

Vale House Oxford

Vale House

Inspection report

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Date of inspection visit:
12 November 2019

Date of publication:
19 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Vale House is a residential care home providing personal and nursing care to 38 older people at the time of the inspection. The service can support up to 40 people.

People's experience of using this service and what we found

Medicines were not always managed safely. The provider did not always ensure there were effective systems in place to monitor medicine stocks and storage of medicines where they needed refrigeration.

Vale House was not always well-led. The provider's quality assurance systems were not always effective and not used to drive improvement. The provider's internal processes and procedures did not always reflect the current good practice. There was the lack of evidence that meaningful staff supervisions took place and these did not provide identification of staff development opportunities.

We have made a recommendation about the provision of staff supervisions.

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 supported to maintain good health and to meet their nutritional needs. However, the registered manager and staff were not aware of and had not implemented the current good practice around food textures. This is when people need thickened food or fluids due to swallowing difficulties.

People living at Vale House and their relatives told us they received safe care from staff that knew people well. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs.

People and relatives told us staff were caring. Staff consistency enabled people to receive good care from staff who had a good rapport with people. People had access to activities to prevent social isolation.

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection and update

The last rating for this service was requires improvement (report published 14 November 2018) and there were multiple breaches of regulation identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made. However, some improvements made were not fully effective.

We have identified one breach of regulation in relation to quality assurance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Vale House

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 team consisted of two inspectors, a specialist advisor in dementia care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Vale House 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 home is purpose built accommodating up to 40 people predominantly living with dementia.

The service had a manager registered with the Care Quality Commission. This means that the registered manager and provider is 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

We reviewed the information we held about the service and the service provider. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We sought feedback from the local commissioners. We also reviewed the provider's previous inspection reports. We used all of

this information to plan our inspection.

During the inspection

We spoke with one person and 10 relatives. We looked at six people's care records and five medicine administration records (MAR). During the inspection we spent time observing how staff interacted with people. We spoke with the registered manager, the deputy manager and six staff which included, care staff, kitchen staff and domestic staff. We spoke with two volunteers. We looked at three staff files in relation to recruitment and staff 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 looked at training data and quality assurance records. We sought and received feedback from five professionals who regularly visited the service.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely. The provider did not always follow relevant national guidelines around storing medicines. Where medicines were stored in medicine fridges, we found there was the lack of evidence the storage temperature had been checked to ensure the medicines remained effective.
- The provider failed to ensure there was a correct medicines stock. We found some discrepancies in medicine stocks. Therefore, we could not be reassured this was due to a counting or administering error which could affect people receiving correct medicines.
- People received their medicines safely. We observed staff administering medicines to people in line with their prescriptions.
- Staff had been trained in administering medicines and had their competency checked.

Staffing and recruitment

- We observed there were enough staff to meet people's needs. People were attended to in a timely manner and staff were not rushed. Agency staff were used when needed and the provider ensured the same staff were used to maintain consistency of care. The registered manager told us recruitment was ongoing.
- People and their relatives said staffing levels were being improved. One person told us, "Staff about, can be very busy but can always find someone." One relative said, "Staff around and would say sufficiency of staff. Regular checks to see how people are getting on." Another relative told us, "Enough staff about but on occasions it can be difficult to find them."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.

- People's risk assessments included areas such as their mobility, nutrition and challenging behaviour. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Learning lessons when things go wrong

- The registered manager implemented a new system that ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- Discussions with staff showed there had been learning and changes implemented following the last inspection report. For example, staff training had been arranged in behavioural management.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Vale House. Relatives said, "Safe thing that impressed me is attention to detail, never shown any signs of stress, smiles at the carers", "100% safe, care-wise. Care very good, anything let us know."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "I can report concerns to manager or safeguarding team".
- The provider had safeguarding policies in place and the team reported concerns accordingly.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff told us they felt supported by the registered manager. However, there was no evidence to show staff were provided with opportunities to agree their work objectives, future development and discuss their performance.

We recommend the provider seeks advice from a reputable source to ensure supervisions and appraisals are used to develop and motivate staff, review their practice and focus on development.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider had clear systems and processes for referring people to external services. These allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services.
- Feedback from staff and healthcare professional showed people's oral health needs were met. However, oral care plans could be more detailed in line with current guidelines.
- Healthcare professionals complimented staff and told us staff followed their advice and sought further guidance when needed. One healthcare professional told us, "Staff are courteous and appear willing to work with our service."

