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Vale Lodge Residential Home

Inspection report

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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Vale Lodge is registered to provide accommodation for up to 20 people, some of whom are living with dementia and mental health needs and who require support with their personal care needs. On the day of the inspection 19 people were living at the service, one person was in hospital. Vale Lodge is a large property with accommodation over two floors. There is a communal lounge, a communal dining room and garden.

We carried out the previous comprehensive inspection on 22 November 2015, the overall rating was Good. At this inspection we found some areas of concern including: safe recruitment practices, the understanding of the MCA Code of Practice, the recording in care plans and ensuring quality assurance processes in all areas were robust to ensure high quality of care.

Risks associated with people's care and living environment were effectively managed to ensure people's freedom was promoted because staff knew people well and communication within the team was good. However, support plans required further detail regarding action staff should take if risks were identified for example weight loss.

People received care from staff who had undertaken training to be able to meet their unique needs. However, people's human rights were not always protected because the code of practice in relation to the Mental Capacity Act 2005 (MCA) had not been followed.

The registered manager and provider wanted to ensure the right staff were employed, however, although external staff had recruitment checks to ensure they were safe to work with people, one family member had not.

The registered manager and provider were supported by a dedicated team. However, the governance processes in place had not identified the areas for improvement we found at the inspection. The management structure had not been able to sustain high quality in all areas.

There was 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 and their relatives told us staff were very caring and kind. Staff demonstrated kindness and compassion for people through their conversations and interactions. Staff knew people well. People and relatives confirmed their privacy and dignity was promoted and they were actively involved in making choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People and their relatives were welcome at the service and encouraged to be part of the care planning

process and to attend or contribute to care reviews where possible. This helped to ensure the care being provided met people's individual needs and preferences. Support plans gave some personalised information but staff knew how people liked their care delivered, their favourite pastimes and their preferences.

There was a complaints policy, and incidents were learned from to ensure improvement. The registered manager and provider promoted the ethos of honesty and admitted when things had gone wrong.

People were supported by consistent staff to help meet their needs in the way they preferred. People's independence was encouraged and staff helped people feel valued by engaging them in everyday tasks where they were able, for example laying the table and feeding the garden birds if they wished to. People enjoyed a variety of activities and trips to local areas.

People's medicines were managed safely by trained and competent staff.

People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

Policies and procedures across the service were being developed to ensure information was given to people in accessible formats when required. People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and information for people with cognitive difficulties and information about the service was available in larger print for those people with visual impairments. Easy read information on a range of health matters was also visible at the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the quality assurance systems in place and record keeping and the Mental Capacity Act 2005 not always being followed. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected by safe, thorough recruitment practices.

People were protected by staff that understood and managed risk. However, support plans did not always record how risk was managed.

There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had some understanding of the Mental Capacity Act and promoted choice and independence whenever possible. However, the recording of decision making required improvement.

People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

People's eating and drinking needs were known and supported.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with respect.

Staff supported people to improve their lives by promoting their independence and wellbeing.

People were supported in their decisions and given information and explanations in an accessible format if required.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received personalised care and support, which was responsive to their changing needs. However, care records did not always reflect the personalised care people received.

People were involved in the planning of their care and their views and wishes were listened to and acted on. People's end of life preferences were known and followed.

People knew how to make a complaint and raise any concerns. People had no concerns.

People were thoroughly assessed to ensure the service could meet their needs. Equality and diversity was respected and people's individuality supported.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems had not always identified areas for improvement such as those we found during the inspection.

There was a positive culture in the service led by a dedicated management team.

The provider and registered manager had clear visions and values about how they wished the service to be provided and these caring values were understood and shared with the staff team and underpinned policies and practice.

People and those important to them were involved in

discussions about the service and their views were valued and led to improvements. Staff were motivated and inspired to develop and provide quality care. They felt listened to.	

Vale Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Vale Lodge provides personal care and accommodation to a maximum of 20 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided, and both were looked at during the inspection.

This inspection took place on 7 April 2018. The inspection was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law. We also contacted the local authority for feedback about the service prior to the inspection.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with 12 people who used the service and spoke with three visiting relatives for their views on the service. We reviewed people's thank you cards, 10 relative quality assurance forms and six staff questionnaires. Following the inspection, ten relatives contacted us to give further feedback. We also

made contact with one professional.

