

Four Seasons (Bamford) Limited

The Vale Care Home

Inspection report

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Tel: 01246824252

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Vale care home is a care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 40 people. The home is set over two floors with communal spaces on each level. There were also bathing and bedrooms on each floor. There was an accessible garden.

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

People and staff felt there was not an open culture at the service. All the staff reflected on the registered manager not being a visual part of the home. Staff did not always feel supported and had not received supervision. Audits had been completed, however these had not always reflected in actions being taken to address errors or drive improvements.

There was not always enough staff to support people's needs. We found some errors in the recording of medicines which raised concerns to the administration being done correctly. People's dignity was not always respected, and this had an impact on their needs and well-being. For some people this also impacted on their independence.

Staff understood the importance of safeguarding people from harm and had investigated any which were raised. However, the staff had not raised concerns in relation to verbal or physical aggression which had occurred, so they could be investigated. Some lessons had been learnt, however other lessons in relation to people's behaviour had not always been addressed.

The meal experience was chaotic and did not always encourage independence. Staff had received mandatory training, however there was no training for people's specific conditions, which could impact on the care they required. There was limited signage around the home to support people who may have a cognitive impairment and require support to orientate themselves.

Care plans had been completed and included people's preferences and needs. However, for some people these wishes had not been provided due to lack of equipment or changes in people's needs. Activities or stimulation had been restricted by the staff member in this role being diverted to support care needs. Information was not always provided in formats to support people's understanding and verbal concerns had not always been recorded to show how they had been addressed.

The provider had completed risk assessments for people and there was detailed guidance available for staff which we saw was followed. Staff maintained good standards in hygiene to reduce the risk of infection. Staff had been recruited safely.

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 had received support with their health care needs and staff had raised referrals when people's needs required additional support or guidance. Family and friends were made welcome to the home.

People and relatives told us the staff were friendly and caring. We saw how relationships had been developed and these made a real difference to the support people received.

The provider worked in partnership with health and social care professionals. We saw the home had displayed their rating on site and on their website. Overall, we had received notifications to events at the home, however we reminded the registered manager to ensure all areas were reported.

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

Rating at last inspection - The last rating for this service was Good (27 April 2017)

At this inspection we found improvements were required and the rating had deteriorated to Requires Improvement with four regulation breaches. You can see the action we have asked the provider to take at the end of the report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Vale Care Home

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

One inspector, an inspection manager 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

The Vale Care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We also reviewed data we had received about the service. We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with six people and three relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with five staff members, a member of the domestic team, the cook, three care staff, a senior, a training nurse and agency nurse. We also spoke with the registered manager and the area manager who was present for the feedback.

We reviewed a range of records. This included five people's care and medicine records. We also reviewed the process used for staff recruitment, various records relating to the management of the home and other procedures developed and implemented by the provider.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. 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

Staffing and recruitment

- There was not always enough staff to support people's needs. One person said, "There are not enough staff and they don't seem to fill the schedules and some staff are unreliable which impacts on other staff."
- We saw that throughout the day the lounge was frequently unsupervised for periods of over 20 minutes. When staff did enter the communal spaces, it was to support with a specific task, for examples timed refreshments or a pressure relief task.
- One person had requested to be transferred from the chair to their wheelchair. They had to wait twenty-five minutes until this task was completed.
- All the staff without exception felt there was not enough staff. Comments like, 'We are pushed and don't get time to spend with people.' And, 'There is not enough staff, we are always struggling.' The staff were task focused which meant essential care was completed however day to days risks were not always considered. For example, ensuring support to those people at risk of falls or providing comfort or a personal touch.
- The provider told us they used a dependency chart and they were currently working within these numbers. However, people's needs had increased, and the staff's views had not been considered in the support people may require.
- The provider used agency nurses for most of the homes needs. This had impacted on different nursing staff providing the care. Although there was a handover, some staff we spoke with were unaware of people's needs. The provider told us they were recruiting nurses and had plans in place to reduce the use of agency.
- There was no call bell monitoring, so the provider was unable to review this level of support and consider any impact on the person or staffing needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staffing was effectively managed. This placed people at risk of harm. This was a breach of regulation 18(1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a process in place to ensure that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely; Systems and processes to safeguard people from the risk of abuse

- Medicines was not always managed safely.