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

- People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings to improve people's experience. This included special diets, individual choices and preferences.
- People told us they enjoyed the food. One person said, "Food very nice, alright". Relatives also commented on the food and told us, "Food is excellent, doesn't like to waste so tends to eat what is on her plate" and "Chef is good, food is good. [Person] likes an apple so the chef picks a fresh one off the tree for him. Cares aware that he likes sweet things, done in the kitchen for him."
- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal.

- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available, if and when people changed their minds.

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.

At our last inspection the service did not always follow the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We always assume capacity in the first instance. Most of our residents lack capacity to consent to most things so we make the decisions for them in their best interest." People were given choices as staff worked to the principles of the MCA.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process. For example, where people were given medicines covertly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at Vale House to ensure their needs could be met and to achieve effective outcomes.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Adapting service, design, decoration to meet people's needs

- Vale House was purpose built and the layout was easy for people to navigate through.
- The internal signage was dementia friendly and assisted people to orientate themselves around the home and maintain independence.
- The home allowed free access to people who used equipment like wheelchairs. People could move

around freely in the communal areas of the building and the gardens.

- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. People had memory boxes with meaningful personal effects.
- People had access to outside space and garden which had sitting areas.

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 and relatives were positive about the care they received and told us staff were caring. Relatives told us, "Carers are very caring, very nice, regularly when I come in here always welcomed with a 'hello, anything I can do'. Nurses absolutely marvellous, nothing to moan about", "I know that it takes more than one person to do things and know that they will be fair. Carers are super people- good careers. Every member of staff fantastic" and "Really good relationship. Outstanding care, outstanding carers. If I go to do something they will take it off me and do it for me."
- During the inspection, we saw many examples of warm interactions. People were spoken to kindly and they smiled when approached by staff, indicating that they were at ease with carers. People's body language demonstrated that they were very happy in the presence of staff and other residents. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this.
- The provider recognised people's diversity and had policies in place that highlighted the importance of treating everyone equally. Staff told us they treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative told us, "Care plan- we ask lots of questions and we are happy with where it is now. They listen to me and no problem with that."
- Staff knew people very well and easily anticipated their needs. For example, a person who was constantly walking around was supported by staff who were vigilant but unobtrusive. We saw that on a number of occasions when person neared toward a stair gate or the coded entry lift was distracted by a member of staff. This allowed the person to remain calm.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff treated people respectfully and maintained their privacy. One relative said, "I definitely respect, the way they [carers] treat people." Another relative told us, "They treat [person] as a human. Hair and teeth alright, not seen her in anything but clean clothes."

- People's care plans highlighted the importance of respecting privacy and dignity. Staff told us they treated people respectfully and as individuals
- People's care records highlighted ways to promote independence. For example, giving people time to do the simple tasks they still could, such as brushing hair.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People's care plans reflected individual needs with guidance for staff to follow to ensure safe care provision.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's well-being.

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.

- We spoke to staff about AIS and however their knowledge of it was limited they gave us examples how they ensured effective communication when people lost ability to express themselves verbally. We raised with the management team that the records needed to be more detailed.
- People's care plans had some citing of communication needs. For example, one person could not verbally express their need. The care plan guided staff to anticipate needs and look out for facial expressions. We saw staff followed this guidance.

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

- People had access to activities which included individual and group activities. On the day of the inspection we saw a music therapy session. It was well attended, and people enjoyed the session.
- The provider made a decision not to employ a designated activities coordinator and the activities provision was provided by staff. This meant staff were able to ensure people were engaged in daily living tasks which for people living with dementia was particularly beneficial.
- One person commented on activities, "Activities good but I think that there could be more offered, changes are needed." Relatives commented positively about activities. They said, "Complementary therapy is brilliant, lovely things being done. But not a lot you can be doing as advanced dementia", "Music therapy session, [person] joins in and fantastic emotional response. Impressed by the hairdresser, hair dos are good,

relaxation, animal therapy and musical entertainment" and "We have a music therapist, comes in and [person] has always loved music."