We looked at four records which related to people's individual care needs, these included their care plans and their medicine records. We looked at three staff recruitment files and discussed staff recruitment processes with the registered manager. We reviewed staff training and looked at the quality assurance processes used to review the quality of the care provided. We reviewed policies and procedures, people and staff feedback and the processes in place to manage medicines. We discussed complaints, safeguarding and incidents which had occurred within the home over the past 12 months, with the registered manager.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in November 2015, we found this service was Good. At this inspection we found aspects of the service were not always safe.

People and relatives said the service was safe, however we found improvement was required in relation to recruitment practices to ensure all people were supported by staff that were safely recruited. We checked three staff files; one staff member had no application form or reference checks, another only one reference. Checks on most new staff were undertaken to help ensure staff were safe to work with vulnerable people. Recruitment processes such as interviews helped the registered manager check the values and caring attitude of new staff however, where one family member had been appointed these robust checks had not been followed.

People were supported by staff that cared for them well to manage their risks. People's safety was discussed in regular handovers and changes noted in a communication book. There were systems in place to report accidents such as trips and falls. We spoke with the registered manager about further analysis of falls to look for themes. For example, we noted from looking at the audit most of the 14 falls since January 2018 had occurred in the morning and in people's bedrooms. More in depth analysis may reduce the likelihood of further falls and the registered manager said they would consider this in future as part of the audit. During our discussions with staff, it was clear prompt action was always taken to reduce the likelihood of a reoccurrence if possible. For example, by considering liaising with people's GPs, using falls prevention equipment and where required, increased observation to support people's mobility.

People had documentation and processes in place relating to the management of risks associated with their care. The risk assessments provided staff with the level of risk people presented with (low, medium or high). Staff were able to describe the action they took to reduce risks. However, care plans required more detail regarding the action being taken to mitigate risks in relation to skin care, falls or nutritional needs. This would help ensure a consistent approach across all staff. For example, care plans we reviewed didn't reflect the action staff were taking to support people at risk of weight loss. One person had lost a significant amount of weight and their care plan still identified them as obese when in fact their weight was now being monitored. Staff were able to explain how they were managing the weight loss with the person's GP, but care records were not an accurate reflection of this person's current nutritional needs and risk. Where people had additional risks in relation to behaviours, the service worked closely with professionals to provide safe care. Following the inspection, the registered manager assured us care records had been updated to reflect the care people were receiving and the action staff were taking to mitigate risks.

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place with local reporting procedures which staff were aware of. Noticeboards had easy read guidance for people on how to keep safe. Incidents of a safeguarding nature were recorded and reflected upon to improve practice.

Regular observation of people and regular feedback from relatives helped confirm people were protected from discrimination and ensured all people were treated equally. One person shared, "I feel safe living here". Staff confirmed they had undergone training in this area, knew how to safeguard people and care for their property and belongings. Refresher training was also planned for staff so they remained up to date with best practice. Staff all confirmed they would not hesitate to raise any concerns. However, one person had a protection plan in place from the local authority. Although staff we spoke with knew and followed this, the person's support plan made no mention of the action staff were to take in the event of specific scenarios which might occur. The information was recorded in a separate staff communication / handover book. The registered manager assured us support plans would be updated to reflect action staff were to taken.

People were kept safe by sufficient numbers of staff. Staff interacted with people in a calm, unhurried way. In addition to care staff, there were kitchen and cleaning staff supporting the service. The staff team worked flexibly to provide cover for sickness and unforeseen events; this helped to provide continuity for people.

Staff understood the importance of enabling people's choice, regardless of disability, to take everyday risks and to keep people safe. Staff balanced actively supporting people's decisions so they had as much control and independence as possible whilst minimising risk. Staff gave examples of how they supported people to manage their own mobility as far as possible whilst being mindful of potential risks and being ready to discreetly step in and support as required. Staff shared how they were supporting one person to become more independent with their dressing. They would lay out the person's clothes on the bed to support them to dress themselves in preparation for their return home. They stayed close by if the person required assistance, and would offer guidance if the clothes were put on incorrectly.

