

Valentine Lodge Ltd

Valentine Lodge

Inspection report

28 Edith Road,
Canvey Island,
Essex,
SS8 0LP

Tel: 01268 696955
Website: valentinelodgenursing@gmail.com

Date of inspection visit: 24th August 2015
Date of publication: 28/10/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on the 24 August 2015.

Valentine Lodge provides services up to 21 people. They provide nursing care and accommodation for personal care and will also support those who need palliative or end of life care. On the day of our inspection they had thirteen people living at the service.

The service had a registered manager in post. 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.

People's medication was not consistently well managed. Medicines had not always been administered or stored safely and effectively for the protection of people using the service.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of

Summary of findings

Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. The deputy manager and staff did not have a good working knowledge of the MCA and the DoLS and how people's rights must be protected. Mental capacity assessments had been carried out where people were able to make decisions for themselves.

People were kept safe, but the content of risk assessments varied and did not always show how people were supported with every day risks.

People had not routinely been involved in decisions about their care or how they would like this to be provided. Assessments had been carried out, but care plans varied in their content and had not always been developed around the individual's needs and preferences.

The providers audit and governance systems were not effective and did not highlight the areas that were found during this inspection. The service had quality assurance systems and audits in place, however some of the concerns regarding medication management, care records and in complete documentation had not been identified as part of this process.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would

take to protect people. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. There were sufficient numbers of staff on duty.

Staff had been offered training to help ensure they had the skills and knowledge required for their role as a care worker.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were able to choose alternatives if they were not happy with the choices offered on the menus. People were supported to maintain good healthcare and had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians. The service kept clear records about all healthcare visits.

People were treated with dignity and respect and staff provided care in a kind, caring and sensitive manner.

People knew how to complain and were confident their concerns would be listened to. The service had a clear complaints procedure in place which was clearly displayed. This provided information on the process and the timespan for response. We saw that complaints had been recorded and any lessons learned from them had been actioned.

We found breaches in three areas of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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 not consistently safe.

The standard of medicines management in the home was variable. Medicines had not always been administered or stored safely and effectively for the protection of people using the service.

The provider had systems in place to help safeguard people. People and their relatives told us this was a very good service and that it was a safe place to live.

The provider had systems in place for the management of risk, but these had not routinely been followed.

There were sufficient numbers of staff to meet the needs of people who used the service.

Requires improvement



Is the service effective?

This service was not consistently effective.

People were cared for by staff that were trained and supported.

Staff did not have a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and how people's rights could be protected.

People experienced positive outcomes regarding their health.

Requires improvement



Is the service caring?

This service was caring.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

Good



Is the service responsive?

This service was not consistently responsive.

People received care and support, but they had not routinely been involved in the planning and reviewing of their care.

People were able to raise concerns and complaints and could be confident they would be listened to and acted upon.

People were able to make choices and had as much control and independence as possible.

Requires improvement



Is the service well-led?

This service was not consistently well-led.

Requires improvement



Summary of findings

Quality assurance systems were in place, but these were not consistently effective.

Staff understood their role and were confident to question practice and report any concerns.

Valentine Lodge

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.

The inspection was unannounced and took place on the 24 August 2015. The inspection team consisted of two inspectors.

We reviewed other information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used all this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with three people who used the service, three visiting relatives, the deputy manager, and four members of the care staff. Due to not everyone being able to communicate with us verbally we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how people's care needs were being met. We spent time observing care in the communal area.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the files of two newly recruited staff members and their induction records. We also looked at staff support and training records. We reviewed the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and supervision records.

Is the service safe?

Our findings

During our inspection we found that the standard of medicines management in the home was variable and medicines had not always been administered or stored safely and effectively for the protection of people using the service.

Whilst observing the lunchtime medication round it was noted that the staff member did not sign the medication administration sheets after each person had received their medicines. We were advised by the staff member administering the medications that this was recorded all together at the end of the medication round. This was not good practice and records being completed retrospectively increases the potential risk of inaccurate recording and could lead to medication errors. Staff did not have an understanding of relevant professional guidance or the service's medication policies and procedures, which were there to help keep people safe.