- Records showed activities included animal therapy, seated exercises, aromatherapy, hand massages and reading.
- The home had support from volunteers who helped with activities and watering flowers and plants for people.
- Staff at Vale House had developed links with the local community. For example, local primary school pupils come in to entertain residents, predominantly at Christmas. Vale house also offered placements to trainee paramedics and student nurses, enabling them to gain experience of working with people living with dementia.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy. Since our last inspection, the provider had only received one formal complaint. There were many compliments received regarding good care.
- People and relatives knew how to give feedback about their experiences of care, including how to raise any concerns or issues. One relative told us, "I know how to complain but I am a person that keeps an eye on things. It is difficult to find anything wrong."

End of life care and support

- There were no people receiving end of life support at the time of our inspection. The team occasionally supported people with end of life care and they worked closely with other professionals to ensure people had a dignified and pain free death.
- The service had explored people's preferences and choices in relation to end of life care. These were recorded and included spiritual needs, funeral arrangements and preferences relating to support.
- Records of staff meeting minutes showed staff training in end of life care had been discussed and suggested to staff. Staff we spoke with told us they knew how to support people and families.
- The provider employed a family support person. It was clear family support had a positive impact on people and relatives. One relative said, "Family support functions on a psychological level, acting as a counsellor. Me as a family member found it supportive. I value that." There were many compliments sighting good care following end of life.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care. We however found the provider's quality assurance systems were not always effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider the provider did not have effective systems in place to monitor the quality of service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's quality assurance systems were not always effective and not used to drive improvement. The concerns we found around medicines had not been identified by the provider's own quality assurance systems. Medicines storage checks were not included in medicine audits; therefore, the provider's quality assurance systems had not identified these shortfalls.
- We looked at the last three care plan audits and noted the same shortfalls had been repetitively identified. This showed the action taken in response to these finding was not always effective therefore no improvement had been made as a result. These shortfalls remained an issue at the time of our inspection. For example, some care plans were not always updated.
- The provider representatives visited Vale House on a regular basis to monitor the quality of the service. Records of their visits did not identify what the visits had found and whether there were any resulting actions for improvement. The provider's visits had not identified the concerns we found during the course of this inspection.
- The provider and the registered manager did not always take effective action to review their systems to ensure improvements were identified and implemented. This meant their internal processes and procedures did not always reflected the current good practice. For example, the management team and staff were not aware of the International Dysphagia Diet Standardisation Initiative (IDDSI). This is a global standard to describe texture modified foods and thickened drinks for individuals with swallowing difficulties of all ages, in all care settings.

This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives had opportunities to provide feedback through surveys. From the last survey, some of the information gathered was used to create a direct response with changes that were going to be implemented to address the issues raised. For example, a drinks trolley was introduced following a comment around hydration needs not being met. However, there were no actions around the provision and monitoring of the fluids or staff training around hydration. Some of the issues remained not addressed. For example, a comment about experienced care assistants who could do more to mentor less experienced staff who did not know what to do to communicate or stimulate people. Another comment cited agency staff not being as good as regular staff. Both these comments had not been addressed in the response letter to relatives after the survey. There was no action plan to indicate what the provider intended to do to address these issues and if any learning had been identified or changes had been implemented as a result of that.
- People and their relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- People and relatives told us Vale House was homely and had a community feel. A relative said, "This feels like a home from home. Great part of the community".
- During the inspection we observed effective team working. There was a warm and welcoming atmosphere. Records showed staff had opportunities to raise concerns during staff meetings.

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

At our last inspection the registered manager did not always notify the CQC of reportable events. This was a breach of Regulation 18 Registration Regulations 2009 Notifications of other incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

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

- Relatives told us people loved living at Vale house and they were positive about the management team. Relatives commented, "Manager is brilliant, treats me like one of the family. It's well managed, every time I come in here all above board and well cared for", "Well managed because there is a routine for everything" and "The manager is good and always available".
- Staff were complimentary of the support they received from the registered manager. Staff said, "I went through a difficult time and I was well supported by the manager" and "Manager has been here for a long time. She is good and focused".
- The provider created an open and transparent culture which contributed to staff delivering good care for people.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance systems were not always effective and not used to drive improvement.</p> <p>The provider's internal processes and procedures did not always reflect the current good practice.</p>