People were safely supported with their medicines if they required, and people had care plans in place which detailed the medicine they were prescribed. Staff responsible for administering medicines received training and their competency was checked to ensure they were safe and followed the provider's medicine policy. Staff confirmed they understood the importance of safe administration and management of medicines. Staff confirmed regular checks occurred to ensure people had received all of their medicines.

People were protected from the risk of infection. The home looked clean and smelled fresh. People told us staff took the necessary precautions when undertaking personal care, for example wearing protective clothing such as gloves and aprons.

Robust fire checks and procedures were in place. Personal evacuation plans detailed how people were to be safely evacuated if necessary and a contingency plan was in place in the event of a serious fire.

Regular health and safety audits and environmental room checks ensured continual improvement for example, newly refurbished bedrooms and new carpets. The home was maintained by the provider and external contractors where required to ensure electrical, gas and water checks were completed as required.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection in November 2015, we found this area was Good. At this inspection we found aspects of the service were not always effective.

The provider and registered manager and staff understood some of their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

The registered manager had some understanding of the processes required to ensure decisions were made in the best interests of people. Throughout the inspection we heard staff regularly seeking people's consent to care and providing explanations for interventions. Where more complex decision making was required staff advised multi-disciplinary discussions would be held. However, although staff applied the principles of the code of practice in their daily work, decision specific assessments related to people's care were not evident in the care records we reviewed. Care records lacked information to show where care was being given in people's best interests and how these decisions had been reached. For example, if someone needed a service more suited to their needs or required equipment which could be seen as restrictive such as bed rails or falls monitoring equipment, there was no recorded evidence to demonstrate how these decisions had been reached.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. Some people at the service were subject to these safeguards and other people had applications in progress with the local supervisory body. However, the service's decision making process and mental capacity assessment outcomes in relation to whether the person was capable of making a decision to remain of their own accord at the home were absent.

Care and treatment of people must only be provided with the consent of the relevant person. Where some people did not have the ability to consent to their care and treatment, there was no evidence that best interest decisions had involved the relevant people and there was no record of these being undertaken.

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

When staff joined the organisation they received a flexible induction based upon their individual needs. Those new to care were encouraged to complete the care certificate. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of their induction. The registered manager advised the induction and shadowing continued

until new staff felt confident with people.

People were supported by staff that were trained to meet their needs. Relatives told us, "We think staff have the skills and knowledge to do their job well". Staff underwent training on essential subjects such as fire safety, moving and handling, first aid, basic life support and safeguarding. External training was booked for May 2018 on infection control, managing challenging behaviour, tissue viability, moving and positioning, dementia and diabetes. Staff confirmed they were satisfied with the training and enjoyed the face to face training. All staff confirmed they were encouraged to complete nationally accredited qualifications in health and social care.

Staff were supported by ongoing informal supervision, observation checks, competency checks and an annual appraisal. The provider and registered manager confirmed an "open door" policy. We discussed with the provider and registered manager that having more formal one to ones with individual staff would further enable private discussions and feedback. These sessions allow opportunities to highlight areas of good practice, identify where support or training may be needed, and raise ideas on how the service could improve. We spoke to the provider and registered manager about these areas for improvement during feedback.

People's nutritional needs were met with frequent meals, snacks and drinks offered and available throughout the day. People were positive about the food provision and told us, "The food is nice and fresh every day" and "Food is brilliant." Resident and family meetings encouraged people's involvement and choice with the menu and the provider and registered manager monitored the quality of food. Mealtimes were unhurried and people could choose where they wished to eat.
People's nutritional likes and dislikes were known and staff knew how to support people who were at risk of weight loss. Staff knew who required their food and fluid intake to be monitored and when they needed to encourage people to eat and drink. We frequently saw staff supporting and encouraging people to maintain good hydration. We observed people had adapted cutlery and cups and plate guards where necessary to support them to remain as independent as possible with their food and drink.

People were protected by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. People's doctors, mental health professionals, district nurses and chiropodists were regularly involved as required. A district nurse we spoke with following the inspection told us in their view it was one of the "best homes in Plymouth." A website review also confirmed positive outcomes for people, "His medical needs are well attended too and the staff all appear to be very attentive and thoughtful. He has put on weight and while he cannot always remember what he has had for dinner, he always says the food is good." A relative who contacted us after the inspection shared how their relative's health had improved at Vale Lodge, "Due to the patience and care [X - relative] surprised everyone by getting stronger and more alert...."