Medication was only administered by trained staff, qualified staff had been monitored and observed in their medication practice and documentation seen showed that competency checks had been undertaken. These checks were ineffective as staff were not completing medication records correctly and safely.

Each person's medication record sheet was accompanied by their photograph, which supported staff to ensure that the correct person received the correct medicines prescribed for them. However, there were no up to date PRN (as and when required) medication protocols in place, this meant that staff could not be assured that they were providing people with, for example, ad hoc pain relief when required and as prescribed for their specific conditions.

The medication storage area was not secure and could be readily accessed either through the lounge or through the manager's office. It was confirmed by the staff and the deputy manager that the medication room doors did not lock and the medication trolley was not secured to the wall. This was discussed with the provider who advised he would take immediate action. We have since received confirmation that a key pad lock has been fitted to the door and the room is now secure.

We saw that the temperatures of the medical refrigerator had been regularly checked and recorded, but the medication room temperature had not. At the time of our

inspection the room thermometer read 25 degrees C, which is the maximum advised storage temperature to ensure clinical effectiveness of some medications or there is a risk of the medication properties changing and not being effective. Room temperatures had been recorded from 01/01/2015 to 07/03/2015, but no further records could be found.

An external audit had been completed by the company who provides the service's medication on the 15/05/2015. This identified that the room temperature was '20 degrees' and needed to be 'monitored daily.' The service's action plan stated, 'temperatures to be recorded in the medication room daily' and gave a timescale of 'immediate,' however, from documentation seen this had not been maintained.

This is a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a procedure in place, 'Assessing and managing risks to service users.' This recognised that people had the right to take risks and identified areas of risk such as falls, environment, emotional wellbeing, the risk of harm and medication support. Some care plans assessed risks to people and included falls and risks relating to people maintaining their independence. Where risks had been identified for other people they had very little information recorded on how staff were to manage these without restricting people's choice and independence. People had not been part of the risk assessment process, but the deputy manager advised that they were in the process of auditing the risk assessments to help ensure they were up to date and also reflected each person's needs.

There were systems in place to help monitor dependency levels and help assess the number of staff needed to provide people's care and help keep people safe, but these had not been routinely completed. Files contained copies of dependency levels but these had been dated March 2014 and November 2014. This was discussed with the deputy manager who advised that they did look at people's dependency levels and had in the past increased staffing in response to changing needs, but it had not been routinely recorded. An example provided was where staff now started at 07.00 to ensure that high dependency residents needs were met in a timely way.

Is the service safe?

People told us that they felt safe living in the home. One person told us, “I feel safe and comfortable here, the staff are all good.” A relative told us, “I have no concerns about, [name of person’s] care or safety. I know that they are well cared for.” Staff knew how to protect people from abuse and avoidable harm and had completed training. Staff were able to express how they would recognise abuse and report any concerns. They were also aware of the whistle blowing procedure and described who they would take any concerns to. One said, “It is very important that our residents feel safe, and that we care for them properly.”

The service had policies and procedures in place and these were there to help guide staff’s practice and to give them a better understanding. It was noted that the service had ‘Ask SAL’ posters around the home which provided the reader with information on who they could contact if they had any concerns or wished to report any form of abuse. Two safeguarding concerns had been raised by the service and it was clear through discussions with staff and the manager that the service was aware of safeguarding procedures and would use them when necessary. Some improvements were required in the way the service documented safeguarding concerns to ensure that any outcomes, actions taken and lessons learnt were clearly recorded and all the relevant information kept together. The deputy manager acknowledged this shortfall and assured us that this would be addressed.

Regular checks had been completed to help ensure the service was maintained and that people lived in a safe environment. All relevant safety and monitoring checks were in place and certificates relating to gas, electricity and fire safety were in date. Fire systems, hoists, nurse call

system, appliances and the lift were all kept regularly checked and serviced. The service did not presently have risk assessments in place in relation to the general premises, the environment or safe working practices. One relative stated that they felt the kitchen needed updating and stated it was the last area of the environment that needed to be improved in the service as the flooring and tiling was in need of updating. The service had recently had an environmental inspection of their kitchen and have only been given a food hygiene rating of 3 stars, which means it has been rated as ‘generally satisfactory.’

