

Vale House Oxford

Vale House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Vale House is a residential care home that provides personal and nursing care to 40 people in one adapted building. The service supports older people and includes support for people living with dementia. At the time of our inspection 40 people were being supported.

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

Medicines were not always managed in line with good practice guidance. Relatives were positive about the service and felt people were safe. People were supported by sufficient staff who were knowledgeable about their needs and had time to spend with them. There were effective infection prevention and control systems in place to ensure the risk of infection was managed.

Governance systems were still not always effective in identifying and addressing quality concerns. Everyone we spoke with was positive about the new registered manager and the improvement and changes they were making. Relatives told us they had regular contact with the service throughout the COVID-19 pandemic and they felt confident to raise any concerns. There was an open culture and staff felt supported.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 December 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had not been made sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 December 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the systems designed to provide oversight and governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed from requires improvement.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective oversight of the service. We spoke with trustees following our inspection who gave reassurance as to how these concerns would be addressed. We will meet again with the registered manager and provider to discuss the next steps.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vale House on our website at www.cqc.org.uk.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one breach in relation to quality assurance systems. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors 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.

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 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 announced. We gave a short period notice of the inspection so we could contact people and their relatives to discuss the quality of care prior to our site visit. Inspection activity started on 13 January 2021 and ended on 9 February 2021. We visited the office location on 15 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with eight relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, and two trustees.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment. 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 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 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

- Electronic records seen for two people who had been prescribed creams did not provide clear evidence that these creams had been applied. Staff told us they regularly applied creams in line with people's prescriptions. However, staff gave different examples on how the administration of prescribed creams should be recorded within people's care records. Therefore, systems to record the application of prescribed creams and ensure the provider had oversight of these applications were not effective.
- We discussed our concerns with the registered manager who recognised this shortfall, investigated this further and told us it was because the service had recently moved to a new electronic system for recording medicines and this new way of recording was not fully understood by staff. The registered manager took immediate action by ensuring staff knew the correct recording procedures. However, the internal medicines audits had not identified this issue prior to the inspection.
- We checked to see if people had been harmed as a result of this and we were satisfied that this was a shortfall in recording and monitoring and found no evidence during this inspection that people had been harmed as a result of this.
- Staff had been trained in administering medicines. However regular checks were not in place to ensure staff competencies, in the administration of medicines, were being reviewed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks in relation to medicines were identified and mitigated. 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.

- We observed staff administering medicines to people in line with their prescriptions.

Assessing risk, safety monitoring and management

- In the majority of instances staff ensured risks to people's well-being were being addressed and met, however, we found one example where a person required routine welfare checks. The service had recently implemented a new monitoring system, however routine checks for this person had not been included. We found no evidence during this inspection that this person had experienced harm from this concern. The registered manager took immediate action to mitigate this risk by ensuring the electronic system could now capture the information on welfare checks. However, this had not been identified prior to our inspection.
- People's risk assessments included areas such as mobility, falls and choking. Staff were familiar with and followed people's risk management plans and appropriate action had been taken where necessary. We saw two examples of where people had difficulties swallowing, they were supported by staff who followed the

guidance in their care plans to reduce the risks of choking.

- People's safety was maintained through the maintenance and monitoring of the environment, systems and equipment.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe living at the service. One relative told us "The family and my wife has never felt anxious or worried about the safety at the home".
- People were protected from the risk of abuse by staff who knew how to identify and respond to allegations of abuse. One staff member described the different types of abuse they may see in a care setting and what action they would take in the event of witnessing abuse taking place.
- The provider had safeguarding policies in place. We noted the registered manager was in the process of reviewing safeguarding procedures to ensure they were up to date.

Staffing and recruitment

- We observed, and staffing rotas showed that planned staffing levels were being achieved.
- The registered manager had recently carried out a review of staffing levels. As a result the number of nurses was increased. This meant that more clinical staff were available to support people and staff.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Learning lessons when things go wrong

- The registered manager ensured they reflected on occurrences where lessons could be learnt.
- A relative we spoke with gave an example where a person had experienced a number of falls. They told us the registered manager used this information to identify patterns and trends, and to make a referral to the appropriate healthcare professionals. A plan to prevent re occurrence was put in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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. However 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 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 effectiveness of the provider's systems to monitor the quality of the service, have been a concern for the last two inspections.

- The provider's quality assurance systems were not always effective and not always used to drive improvement. The concerns we found around welfare checks, staff competencies and the appropriate recording of prescribed medicines had not been identified by the provider's own quality assurance systems. The provider's internal audits did not always ensure that practice was in line with the provider's policies. Application of prescribed creams and staff competency in relation to medicine management, as outlined in the provider's medicines policy, were not included in medicine audits. Therefore, the provider's quality assurance systems had not identified these shortfalls.
- The provider's quality assurance system recorded action to reduce the risks associated with moving and handling, by ensuring staff were up to date with the provider's mandatory training, this risk was indicated as being complete. However, we identified during the inspection manual handling training for staff was not up to date. This demonstrated the ineffectiveness of the provider's systems.
- During our inspection we spoke with staff responsible for oversight in relation to medicines. The staff member was unaware of the national guidance around competency checks for staff administering medicines. It is an expectation that staff are made aware of national guidance and monitored by the registered manager and provider to ensure safe practices are adhered to. The systems in place to monitor the quality of the service had failed to identify this concern.

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

- A new registered manager had been appointed since the last inspection. We saw many examples of where

the registered manager had taken steps to implement changes and drive improvement within the service. These changes included, increasing staffing levels to ensure people had more access to nurses, scrutinising and where necessary addressing infection control practices to keep people safe and ensuring people had access to a wide range of meaningful activities.

- The provider told us they were reviewing the governance responsibilities of the Board of Trustees with a view to increasing the robustness of their governance systems. This included making existing systems more formalised and introducing a reporting system which included, medicines errors, clinical audits, findings and actions taken, health and safety audits, risk assessments and successes and challenges.

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

- The registered manager promoted a person-centred culture that put people at the centre of all the service did. It was clear, throughout the inspection, that the registered manager was known by everyone and was approachable. One relative told us "They have clear values and know the needs of the residents".
- People's relatives were extremely positive about the registered manager and the positive impact they had on the service. One relative told us "It is definitely well led, I can see changes happening already, for instance, stimulating activities for residents". Another relative said "It's exemplary in terms of level of care. Communication is really, really good".
- Relatives told us the home manager was open and honest and always contacted them if there were concerns. A relative described an incident where they reported a concern and the registered manager took immediate action and rectified the problem.
- Staff were equally confident in the registered manager. One member of staff told us, "She's very approachable, listens and gets on with things".

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

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and handovers.
- People and their relatives had opportunities to provide feedback on changes being made within the service and raise any comments via an open door policy at any time. One relative told us "They keep us informed of any plans they have for refurbishment, even new plans for access for visiting".
- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.

Working in partnership with others

- The registered manager had improved how the service welcomed and worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the registered manager worked closely with social care professionals to support people's care needs. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.
- The registered manager, managed the service in a transparent way, and this was evidenced through our

discussions during and after the inspection when reporting our concerns.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The Providers Quality assurance System was not always effective

The enforcement action we took:

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