Changes in people's health were communicated to staff via regular handovers so staff were aware. Staff handover and communication books also evidenced essential information for staff about people's health needs. Staff recorded visiting professional visits to support good communication with all staff involved. People were encouraged to live healthier lives through staff education on food choices, encouragement to remain active through exercise such as armchair aerobics and activity to provide meaningful stimulation. The registered manager had also implemented regular breast examinations for women at the service to identify any changes promptly. These supported people's well-being.

The environment at Vale Lodge had been adapted to provide a safe and accessible environment for people to mobilise. Handrails were available for people to move around the corridors safely. There were several

communal areas of the service where people could have privacy with visitors or relax quietly. Signage was in place to help orientate people to the environment. An application to the local authority to support work in the garden had been submitted, the external front of the building was due to be improved and the provider and registered manager confirmed plans were afoot to refurbish some of the bathrooms which looked dated. Two people shared, "We're having new carpets fitted. We discussed this with [the provider]." We noted their bedroom had also recently been repainted.

Good

Is the service caring?

Our findings

Care for people at Vale Lodge was good. Relative feedback included, "We have always found staff very attentive to those living there"; "Staff are always patient, cheerful and well liked by the residents"; "Over the last 3 years I have watched the staff and how they interact with both my dad and the other residents. It is excellent and I think they have carefully chosen staff who are caring and attentive."

A relative's review commented, "I'm so happy with Vale Lodge"; "I'm really happy that she's here" and, "It's got a proper family feel." Reviews on the care home website included, "Seeing Father content at Vale Lodge has meant a lot to his remaining family. Thanks to you all for what you do for him" and, "I am delighted with the care and attention my dad receives at Vale Lodge. The management team and staff are brilliant and I have no worries at all about his care. I do not consider that it is just a home but it feels more like a family and when you visit, it is warm and inviting, with a lot of laughter. There is always someone for my dad to talk to and everyone is so attentive. Nothing is too much trouble and I have and will continue to recommend Vale Lodge. "

The provider and registered manager told us the caring nature of staff was monitored closely through observations and feedback of staff. This helped ensure compassion, kindness, dignity and respect. A relative commented, "Vale Lodge is a wonderful place for the residents to spend their twilight years in safety, security and comfort." The registered manager said their vision was, "To have caring staff, who will work alongside the residents, have good communication skills, a good approach and demonstrate caring gestures." Throughout the inspection this was obvious and we were told, "People come first." Relatives told us, "They all seem to have endless patience and take the time to talk to the residents." In September 2016 the registered manager at the service had been recognised for the care people received and was nominated by people, families and staff a local authority award. They won the "People's Choice" award. The registered manger also advised the other awards that had been won in recent years which included, the Dementia Quality Mark, a outstanding care award and an award recognising service user's involvement in the community.

The PIR confirmed how the service maintained a caring culture, "As owners we know all of our clients personally. We establish a good rapport with them and their representatives/care manager, which in turn helps them to feel comfortable with us, trust us and confide in us. For some service users this is so important as they may not have any family/friends to talk to. They feel they can voice their opinions, preferences, health concerns and requests/complaints to us, and feel confident in the knowledge that we will listen and work in their best interest. We also listen to the requests of representatives and take them into consideration when reviewing the care plans and providing for service user's care needs."

People and relatives all told us staff were kind and caring and feedback forms also confirmed this. Relatives said, "I love it here it's lovely, it's like a family" and "You have everything you want here." A review left on the website said, "Despite Vale Lodge being a 'Residential' Home it is dementia friendly. My Aunt went into this home with early stages of dementia which accelerated due to illness. At no stage did the staff at the home suggest her being moved (which would have caused her distress), once her care requirements included

nursing. The district nurse came in on a daily basis and the staff were brilliant. They retained her dignity, were always upbeat and sensitive and unfailingly attentive to her needs. When she was well enough, there were weekly visits to local landmarks in the home's mini bus which she adored. I cannot recommend Vale Lodge more and should I ever need a home in the future, this would be the one for me."

