Liberty Healthcare Solutions Limited

Vale Court Care Home

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

This unannounced comprehensive inspection took place on 25 and 27 June 2018.

Vale Court is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and we reviewed both areas during this inspection.

This is the first time this service has been inspected under the new registered provider.

Vale Court is a modern purpose-built two storey home situated in the Whitby area of Ellesmere Port close to the town centre. The home provides care for older and for younger adults with a physical disability over two floors and is registered to take up to 57 people. People living on the ground floor are living with dementia whilst people living on the first floor require support with nursing needs. At the time of our inspection there were 56 people living in the home.

The service has had a registered manager in post since 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Individual risks to people living in the home were accurately assessed and reviewed regularly with measures in place to manage the risks identified and keep people safe from harm.

Staff were aware of different types of abuse and how to report safeguarding incidents. Those that were reported had been done so appropriately. Staff had received appropriate training in safeguarding and were able to explain how to keep people safe from abuse - Staff were also aware of the whistleblowing policy.

Staff had received training in areas such as infection control, health and safety and manual handling. Appropriate infection control measures were in place and the safety of the environment was checked on a regular basis.

Accidents and incidents were reported and recorded appropriately. They showed evidence of analysis, review and action taken where needed.

Medicines were managed and stored safely and staff had received appropriate training in order to safely administered medication. Those responsible for administering medication had their competency levels assessed regularly.

Sufficient staff were deployed to meet the needs of the people living in Vale Court.

Consent for care was obtained in accordance with the Mental Capacity Act 2005; staff showed a good awareness of the need to obtain consent when providing care and support.

Staff had received training appropriate to their roles and were supported through regular supervision.

People's nutritional needs were assessed and met to ensure they maintained a health balanced diet; care plans clearly identified people with specific dietary requirements and provided guidance for staff to manage this.

People were supported with access to other health and social care professionals such as GP, podiatrist, opticians and wound specialists.

People receive care and support specific to their needs; care plans were person centred and provided detailed information for staff to know the people they were supporting.

Whilst people were provided with a range of activities, the registered provider told us they had plans to improve on the quality of activities offered to people in the home.

The quality and safety of the service was regularly monitored with the use of effective audits and checks completed by the registered manager.

The registered manager notified CQC of important incidents and events that occurred within the home.

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

This service was safe.

Risks to people had been assessed and appropriate support in place to help manage identified risks and keep people safe from harm.

Medicines were stored and managed safely. Staff had received appropriate training to administer medication and had their competency assessed regularly.

The safety of the environment was maintained to ensure people were kept safe from environmental risks.

Is the service effective?

Good

This service was effective.

Consent was being obtained in accordance with the Mental Capacity Act 2005; staff ensured that people were offered choice and obtained consent before providing care and support.

People were supported with access to external health and social care professionals.

People's nutritional needs were assessed and appropriate support in place for those identified as having specific dietary requirements.

Is the service caring?

Good

This service was caring.

People were treated with dignity and respect and their privacy was maintained.

Staff knew people well and they were patient and caring in their approach.

The service promoted equality, diversity and human rights by supporting the development of personal and intimate relationships between people living in the home.

Is the service responsive?

Good

This service was responsive.

People's needs were assessed and planned for with the involvement of the person and relevant others.

People and family members were provided with information about how to make complaint and they were confident about complaining. Complaints were listened to and acted upon.

People were supported at the end of their lives to have a comfortable, dignified and pain free death.

Is the service well-led?

Good

This service was well-led.

The quality and safety of the service was checked and action taken to address issues identified.

The manager and other staff worked in partnership with others including external health and social care professionals.

The culture of the service was positive and staff reported feeling valued.

Vale Court Care Home

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection took place on 25 and 27 June 2018. The inspection team consisted of one adult social care inspector and one expert by experience (ExE) on day one and one adult social care inspector on day two. An 'ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

We spoke with the operations director, registered manager, other members of the management team and five care staff. We also spoke with eight people receiving support and four relatives. We looked at the care records for five people, four recruitment folders, medicine administration records and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

Good

Is the service safe?

Our findings

People told us they felt safe living at Vale Court and had no concerns about safety or security. Comments included "It's very safe and there are loads of staff here" and "I definitely feel safe living here".