Staffing was sufficient to meet the present people’s individual and diverse needs. Rotas confirmed that these levels were being maintained.

When spending time in the home, people had access to their call bells and were able to call staff, who came fairly promptly. People told us that staff were attentive. One person said, “They always make sure that I have my buzzer and come when I need them.”

Staff employed at the service had been through the service’s recruitment process before they started work. Staff had Disclosure and Barring checks in place to establish if they had any cautions or convictions which would exclude them from working in this setting. The appropriate checks had taken place before staff were employed, but improvements were needed in the way information was organised as the required information was sometimes difficult to find and files were often disorganised.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and help in keeping people safe.

Is the service effective?

Our findings

The service did not have up to date information about protecting people's rights and freedoms and staff did not always understand their role and the law in terms of people's choices and right to consent to care being delivered to them.

The service had policies and procedures on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), but these had not been routinely followed. Staff lacked understanding with regard to when mental capacity assessments should be completed and when referrals to local authority should be requested. People's care records did not always contained documentation regarding assessment of people's capacity and identify what day to day decisions they may need help with. One file had an MCA assessment completed, but when looking at the person's care plan it was clear that they were able to make decisions for themselves and did not lack capacity and was therefore inaccurate and not a true reflection of the person.

Staff we spoke with did not always demonstrate an awareness of the MCA and DoLS and how this helped to keep people safe and protected their rights. No training had been provided in the MCA and the service did not have systems in place to show that people had been approached in relation to giving consent to receiving care and support.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they had received a good induction, which included working alongside experienced staff and getting to know the needs of residents. One told us, "I worked alongside experienced staff for two weeks to learn about the residents and how things needed to be done. I felt well supported." However, documentation to show that an induction had taken place could not always be found. The deputy manager agreed that the recording of staff's induction needed to be improved and that all new staff would be completing the new Care Certificate, which is a recognised training and induction package for people working within the care sector.

The staff spoken with confirmed they had received regular training and updates. Some staff had also completed a recognised qualification in care. The deputy manager

advised that they were looking into introducing other courses which were relevant to care. Documentation seen showed that staff were up to date in moving and handling, food hygiene, health and safety, infection control and dementia awareness.

Staff felt well supported in their work and told us that management were approachable should they need guidance and advice. Staff meetings had occurred in May and July and minutes seen had good information that staff were involved in the running of the service and management listened to their concerns. Feedback from staff included, "I have been well supported since I have worked here and I would be able to approach management or other staff if needed." There was however a lack of formal supervision and appraisal within staff files. This was discussed with the deputy manager who was aware that staff support was an area that needed to be developed further. We saw in staff files a 'Minute management tool.' The deputy manager explained that they intended to use this to record any positive work or practices observed for individual staff members. This would be used to inform supervisions and appraisals.

People were supported to have sufficient to eat, drink and maintain a balanced diet. At lunchtime we saw that people were eating different meals according to their choice. People advised that there was normally a main meal, but an alternative would be offered if you wanted something different. People were encouraged to be independent with eating, but where needed staff were observed offering support and assistance. One person told us, "The food here is very good, and you get a good choice." Another person said, "The cook here knows what I like and my favourite things. They make sure that I get what I like and come and discuss what I want for my meals." Questionnaires had recently been completed to gather feedback for people's likes and dislikes for the summer menus.

The service had a three weekly menu in place. This showed that there was a varied menu and that people were offered choice and a healthy balanced diet. A hot breakfast was made available each day and also a choice of cereals. Meals were appropriately spaced out and flexible to meet people's needs. Hot and cold drinks were made available during the day, but one relative stated that they had noticed that people were no longer offered biscuits with their morning and afternoon drink. This was discussed with

Is the service effective?

the deputy manager who stated they were in the process of arranging for snacks to be offered such as crisps and biscuits during the day so that people were offered more choice.