- In the PIR, the provider told us that the medicine was now dispensed from the original packaging and not in blister packs. They told us, 'It is felt this re-enforces the procedure of accurate checking of individual medications and reduces the risk of medication errors.' However, we found that on several occasions the medicine administration record (MAR) had not been signed.
- We checked the stock for these medicines and found the incorrect number of tablets. This meant we could not be sure people had received their medicine as prescribed.
- Some people required medicine to reduce their anxiety, which was administered on an as required basis. We found that the explanation of why the medicine had been given had not always been recorded. For example, no written entry had been made for December, however several doses of medicine had been given. This meant the person's anxiety reasoning could not be evaluated.
- We reviewed records in the daily logs which contained the MAR and found they had not always been completed to reflect the cream had been applied as prescribed.
- Fridge temperatures had not always been recorded as required by the NICE guidance, 'Medicines management in care homes.'
- Staff understood the importance of recording concerns and had received training safeguarding. However, we saw several records which referred to incidents relating to service user aggression, both verbal and physical. These had not been reported to the local authority safeguard team to investigate. This meant we could not be sure the provider was being open and transparent with us.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines and safeguarding was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The provider had learnt lessons from a recent safeguard, which had been raised by health care professionals. This related to the recording of the support provided to reduce skin damage. An action plan was completed to address these concerns.
- However, we found that other lessons had not been learnt in relation to people's behaviour management. For example, each staff member had a different approach in how they would manage some people's behaviour which challenged. This meant the people were at risk of receiving different levels of care and this could have an impact on their behaviour being managed safely.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for people's needs, and we found these to be detailed and provide guidance to staff. For example, when people required support to move using equipment.
- People were supported to reduce the risk of pressure care. We saw repositioning charts which reflected when people had been moved and the supported they had received. These were in accordance with health care plans.
- Maintenance of the home had been completed, and all the required checks to comply with health and safety were in place.
- People had an individual plan to support their evacuation, for example in the event of a fire.

Preventing and controlling infection

- The home had measures in place to protect people from the risk of infection.
- We observed domestic staff were available daily and they completed cleaning schedules.
- The kitchen had a food hygiene rating of five. The food hygiene rating reflects the standards of food hygiene found by the local authority.

- People told us, and we observed staff used protective clothing when supporting people with personal care and food preparation, for example, gloves and aprons.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 we raised concerns about the understanding and completion of capacity assessments. At this inspection we found this area had been addressed.
- People were supported with decision when they lacked capacity, and this was completed through a capacity assessment and best interest process.
- The registered manager told us they had completed a learning session in relation to MCA to support understanding and the completion of the required paperwork
- When appropriate a DoLS application had been completed and measures were in place to ensure people's safety within the home.

Staff support: induction, training, skills and experience

- Staff had received the required mandatory training. However, staff had not received training in areas relating to people's long-term conditions. For example, diabetes, Huntington's disease, and cerebral palsy.
- The home supported people with complex care and the provider had not considered the importance of the training for staff in these areas. We reviewed the providers training matrix which reflected that no additional courses had been completed by the current staff team
- All the staff we spoke with felt there was not enough training to support their role with people's specific needs. This meant people were at risk of not receiving the correct care for their condition.

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

- We observed the midday meal. It was a chaotic experience. There was not enough staff to support people's needs. Condiments were not accessible, and people were given their meal without cutlery.
- Some people required thickener in their drinks to reduce the risk of choking. Each person's thickener is individually detailed with guidance as to the thickness they required. We found the staff used any thickener available. This could place the person at risk of not receiving the required consistency.
- People had been asked about their choice of meal, however there was confusion over some meals. The meal of the day had been chosen by one person and this was a new idea to give people a choice and opportunity to try other people's favourite meal.
- People's weights were monitored, and any concerns had been followed up with health care professionals.