Risks to people were accurately assessed and documented. We saw risk assessments in areas such as manual handling, risk of falls, nutritional risks, behaviours that may challenge, risks relating to pressure sores/wounds and risks relating to choking. Care plans provided detailed guidance for staff to manage identified risks and reduce the likelihood of harm to people. For instance, we saw risk assessments and care plans for people who currently had or were at risk of developing pressure sores/wounds. Care plans provided detailed guidance for staff to manage existing wounds and prevent them from developing. People who had been identified as at risk of developing pressure sores were provided with equipment to help prevent this such as pressure relieving mattresses and cushions. They were placed on regular repositioning checks to help relieve pressure from affected areas. We also saw risk assessments for people with behaviours that may challenge. The care plans and risk assessments clearly identified known triggers to such behaviours and guidance for staff to manage any incidents such as distraction techniques and offering reassurance.

Each person had a personal emergency evacuation plan (PEEP) to assist staff to safely evacuate people during an emergency such as a fire. The PEEPs listed each person's dependency level which indicated to staff what level of support they required such as wheelchair, walking aids/frames, support from staff or fully mobile. The PEEPs also documented important information regarding people's health such as any medication and any specific conditions they had been diagnosed with. The information within the PEEPs was sufficient to assist staff with safe evacuation.

Accidents and incidents were recorded appropriately by staff and regularly reviewed by the registered manager. Incident logs provided detailed information regarding the incident and any immediate action taken by staff. For instance, where people had suffered a fall, staff had documented the circumstances (where known) and any action they had taken such as assessment injuries and medical treatment if required. Accidents and incidents were then reviewed on a monthly basis by the registered manager to determine whether any further action was required such as referrals to falls team or other relevant health care professionals.

Medicines were managed safely by suitably qualified staff. Medications were kept secure in dedicated rooms which were only accessed by nominated staff with responsibilities for managing medication. Those staff had undertaken regular medication training and regularly had their competency checked. The temperature of the medication rooms and fridges were monitored and recorded daily. This helped to ensure they were within the range required so that medicines remained effective. Items of medication which on opening had an expiry date were labelled with the date they were first opened and were within their use by date. There were safe systems for the administration, ordering, storage and disposal of medicines. Records were maintained of all medicines received into the service, disposed of and returned to the supplying pharmacist.

Each person had a medication administration record (MAR) detailing their prescribed medication and instructions for use. Staff appropriately signed MARs when medication had been administered to people and marked specific codes in other circumstances such as when a person had refused medication. Some people were prescribed PRN medication, to be given only when required such as for pain relief. Care plans provided clear details and guidance to instruct staff on the use of PRN medication. Some people living in the home had been prescribed controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. Controlled drugs were locked securely in a separate cupboard from all other medication and the controlled drugs book was completed correctly with two signatures for all administration.

There were sufficient numbers of suitably skilled and experienced staff to meet people's needs and keep them safe. The registered manager told us that since the service had been taken over by the new registered provider they had been able to increase staffing levels to ensure that people's needs were met. We saw from staffing rotas and observations made throughout both days that sufficient staff had been deployed on both units within the home.

Safe recruitment processes were in place. Each recruitment file contained an application form with a detailed employment history, photographic identification, references and evidence of Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children. This helps employers to make safer recruitment choices. Where positive disclosures were made, risk had been assessed and mitigated in order to ensure that people remained safe.

People were protected from abuse and harm. Staff had completed safeguarding training and were provided with information and guidance on how to recognise and report any abuse they were told about, witnessed or suspected. Staff knew the different types and indicators of abuse and how to report any safeguarding concerns. Allegations of abuse had been promptly referred to the relevant agency including the local authority and CQC. The registered provider had a whistle-blowing policy and procedure which guided staff on how to report any concerns in confidence without any reprisals. Staff told us that they were familiar with the whistleblowing procedure and were confident about using it to report any concerns.