People's nutritional requirements had been assessed and recorded. Where a risk had been identified there was nutrition and weight charts in place to enable staff to

monitor people's nutritional needs and ensure people received the support required. Where they required assistance from a nutritionist or health care professional this had been sought.

People had been supported to maintain good health and had access to healthcare services and received ongoing support. Referrals had been made to other health care professionals when needed and this showed that staff enabled people to maintain their health whilst living at the service.

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received and said that they were treated with dignity and respect. They were complimentary about the care and staff and their comments included, “I can’t grumble, you cannot wish for a better home” and, “I am very happy here.” Those spoken with also confirmed that they felt they were treated with respect.

Staff interacted well with people and ensured that those who were unable to express their wishes were included in the conversations. Staff displayed appropriate awareness of people's day to day care needs and understood the support each person required to meet their needs and keep them safe. Interaction observed between people and staff was friendly, kind and patient. We saw that people looked relaxed and at ease and staff spoke to people in a friendly and attentive manner and showed patience and understanding. Staff knew the people they were looking after well and we heard them addressing them in an appropriate manner. We observed staff delivering good care and following good practice, one relative's feedback stated that they ‘Could not fault the care’ at the service.

Staff responded quickly to people's needs and they were kind and caring in their approach. We noticed that staff regularly engaged with people and that people responded in a positive way. Comments received showed that people felt the staff provided the support they needed and these included, “The staff here are very good. I feel like part of the family.”

People had been given some opportunity to express their views about their care and support at meetings, but these were intermittent and had occurred in September 2014 and May 2015. The deputy manager advised that they were hoping to make these meetings more regular and give people the opportunity to feedback regarding the care they received and also the running of the service with regard to food, activities, staffing and the environment.

Relatives also felt that the staff team were good at what they did. One person told us, “The staff are kind.” Most people had families and friends who were involved in their care and it was confirmed that they were kept informed of any changes. Where people did not have any family or friends to support them, the service provided information about local advocacy services who could offer advice, support and guidance to individuals if they need assistance.

Is the service responsive?

Our findings

People's care needs had been assessed before moving into the home, which helped to ensure the service was able to meet their needs. We found some inconsistencies across the service in the quality of the information included in people's records. Some provided sufficient detail to give staff the information they needed to provide care and support, but others did not fully reflect people's care needs. The information was not person centred and did not always cover each individual person's physical, psychological, social, emotional or diverse needs. The deputy manager advised that the format of care plans had recently been changed and they would need to relook at what information was had been recorded for each person and ensure these were updated and person centred as they had been in the past.

Systems were in place to try and encourage people to be involved in the care planning process, but these had not routinely been used. There was limited evidence to suggest that people had been involved in producing their care plans. All files had a 'This is me' document, but there were inconsistencies with their completions. One was blank, two had partly been completed and the last one had very good information about the person, their history and interests. This had been completed by the family and identified things that may be important to the person and what care needed to be in place, which assisted staff to provide people with person centred care.

Although records within the care files were not up to date on speaking with staff they were aware of people's care needs and able to explain what assistance each person required and how they liked their care. We observed staff assisting people with their care and support and they spoke with each person to ensure they were comfortable and had received the support they needed. Staff were very attentive to people's needs.

Daily activities were advertised on a board near the lounge and included chat, CD music, bingo, sing a long and hair and nails. On the day of our inspection most people

were either in their bedrooms or sitting in the lounge without any engagement or activity. The deputy manager wanted to develop this area further development to ensure people were able to follow their interests and take part in social activities. They also wanted to involve the local community and build relationships. Visitors were welcome and people were seen coming and going throughout the day.

People did have the opportunity to attend the local church and the church also made weekly visits to the service. The deputy manager added that the church were very good and would call on people for support and guidance when needed.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Details of the service's complaint procedure could be found in documentation given to people when they first moved into the service and also in the foyer. Staff knew about the service's complaints procedure and that if anyone complained to them they would notify the person in charge. Where complaints had been received, there was a good record that they had been investigated and appropriate action taken. It was clear that people's concerns had been taken seriously and resolved where possible.