We observed staff approaching people in a calm, unhurried way. Staff spoke to people at eye level, held their hands and explained the care they were undertaking. People who were nursed in bed looked cared for, warm, clean and comfortable.

Staff spoke of people in a caring, thoughtful way and they acted with kindness. For example, the PIR shared, "One service user was recently admitted to Vale Lodge totally void of any personal possessions/money, including basic clothing / toiletries. The registered manager supplied several sets of clothing, underwear, nightwear (due to continence needs) free of charge. This was to ensure their dignity and hygiene was preserved."

Staff told us how much they enjoyed their jobs and the people they cared for. Good relationships with people had been built up over time, people were encouraged to express their views and contribute to their care. People we spoke with and reviews we read, confirmed people felt cared for, "My mum is well looked after by the managers and their kind, caring staff members. When I am let in at the front door the staff always update me with my mum's progress, they always know how she is, what she has eaten and that's because it's a lovely small family run home. Everyone is so attentive, a place where we know mum is looked after so well."

Staff ensured people were supported and cared for as they would their own family. Staffing levels were organised around people's needs and arranged so staff had time to listen to people, take them out, provide information and involve people in their care. Staff we spoke with had a good knowledge of people and how they liked to receive their care. Staff knew people's particular individual mannerisms and facial expressions if they were unable to verbally communicate. They shared how people's faces lit up when they went to the local hairdresser and they engaged with the hairdresser. Staff shared the fun and laughter they had with people on trips to the Moors and their outings.

Staff gave us examples of how they communicated with people who were unable to verbally communicate and explained how they used hand gestures, facial expressions, pictures and written word to support understanding. Simple language was used to explain and involve people. Staff gave an example of how they would involve people in their care and treatment if they were from a different country and didn't speak the language, for example staff were learning Polish to support one person from Poland and other staff had learned key words to communicate with them.

People's social interests and preferences were known by staff, for example those who liked listening to music, those who liked to talk about cars and those who liked to feed the birds. People's care plans detailed family and friends who were important to them and those with authority to make decisions on their behalf. This helped staff to be knowledgeable about people's family dynamics and enabled family members to be involved as they wished. People and their relatives were encouraged to express their views and be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place.

No one we met required care plans presented in an accessible format; however care reflected people's diverse needs and social situations. Care plans and information could be provided in larger fonts and the registered manager was looking at how the accessible information standards could be further incorporated in to people's care (The Accessible Information Standard is a framework put in place making it a legal

requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.) We discussed highlighting important information in care records so these needs were flagged and shared, if required. Noticeboards contained a range of health information in easy ready formats.

Staff gave examples of how they were supporting people to re learn skills to enable them to return home, for example making tea and sandwiches. This helped them feel more independent and have a sense of achievement when they managed the task. Other people had jobs around the home that made them feel valued, for example arranging the table flowers and laying the table.

Staff understood the need for confidentiality, the safe storage of people's records, and knew not to share information without people's consent or unnecessarily.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection this area was rated as Good. At this inspection we found people's care plans required improvement to reflect their care needs and evidence the personalised care being received.

People where possible, and relatives confirmed they and professionals were involved in care planning and informed of any changes promptly. People, relatives and staff confirmed changes in health were noted and quickly responded to.

The registered manager advised referrals came through word of mouth and through the local authority system. The service undertook their own assessment of people's strengths and needs. These included assessments of people's skin care and nutritional needs, level of dependency and risk. Care plans were then developed to incorporate people's needs. If people had protected characteristics under the Equality Act, for example they were registered blind; the registered manager assured us the provider's policies ensured people were treated equally and fairly. The assessment process also helped to identify when staff required further training before they were able to support people. If people were coming home from hospital, the service ensured all the necessary equipment was also in place to support a safe transition.

People had care plans however, we found these not always reflect what staff told us about people's care or preferences. One person had behaviours which challenged staff at times. There was no information to guide staff about how to distract or de-escalate situations to support this person's emotional needs. We found aspects of people's care records were not personalised and a template was used with people's name changed. Two people's care plans referred to them being female when they were male, one person's had another person's name used and staff descriptions of these people's care was not reflected in their care plans. Another person's weight had reduced by approximately four stone in eight months; their BMI (Body Mass Index) was now 23. However, their care plan still recorded that this was, "Above the ideal range and indicates [X] is obese. The registered manager updated these promptly following the inspection.