Regular checks were completed to ensure the environment remained safe for people living in the home. The maintenance manager had detailed records of all safety checks completed on a regular basis. This included checks on gas and electricity systems, portable appliances, water quality, fire systems. We saw checks completed on items such as window restrictors, fire doors and manual handling equipment such as hoists, slings and wheel chairs. In addition to these were checks to ensure that safety systems such as fire alarms, emergency lighting and nurse call bell systems remained in working order. The maintenance manager explained, and records confirmed, that they completed daily checks of the environment and any issues or faults would be dealt with that day.

Good infection control procedures were followed to minimise the spread of infection. Staff had received appropriate training in infection control and had access to information and guidance informing them about the prevention and control of infection. Staff had access to a good supply of personal protective equipment (PPE) including disposable gloves and aprons, and they used them appropriately thus minimising the risk of the spread of infection.

Good

Is the service effective?

Our findings

Care plans had been developed for people's assessed needs. The plans were titled with the identified need and instructions for staff on how to support the person. We saw care plans for areas such as manual handling, communication, nutrition, pressure wound care, behaviours that may challenge and personal care. Care plans were reviewed regularly and updated when changes in needs had been identified.

Some people required aspects of their care monitoring throughout the day and night, for example food and fluid intake, wound management, air flow mattress settings and behaviours that challenge. Charts were in place for staff to complete in order for care to be regularly monitored and evaluated. Regularly monitoring people's care is important so that staff can ensure care is effective and achieves the desired outcome. For instance, recording people's diet and fluid intake helps to ensure they are maintaining a healthy balanced diet and not being placed at risk of malnutrition.

People and their relatives told us they felt staff knew them well and knew their preferences and were able to meet their needs. Comments included "The staff are super, they all know [relative], they know her well", "[Staff] are all very good, they know what they're doing" and "[Staff] seem to know how to get [relative] to respond. They leave him until he's ready."

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 people 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had been made to the local authority where required. We saw evidence within a separate file that applications made by the manager had been appropriate and relevant paperwork completed accurately.

We found evidence that the principles of the MCA were being adhered to. People were supported to have as much choice and control as possible of their lives and staff supported them in the least restrictive way possible. Staff were able to explain the importance of offering people choice how they obtained consent from people for all aspects of their daily care. Staff were also able to explain that where people lacked the capacity to make more complex decisions about their care, it was necessary to make decisions on their behalf that were in their best interests.

On commencement of employment at Vale Court, staff completed a detailed induction program in order to provide them with the necessary skills and knowledge to carry out their role. Further training was provided in areas such as manual handling, dementia care, MCA and DoLS, first aid, health and safety, nutrition and hydration, catheter care and equality and diversity. The registered manager kept a record of training staff had completed and when refresher training was required. Staff were supported in their role through regular

supervision and appraisals. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. Staff told us they Staff told us they felt supported in their role and received regular supervision and felt confident discussing any concerns/issues or development needs they may have.

People living in the home were supported with access to external health care professionals to maintain their health and wellbeing. We saw that people received care and advice from professionals such as GPs, dieticians, podiatrist, mental health team, speech and language therapists (SALT) and social workers. A record was maintained for each person detailing all contact that had with other health and social care professionals. This included details of any intervention, the outcome and any aftercare staff were to provide.

People's nutrition and hydration needs had been appropriately assessed and where required were supported to maintain a healthy balanced diet. Where people had specific dietary needs or requirements, referrals to appropriate professionals had been made. For instance where people had been assessed as having difficulties swallowing they had been referred to the SALT team for support; care plans clearly documented the support that was required. Where people had been identified as being at risk of malnutrition, appropriate referrals had been made to the dietician and where necessary additional records were kept in relation to what people had had to eat and drink throughout the day in order to effectively monitor people's nutrition. Regular checks were made in relation to people's weight to ensure they maintained a healthy weight.

Meals were provided by an external food company which were delivered to the home and then prepared on site by the chef. The company had knowledge of people's individual dietary needs. For instance those who required a soft diet, fortified diets and people who had specific health conditions such as diabetes and celiac disease. The registered provider told us by using this service they were able to ensure a high calorific diet, a good range of soft diets and visually appetising pureed diets for those who required them. They were also able to provide food and nutrient trackers for each resident which helped to ensure that people were receiving a healthy balanced diet. Most people we spoke with thought the food was a reasonably balanced diet and told us there was plenty of fruit and vegetables. People told us if they didn't like the choices for the day they could ask for something else and the chef would prepare an alternative. People provided mixed feedback regarding the meals provided. Comments included "The food is good. You get a choice and if there's nothing you fancy [staff] will give you what you want within reason", "fairly nice" and "The dinners are not too good, they're like hospital food". One relative told us that a person had specific dietary requirements and they had made a chart of what the person could eat, the chef has since put this on the wall to ensure that they receive the right food.

