi-fi was available to people.

● On the day of inspection, musical entertainers visited the home. People chose whether they wanted to join in with this activity or to stay in their rooms.

● A relative said, "It's good that [named person] can opt in and out of activities according to how they feel or whether it's something they like. Visiting singers have performed for her 1:1 in her room when she hasn't wanted to join as a group activity in the lounge". Another relative told us, "[Named person] has enjoyed joining in the music and games activities in the lounge. She can't get there much now, but she gets a bit of 1:1 time from staff and they try to bring some of the visiting activities to her room".

● One person said, "I don't like the activities. I think the staff have to concentrate on the people with dementia, which is right. I have my books, puzzles and television. I've made my room my home".

● The assistant manager told us they often took people out, according to what people wanted to do. Photos could be taken of people out and about and these were shared with their relatives.

Improving care quality in response to complaints or concerns

● When complaints were received, these were managed in line with the provider's policy.

● People told us they would discuss any concerns they had with the registered manager, assistant manager or the provider. One person said, "I like the manager. She seems me every day she is in. She likes to know everyone feels happy or why not if anyone has a problem".

● No formal complaints had been received recently. A relative said, "We haven't had any complaints apart from things going missing or mistreated in the laundry".

End of life care and support

● People could live out their lives at the home, if this was their wish and their needs could be met.

● No-one was receiving end of life care at the time of the inspection.

● People's care plans included their wishes for their end of life care, where people were happy to discuss this. One person told us, "We discussed my wishes for end of life care and completed a form about resuscitation".

●'Do Not Attempt Cardio-pulmonary Resuscitation' forms had been completed for people. These showed that people and a relevant healthcare professionals had been involved in decisions not to resuscitate them if they experienced a cardiac arrest.

● Staff completed eLearning on end of life and palliative care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's Statement of Purpose describes the aim of the home was, 'To provide all service users with a life that is as normal as possible, given their individual care needs. We provide homely, relaxed surroundings, giving care that will help the individual live as independently as possible, providing privacy, dignity, choice and rights'. People's needs and choices were met according to the Statement of Purpose.
- People received a good standard of care from staff who understood how they wished to be supported.
- A relative said, "It has been a home from home from the start. The manager is active in seeing people and helping out with care tasks when necessary. She shows she wants to see that people are happy and well looked after. When we were concerned about [named person] mental state, we didn't see the home as at fault. We worked together and found them encouraging".

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

- The management team understood their responsibilities under duty of candour and the need to be open and transparent if something went wrong.
- At the time of inspection, the registered manager was on extended leave. In the interim, the home was being managed jointly by the provider and assistant manager.
- A robust system of audits had been implemented. These measured and monitored all aspects of the home and were effective in driving improvement. Audits related to areas such as medicines management, care plans, health and safety, premises and infection control.
- Accidents and incidents were reported and analysed. Referrals were made to healthcare professionals as required. According to the Provider Information Return, care plans were to be reviewed to include more information about people's mobility needs and any aids required.
- The registered manager had a good understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the home and on the provider's website.
- Staff were clear about their roles and responsibilities. Staff meetings took place every six months and were opportunities for staff to reflect on working practices. Information and daily updates about anything related to the home were shared via a staff communication book which staff read when they came on shift.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were encouraged to be involved in developing the service. Monthly residents' meetings took place and records confirmed this.
● One person said, "The owner is very understanding and generous. If anything new is needed in the home, he gets it right away. At Christmas and Easter, nobody is left out, which makes it like a family home. The manager comes in every morning, plus you can ask to see her any time. Anything you say is put right. [Named owner] is very fussy about things being done well".
● Another person told us, "I'm not interested in meetings, but I can always speak to anyone. The manager is very approachable; she clearly wants things to be right. Minor issues get dealt with. The owner is here every week and keeps on top of everything. There is clear investment in maintaining and improving the home".
● After the inspection, we were sent numerous compliments from people and their relatives about the home. One compliment read, 'I could not have wished for my mother to have been in a better place for the last months of her life. She was always adamant that she never wanted to go into a home, so for her to settle as she did indicates to me how well she was cared for – and I could see it in the way she looked and in her manner'.
● One person who stayed at the home on a short break had written, 'May I extend my grateful thanks for a short stay with your staff. I have never met with such loving care and warmth as is shown by each and everyone at Victoria. To cap it all, daily menus providing exactly the right mix to tempt the appetite!'
● People's religions and beliefs were respected. One person had made an advanced decision in relation to medical interventions that they could not receive because of their religious persuasion. This was clearly documented within their care plan and staff understood and supported this person's rights.
● Staff felt supported by the management team and that any issues or concerns they had would be addressed. One staff member said, "I feel supported by everyone here and I just love caring for people". Another staff member told us, "I worry about people. I like to be proactive and it's people's wellbeing I care about".

Continuous learning and improving care; Working in partnership with others
● Staff were encouraged by the management team to widen their knowledge and develop professionally. They were supported in all aspects of their training, whether delivered at the home or by the local authority.
● For example, healthcare professionals had advised staff on catheter care for one person. Advice and guidance had also been sought in relation to the management of people's pressure areas.
● An agency worker described staff at the home as helpful and added, "It's a good home, good to see training is put into practice and people are respected".