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

- People had received a pre- assessment before they received support at the service. However, we found that this information was not always relayed to staff or completed as planned. For example, some staff had not followed the recorded care plan.
- A new form had been developed which was shared during the handover of staff between shifts. This is used to exchange summary information about people's needs including some medical aspects or diagnosis. However, we found some staff remained unaware of some people's needs and the impact possible medical conditions could have on their behaviour or needs.
- Current guidance relating to people's long-term conditions was not included in care plans or reference in the support people received.

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

- There was limited signage around the home which could impact on people with a cognitive impairment being able to orientate themselves.
- Consideration had not always been made to the accessibility with peoples own rooms to ensure they had access to the required equipment for their needs.
- People were able to personalise their own rooms.

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

- People had received support from health care professionals when required and the appropriate referrals made. For example, opticians and speech and language therapists.
- Recent guidance had been issued to care homes to promote oral care. In the PIR the provider told us they had introduced an oral care champion. The champion ensured dental plans were in place and staff knew how to raise any referrals when required for dental care. We found plans were in place and dental care had been recorded when provided.

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 now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence, supporting people to express their views and be involved in making decisions about their care

- People's dignity was not always considered. For example, one person was in a room too small to support their needs or equipment requirements. The person told us, "I need to live my whole life here, and that is not recognised." This meant they were not able to be supported as they wished or have all their needs met.
- Another person had requested a change of room to support their personal care needs, this had not been supported, however another person had been supported to move on several occasions. This reflected a lack of respect for some people's needs and wishes.
- We saw during the midday meal, people received their meals without cutlery or glasses for a drink. There were also no aids to support people to remain independent, for example specialist cutlery or plate guards. There was confusion with some people's meal choices and this did not reflect a dignified or pleasurable meal experience.
- During the day we saw the downstairs lounge door to the outside was left open. This was to allow access for those people having a cigarette outside to gain access. However, this meant the room could be impacted by the cold air. We observed people sat with blankets around them and one person told us, "It's cool in here, so I am getting a long cardigan on to keep warm."
- People told us they felt their care needs were impacted by the inconsistent staffing. One person expressed how unnerving it was having an unknown staff member knock on their door and offer personal care. They told us, "Not knowing who is knocking is not good especially when you are vulnerable." This had resulted in the person declining care and frequent refusals could impact on the person's well-being.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's dignity was effectively managed. This placed people at risk of harm. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they enjoyed the company of staff and had established positive relationships.
- One person told us, "All the staff are kind and caring, I don't have anyone favourite."
- Staff had a good understanding of people's equality needs and were possible supported them. For example, with meals relating to people's cultural heritage or religious preferences.
- Family and friends were welcomed, and they told us they could drop in as they wished. We saw those who visited during the inspection were made welcome.

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 remained the same. This meant people's needs were not always met.

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.

- Many people using the service had a cognitive impairment which could impact on how they receive and understand information. We found that within the home information had not been provided in other formats to support these people.
- There were no picture menus and the written menu on display reflected the menu from five days before the inspection.

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.

- Social isolation was not always addressed, or people's interests developed.
- We found the staff member responsible for activities had been diverted from the activities role to support the care needs of people. This was to cover staff sickness or to escort people to medical appointments. On the day of the inspection, there were no activities provided and people were left unsupervised only receiving support for a required care task.
- In the PIR the provider told us, 'To develop the Personal Activities leaders (PAL) to encourage strong relationships with diverse community groups who can support the services by visiting the home or providing community-based venues for our service users to attend.' However, we found that there was limited focus on community connections.
- There was some evidence that activities had been provided and in the summer months the accessible mini bus had been used for trips out. However, due to their being no administration support the activities staff member told us the use of the minibus had been impacted.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were detailed and included all aspects of people's care. These included preferences and the care needs. However, we found for some people they had not received the care as detailed in their care plans.
- The registered manager told us this was because the required additional equipment had not been obtained to enable the activity to be completed safely. For other people it was because their preference had changed, and this had not been updated.
- Overall, we found the care plans to be detailed and regularly reviewed. Some people were unaware if they

had been included in the reviews, so we have asked the registered manager to ensure the details are recorded in future.