Vale Court supports people who are living with dementia. Steps had been taken to ensure that the environment was appropriate for people living with dementia; such as appropriate lighting, colour schemes, floor coverings and signage. We saw that bedroom doors contained a photograph to help people identify their rooms and rooms such as toilets and bathrooms had appropriate pictures to help people identify them. Some information had been made accessible to people living with dementia with the use of pictorial notice boards that identified the day, time and what the weather was like that day. This had also been used to tell people what activities were being provided on each day. We discussed with the registered manager and unit manager the importance of making more information accessible to people living with dementia such as menu boards. The registered manager told us this was something they were already in the process of purchasing from the food company that provided the meals for the home.

Good

Is the service caring?

Our findings

All the people we spoke with were extremely positive about the staff and felt they were kind and caring and that they knew them well and what they liked. Comments included "[Staff] are wonderful people", "The staff are lovely, anything you want they do" and "We have a laugh and a joke". People and their relatives told us Vale Court had a happy atmosphere with staff who always made the effort to make people laugh and smile.

Staff were observed to be kind and caring towards people living in the home. We saw many examples of staff positively interacting with people in a caring and compassionate way. From our observations it was clear that staff knew people well and had developed positive, familiar relationships with them. This positive interaction was not just observed with care staff but also domestic staff who also appeared to have developed positive relationships with people and were often observed chatting with people in a familiar manner.

We often saw staff chatting with people and having a banter; the atmosphere within the home was calm, friendly and inviting and the positive attitudes of staff were seen to have a calming influence on people. The banter and positive interactions were also observed between staff, which clearly had a positive effect of the overall atmosphere and feeling within the home. On many occasions we saw staff having a good banter with each other whilst still providing quality care and support to people.

Staff were also seen to have positive relationships with relatives and were often seen having a laugh and a banter with them. Relatives were made to feel at home and were regularly checked on by staff and offered food and drinks. People and their relatives told us they were able to visit at any time and made to feel welcome, if they wanted privacy they had access to rooms to allow this. One relative had visited during lunch and had been provided with a full meal, staff were observed to be as attentive to this relative as they were to people living in the home. During the medication round, the deputy manager was observed to have an extremely positive relationship with a relative; it was clear from the interactions that they had got to know the relative well and made them feel at home whilst visiting.

Relatives were very positive about the staff; comments included "Sometimes I sit in the lounge watching them and think 'where does your patience come from?'", "[Staff] were life savers to me last year, [relative] was becoming aggressive towards me and [staff] took the time to explain it all to me and told me it was normal" and "[Staff] started singing one of the old songs and everyone joined in. [Staff] sill kick them off all the time singing. We can always hears people laughing".

Staff spoke respectfully with people and about people. Staff were observed to sit close to people when talking with them and maintained eye contact and listened to what people had to say. One relative told us "I've never heard a cross word and they have to put up with a lot".

Staff involved people and offered them with choices about their care and support. Before providing care and support staff explained to people what they were about to do and checked with people that they were comfortable and happy to proceed. Staff were patient when assisting people to eat and drink. They did not

rush people and provided gentle prompting and encouragement to those people that needed it. People told us staff encouraged them to be independent and offered them choices at all times. One person told us "I choose what I do and when". One relative told us staff had worked closely with other health professionals to develop a person's confidence with their mobility.

People were treated with dignity and respect. Staff knocked on people's doors before entering and enquired about their wellbeing. All personal care was kept private and provided in people's rooms, bathrooms or toilets and doors were kept shut at all times. Staff were able to explain the importance of maintaining people's dignity whilst providing personal care and explained how they would, where possible, encourage people to provide their own personal care in order to help make them feel as comfortable as possible. Where people were unable to do this for themselves, staff ensured that people were kept covered as much as possible.