People found the staff and management approachable and felt they were able to raise any concerns they may have. One person added, "I have no concerns and I would speak with the manager if I did." Visitors spoken with also confirmed they knew who to complain to. The service had a large number of thank you cards from families and friends of people they had cared for. Compliments the service had received included, 'A big thank you for all the staff who cared for [person's name] and helped them when they were so poorly. I noticed how kind and thoughtful you all are and it showed me it is not just a job for you, but you all really care; keep up the good work' and, 'Thank you for the care and all the kindness shown to [person's name] in his stay with you. He seemed happy and always had a smile.'

Is the service well-led?

Our findings

The service had a number of systems in place to help monitor the standard of care received, but these had not routinely been completed and had not been used to evaluate and improve their practice. The areas of concern identified during our inspection had not been recognised in the audits completed by the service, including shortfalls in medication management, quality and details of care records in terms of risks to people's safety and personalised care needs and staff induction and supervision. Generally records had not always been maintained consistently and different formats and processes had been used. Policies and procedures had not been reviewed and many related to 'outcomes' and had not been updated to reflect current domains and change in regulations. The deputy manager was aware of the requirement to improve in this area and had started to do their own audits, so improvements could be made, but these had not yet been implemented effectively at the time of our inspection.

This is a breach of Regulation 17 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager on the day of our visit, but they had recently resigned from their post and were in the process of working their last week. The deputy manager had been successful in gaining the position as manager and assisted with the inspection process. People who lived at the service and their relatives told us that management were always available and they would be seen around the home. They added that they felt they could approach them if they had any problems or concerns and there was an 'open door' to the office if they needed to speak with anyone. Feedback from staff included, "The management are always available or supportive and sensitive to your needs."

Staff worked well together as a team and people received good quality care. Staff told us that morale was very good and they felt supported by management and guidance and assistance was available when needed. Staff stated they felt they were able to express their views and felt listened to.

They added that the manager and deputy manager were both very 'hands on' and would work shifts with them so had a good understating of the care they provided and any issues they may be experiencing.

The deputy manager explained that once the changeover of management had occurred they wanted to develop the team and drive improvements within the service. They had been speaking with staff to find ways of improving the care and lives of the people who lived at the service.

Systems were in place that provided management the opportunity to listen to staff feedback and use this in a constructive and motivating way. A staff questionnaire had recently been completed and comments included, "The home is managed well," "The management are very helpful and there is someone around to talk to and help with any needs" and "The home is very well managed now and is a happier place to work."

Staff were aware of their responsibilities and there was clear accountability within the staffing structure. This meant that people living at the service benefitted from a cohesive staff team, who worked together to deliver good care.

The service had clear aims and objectives and also a 'philosophy of care', which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect. The management team were clear about their responsibilities and were able to show a good leadership and management in most areas.

People who lived at the service and their representatives had been provided with opportunities to provide their views about the care and quality of the service. Annual quality assurance questionnaires were sent to relatives and people who used the service to gather their views and opinions. A 2014 quality assurance report for the service was viewed and the service had received a score of 'excellent' or 'good' regarding the care they received.

Regular notifications were being received from the service to notify CQC of any issues or notifiable incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where medicines are supplied by the service provider they need to ensure that there are proper and safe management of medicines. Staff must ensure the storage, dispensing, administration and recording of medication is in line with their own policies and procedures and current legislation and guidance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Regulation 11 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment of service users must only be provided with the consent of the relevant person and where the person is unable to give such consent because they lack capacity the registered person must act in accordance with the 2005 Act. Providers must make sure that staff obtain consent of people who use the service and are familiar with the principles and codes of conduct associated with the MCA 2005, and are able to apply these when appropriate, for any of the people they are caring for. Policies and procedures for obtaining consent to care and treatment must reflect current legislation and guidance and staff must follow them at all times.

Regulated activity	Regulation
--------------------	------------

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider must evaluate and improve their practice in respect of the processing of information referred to in sub paragraphs (a) to (e).

The provider must ensure that their audit and governance systems remain effective.