We found people's care / support plans required greater detail about how to communicate with people if they had cognitive difficulties, had sight difficulties or hearing needs. For example, one person was registered blind but their care plan lacked guidance on how staff should support their needs in relation to their sight. Staff told us how they cared for them, but their support plans lacked this detail. A further person's care records stated they were currently under the care of the district nursing team three times a week but when we queried this with staff, we were told they no longer were. The language used in support plans was not always person centred and some referred to people being "non-compliant" with aspects of their care but there was no information to guide staff on how to support the person at these times. Other care records said people had capacity but the service had submitted DoLS applications which would indicate they did not. We were advised by the registered manager these care plans were reviewed following the inspection.

Although staff told us how they delivered person centred care, records did not always accurately reflect people's current care needs fully. This is a breach of Regulation 17 of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014.

Some care plans did reflect how people liked to receive their personal care, be dressed and the aspects of their care they could manage themselves to maintain their independence. They provided guidance and direction for staff about how to meet a person's needs, their likes, dislikes and routines. People's care records were reviewed with them and where appropriate, those who mattered to them and staff who knew people well were also involved.
Care plans were located on the computer and available for staff in an office. They could be easily be printed out for people who wished to have a copy, or if people were moving to a different service or going to hospital.

Staff shared examples of personalised care they provided. For example, staff knew who liked to wear trousers, and those who liked to wear jewellery and hair slides. They knew who preferred to be alone in their room with a book or watching the news rather than in the lounge. Bedrooms were personalised with people's belongings and the things which mattered to them.

Vale Lodge prided themselves on the end of life care people received. They worked hard to ensure people who wished to remain at the home during their final days were able to, in a comfortable and pain free way. Staff had attended training on end of life care with the local hospice. Peoples' last wishes were known and recorded. For example, one person was noted to have said, "I wish to die in my own bed if possible, with family and church bell music" and, "I'd like to be in my wedding dress with my diamond." Staff had good working relationships with doctors and nurses to ensure people who might require pain relief had this promptly. Staff supported people who did not have family, and peoples' family members were made welcome at the home and provided with refreshments. Posters about end of life care were visible in the service encouraging people and relatives to consider their wishes in advance.

There was a system in place for receiving and investigating complaints. Information about how to raise a complaint was visible in the entrance hall. There had not been any complaints made to the service. We were advised by the registered manager that any concern or complaint would be investigated and responded to. People, who were able, told us they had no concerns or complaints and if they did were confident the registered manager office would resolve these. People commented, "I'd ask to see the manager" and "I would let my relative deal with any issues I had." If people using the service or their families required the complaints policy in an accessible format, this would be arranged by the registered manager. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Information about activities on offer across the week was available in pictorial timetables. People told us, "The activities I like are the hymns and services in the lounge." People and relatives told us activities were enjoyed, "They do trips out with mum; they have sing songs in the lounge and chair aerobics" and "All the usual yearly events are celebrated with staff dressing up for Halloween, decorations put up for Christmas and Easter, choirs coming in to sing carols with residents, entertainers coming in to sing all the old songs with them." People told us, "We go out on trips, usually every week." A website review confirmed, "Dad features in all the photos taken on the day trips. I understand he is the first with his coat on and ready to get on the mini-bus. Trips typically incorporate a cup of tea somewhere. They had a train ride last year with fish and chips" and "My dad expressed an interest in bell ringing and the manager has organised on a couple of occasions for hand bell ringers to visit the home." Photo's on the walls showed people enjoying a variety of outings which had included Cornwall and Dartmoor. We heard how people had enjoyed a visiting rabbit over Easter, feeding the birds in the garden and trips to the local garden centres.

The service had won an award through the local authority in 2017 for innovation, good practice and community links. This was won for supporting people to remain engaged with the community. A range of

community outings were enjoyed by people including cream teas at hotels, trips to garden centres and places of interest and visits to the local hairdresser. In house activities included nails painting, baking, flower arranging, music and armchair exercises. We saw photographs of people recently enjoying cuddles with the visiting pet rabbit on Easter Sunday.