- At the time of the inspection there was no one receiving end of life care.
- Staff told us they had received support from health care professionals when this care was required. However, they also reflected that the staffing was not increased during the period of this support. One staff member said, "The staffing is not increased, and we want to be with the person to give them care or just sit with them in their last hours." This meant peoples care could be impacted during the last days of care.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy, there had been no recorded complaints since our last inspection. However, some people we spoke with had told us they had raised concerns with the registered manager and these had not been documented.
- We reviewed comments from the Derby Care home website, which reflects ratings and people's comments about the home. There were mixed comments, however, the staff were always praised, for example, 'Staff are always pleasant and polite The home itself is generally clean and tidy and the domestic staff are always on hand for a chat with the people and put a smile on their faces. The staff do their best under pressure when short staffed.'
- The registered manager agreed to review how they record verbal concerns in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- All the staff we spoke with felt the registered manager had no visual presence in the home and spent most of their time in the office. One staff member said, "The manager is not very engaging, always in their office."
- Staff told us that the senior meeting which should be provided daily had not been happening regularly. This impacted on communication being developed between staff and the management. They told us, "It would be better to have a communication book with the appointments and important information." However, without these meetings the registered manager had limited oversight of people's needs.
- Staff we spoke with did not feel involved in the development or running of the home. Some staff reflected how the staff were often sent to support other homes run by the provider, leaving the service short. One staff member told us, "The manager is always sending the staff to other homes."
- Staff told us how they had requested equipment and the registered manager had been slow to respond. For example, the kitchen had requested a mixer to enable them to make cakes, they have been waiting over three weeks. The cook told us this had impacted on providing homemade treats for the people. Other staff told us about the delay in requesting slings for people to support their mobility needs and the impact that had on the person receiving the required care.
- We saw that audits had been completed. However, these had not always been used to drive improvement. For example, we found several errors in relation to the MAR sheets and the stock control of medicines. These errors had not been identified by the audit.
- Other audits in relation to the environment had not identified signage or adaptation needs.
- The falls audit had identified several unwitnessed falls within the lounge areas, however this had not been considered in relation to the staffing numbers or how the risk could be reduced.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance was effectively managed. This placed people at risk of harm. This was a 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

- The provider had completed quality questionnaires with people. Overall these were positive.

- A 'You said, we did' board was displayed in the home. However, this was dated August 2019 and no new areas for improvement had been considered.
- The concerns from August were in relation to menu planning and activities. The cook told us they tried to incorporate people's choices and had commenced a weekly person of the day choice to focus on people's favourite meals. No action had been identified in relation to activities. One person told us their only stimulation was the televisions. One to one support was not always provided to people in their rooms.
- Staff told us they had not always received supervision for their role. We reviewed some records of staff meetings; however, these did not reflect a supporting approach.

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

- We checked our records which showed the registered manager had notified us of events in the home. However, we had not received a notification when the service had been closed due to sickness and we have raised the low reporting in relation to possible safeguards.
- A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.

Working in partnership with others

- The provider worked with a range of health care and social care staff. We saw when guidance was provided this was included in people's care and this was shared with staff to ensure these would be followed.
- The provider had addressed concerns raised in a recent fire safety audit and continued work was being done to ensure all risks in this area met the required standards.
- The local authority had raised some areas in relation to recording keeping and these had been reviewed and changes made to meet these requirements. We saw that records now reflected people's daily 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The service did not always respect people's dignity and this may have an impact on the person feeling valued.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured medicines were administered accurately and in accordance with the prescriber instructions. People had been placed at risk from possible harm, through lack of reporting concerns.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There was not an open culture with the home. Effective systems were not in place to assess, monitor and improve quality of care. People were not always engaged in sharing their opinions about the service, and their views used to drive improvements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There was not always sufficient levels of staff to respond to people's needs. The provider had not deployed sufficient numbers of staff to make sure they could meet people's needs.