Personal information about people was treated in confidence. Paper records were locked away when unsupervised by staff and information held on the computer was password protected. Only authorised staff had access to people's personal information. Staff were careful not to be overheard when speaking with people about personal matters and when sharing information amongst other staff about people. Discussions about people were held in offices with doors closed. Staff understood their responsibilities for maintaining people's confidentiality.

Nobody living in Vale Court was currently being supported by the local advocacy service, however the registered provider had a detailed policy and procedure in place that provided detailed information on how people could access advocacy service if they required it. This was also displayed on notice boards within the home.

The registered manager and staff understood their role and responsibility in supporting people with equality, diversity and human rights (EDHR) needs or requirement. The registered provider had a detailed policy and procedure in place relating to EDHR. The service also had a policy and procedure in place for personal and sexual relationships. The registered manager told us they were very supportive of people's rights to develop and maintain intimate, personal and sexual relationships within the home. They were able to provide examples of when relationships of this nature had developed within the home and provided an example of when two people had met in the home and had gone on to get married.

Good

Is the service responsive?

Our findings

Vale Court ensured that people received personalised care that met their needs. Prior to moving into the home each person's needs had been assessed to ensure that the right support was provided. We saw from both paper care files and the new electronic files that care records had been completed with the involvement of the person and their relatives and were reviewed regularly. Each file contained support plans and assessments that were individual to the person's needs. The information contained in the files helped staff to provide care that reflected their individual needs. Care plans were person centred and provided detailed information that would assist staff to know the people they were supporting; they included information about people's life histories, their likes and dislikes and preferences around the support they needed.

People were provided with the equipment they needed to help with their comfort, safety and mobility. Nurse call bells were positioned close to people who occupied their bedrooms and sensor mats and bedrails were in place for people who were at risk of falls. We observed staff to be responsive to people's needs in a variety of ways. Examples included helping them with their drinks, snacks and meals, responding to requests for support in a timely manner and ensuring that all support was provided when requested by people.

People and their relatives told us staff were responsive to people's needs. Comments included "[Relative] was uncomfortable in their chair and [staff] got a new one and a special cushion almost immediately" and "If there is an issue, [staff] deal with it straight away"

Communication systems helped ensure that people received care and support which was responsive to their needs. A staff handover meeting took place at each shift change to exchange relevant information about people. Daily records were also maintained for each person which summarised the care people received, any progress and significant observations which needed to be followed up. This enabled staff coming on duty to get a quick overview of any changes in people's needs and helped to ensure consistency of care. People's health was monitored and when staff noted a decline in a person's physical or mental health they reported it onto the nurse in charge. This helped ensure appropriate decisions were made in response to people's health and wellbeing.

The service employed an activities co-ordinator to provide activities for people living in the home. Activities were limited and mainly consisted of board games, quizzes, bingo, pamper days and chair exercises. The activities co-ordinator also, where possible, supported people to get out into the community to access local shops, community groups and the park. In addition to activities provided by the home, entertainers are brought into the home such as singers and local theatre groups. The activities co-ordinator was supported by care staff on the dementia unit to provide activities to people. This helped to ensure that all people in the home were given access to activities each day. The unit manager for the dementia unit was currently looking at making links with local community groups in order to provide a more diverse range of activities. People spoke positively about the activities co-ordinator and their interactions with people and how they managed to get people involved in activities bit group and one-to-one. Comments included "There's quite a lot of entertainment down here [staff] play games and things, they put music on and people will dance" [Activity

co-ordinator] was doing a one-to-one with [relative] and said to them 'will you help me with this?' and they joined in. Clever, as they wouldn't have done this otherwise but because they thought they were helping out they joined in" and "I never get bored". We discussed the limited range of activities with the registered manager and managing director who told us they had plans to improve on this area by seeking advice and support from the activities co-ordinator in another service owned by the provider. The managing director also told us about a current project being carried out by a university in relation to dementia friendly activities. Another home owned by the registered provider had been selected as part of this project and they hoped to implement some of the ideas at Vale Court in the near future.