People told us their visitors were welcome. One relative shared, ""I live in [place name] and I once turned up to visit mum and they were out on a trip. [The provider] texted me later on apologising and ever since he texts me if they're taking mum out on a trip."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, the service was well led. At this inspection we found improvement was needed to ensure quality of care in all areas was sustained.

We spent time discussing our inspection findings with the provider and registered manager.

We discussed how the current management structure, [the provider and registered manager] needed consideration to maintain standards of care across all areas. This was because they were working long hours. We were advised solutions were being considered including a deputy role and a system in place so the provider and registered manager could take leave and not always be on call when a problem occurred. The registered manager was very hands in every area at Vale Lodge but admitted that delegation and trusting others were areas for improvement rather than managing every aspect themselves. This reluctance to share the responsibility of running the service with other staff had meant sustaining all areas of regulation had not been achieved at this inspection.

The systems and processes to check on the quality of the service had not identified the concerns with the staffs' Mental Capacity Act knowledge or record keeping. There had been a delay in seeking advice about how to implement the Mental Capacity Act. Errors with care records had not been identified by any staff at the service, therefore not ensuring care plans were up to date with people's current needs and how staff should meet them. Risk assessment were not always reflective of people's current risk and staff recruitment had not ensured a robust system. The governance processes and strategy in place to monitor all aspects of care were not clear. Greater engagement with key organisations and regular attendance at local authority forums would support on-going improvement in quality and changes in regulation.

Systems and process in place had not been operated effectively to ensure compliance with regulations. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service prioritised delivering people's care and the registered manager was very "hands on" and visible within the service. A relative confirmed, "I have always been impressed by their [the provider and registered manager] attentiveness to the wellbeing of staff and residents." Another relative told us, "[X and Y - the provider and registered manager] are extremely dedicated and hard working and their enthusiasm directed towards Vale Lodge and the residents is second to non."This meant the culture at the service was monitored closely. Regular audits occurred on many aspects of care delivery such as environmental room checks, infection control checks and medicine checks. The registered manager kept up to date with essential training and communicated changes to staff through staff meetings and one to ones. There were strong links within the local community.

People and relatives told us the culture at the service was positive. Feedback we reviewed included, "Very well run. The registered manager is excellent." The registered manager told us the vision of the service, "To keep the home running, maintain and improve what needs improving". The PIR shared, "As registered manager I'm very dedicated to my job and hardworking enthusiastic, and always appreciate staff that follow

my led. Vale Lodge makes it very clear that the service users come first and I won't have it any other way. A relative shared with us, "As a relation of a resident what is important to me is the standard of care, the cleanliness of the environment, the kindness and patience of staff and the quality of the activities provided and on all of these Vale Lodge in my estimation rates highly."

Both the provider and registered manager were open, transparent and person-centred. People knew who the manager was. The registered manager told us they were always available across the week and staff had their mobile number if required out of hours.

Staff were given the opportunity to share feedback and ideas in staff meetings, informally and via the staff survey. Staff told us they felt supported by the management team, respected and listened to, "The manager is well organised and will listen and support us if we have any concerns".

The service encouraged staff to provide quality care and support. We observed the management team role model the organisation's values. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

The registered manager worked in partnership with other agencies when required, for example primary healthcare service, the local hospital, the local hospice, pharmacy and social workers. The registered manager occasionally attended forums where best practice was discussed, for example the local dignity in care forum and the dementia training workshops which were run locally.

Community links were in place with churches, the local hairdresser and the service supported a local rugby team. An award had been won for how well people were engaged within the community. The service participated in local initiatives such as the local authority's dementia quality mark which was supporting services to improve dementia care.

The registered manager and provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office. The provider's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager and provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

People's views were actively sought to ensure the service was run in the way they would like it to be. People and relatives were sent quality assurance questionnaires, the results of which were reviewed to drive improvement of the service. The results we reviewed were very positive.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 (1) (2) (3) Care and treatment must only be provided with the consent of the relevant person. Where people are unable to consent, the provider must act in accordance with the Mental Capacity Act 2005. There was little evidence of the Mental Capacity Act 2005 being followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) © Systems and processes in place did not ensure compliance. Accurate, complete and contemporaneous records were not always kept in respect of care and treatment provided and decisions taken in relation to care and treatment.