There was a complaints procedure in place that provided detailed guidance for people to make a complaint where required. This information was included in the resident handbook that is provided to all people who move into the home. The registered manager kept a detailed record of all complaints received, any contact made with the person making the complaint and what action had been taken. All complaints recorded had been dealt with appropriately and in an appropriate time scale. People told us they felt confident making a complaint if they needed to.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. Where appropriate medicines were held at the service and used when necessary to keep people free from pain and comfortable. Where people chose to discuss their end of life plans an appropriate end of life care plan was developed outlining their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, relevant others about the development and review of these plans. The service had recently supported a person with end of life care who's health had improved to the degree that they were no longer end of life; this person was now living a quality life within the home.

Good

Is the service well-led?

Our findings

The service has had a registered manager in post since 2012. The registered manager was supported in their role by the operations director, managing director, deputy manager and unit manager for the dementia unit. From observations made it was evident that the management team had developed a positive working relationship and understood each other's roles and responsibilities within the home.

The atmosphere within the home and amongst staff was pleasant and relaxed. People and their relatives spoke positively about the registered manager. Comments included "[Manager] is very good, very nice, they listen", "[Manager] will pop their head round and say 'hi'", [Manager] is nice she pops in if I'm poorly and in my bed" and "[Manager] is lovely and approachable."

Staff spoke positively about the registered manager and management team. Comments included "[Manager] is an amazing manager, very supportive and very approachable, I can go to them for anything", "I get on with the [manager] like a house on fire, they are very supportive. [Manager] is the best manager I have had and very welcoming", "[Managers] are good at what they do" and "[Manager] is brilliant, very approachable". The unit manager told us they had recently been promoted into the role, they felt supported by the registered manager and as a result of the level of support given felt confident in their abilities to carry out their role.

From observations made and discussions with staff it was evident that the registered manager and management team had a clear desire to provide a level of care that was safe and person centred. The registered manager showed a continued desire to improve on the quality of the care being provided at the service and was working well with the managing director, operations director and management team to do this.

Regular staff meetings were held to allow the management team to provide updates about the service and discuss any on-going concerns or issues. In addition to staff meetings, the registered manager told us they had recently implemented 'reflection of the day' which occurred at the end of each shift to allow staff to discuss any important information or issues that may have arisen throughout the shift. This allowed for issues to be dealt with immediately and for staff to learn from any errors that may have been made. The management team and supervisors also met on regular basis to discuss any updates, changes or issues and implement actions where required.

The registered manager told us they had also recently implemented 'resident of the day' which allowed for all unit managers (care, maintenance, house keeping and kitchen) to review one resident's care plan each day to ensure that all up-to-date and relevant care and support was being provided. As part of this process, managers would discuss care and support with people and their relative (where possible) and obtain their views and discuss any concerns.

The registered manager had conducted surveys with people living in the home in May 2017. The feedback from the surveys was positive about the care and support being provided by staff at Vale Court. Some

people had raised issues in relation to the food provided which was fed back to the company who provides the meals for the home. The registered manager met with the company and discussed the feedback and as a result improvements were made to the menu.

There were systems and processes in place for assessing and monitoring the quality and safety of the service and making improvements. We saw audits and checks in relation to medication, food safety, wound analysis, infection control, safeguarding and manual handling equipment. Records showed that where issues had been identified, action had been taken to address them. In addition to these audits the registered manager conducted regular observations of staff to ensure they were providing quality care. The observations included the dining experiences, staff interactions with people, how staff carried out their role and whether they provided person centred care and offered choices. Any issues identified would be fed back to senior or management staff and dealt with through a supervision. Regular checks and audits were also conducted by the regional director to ensure the quality and safety of the service was being maintained.

The registered provider had in place a set of policies and procedures relevant to the service and they were accessible to staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. The registered provider kept all policies and procedures under review and updated them as required to ensure they were in line with current legislation and best practice.

The registered manager maintained close working relationships with outside agencies and professionals, such as GP, nurse practitioner, podiatrist, tissue viability services, dietician, opticians, infection control, community mental health team and quality assurance within the local authority. Observations during the inspection showed evidence of the working relationship the registered manager and management team had with a number of these professionals.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection was displayed within the home and on the provider's website in accordance with CQC guidance.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Vale Court.