

Camellia Care (Chandler's Ford) Ltd

Valley Lodge Care 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 well-led?

Requires Improvement 

Summary of findings

Overall summary

Valley Lodge Care Home is a residential care home providing personal and nursing care to 26 people at the time of the inspection. The service can support up to 47 people.

The care home is an adapted and extended property which has recently been zoned to provide two main accommodation areas, each with access to an outside space. There are also two separate isolation areas.

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

People were not always safe. We found there were improvements needed to water hygiene risk management.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive ways possible, or in their best interests; the policies and systems in the service did not support this practice. This was a continued area of concern from the last inspection.

We made a recommendation about medicines as we were concerned at how they were being managed. Risks associated with people and the environment were thoroughly assessed and there were extensive security measures including key pad entry systems and extensive CCTV coverage.

Staff were safely recruited and most people's feedback told us there were sufficient staff deployed. Infection prevention and control was very good and the home had been adapted to facilitate safe management of infection should there be cases of Covid-19.

Staff had a working knowledge of the MCA and ensured people were offered choices.

Assessments and care plans were completed and care plans were displayed on the e-care system so staff could refresh themselves each time they undertook a care task.

Staff had received both formal and informal supervision, particularly during the pandemic. There had also been counselling provided should staff wish to participate.

Face to face staff training had been temporarily suspended during the pandemic. Alternatives such as workbooks and online learning had replaced some courses to ensure staff maintained their knowledge.

Most relatives were happy with the dietary and fluid support provided however we had one specific concern that a family member had lost significant weight and this had not been properly dealt with.

Healthcare professionals were available as required. Additional safety measures such as using full PPE were in place to facilitate their access to the service.

The service was well designed and had specific areas designed for reminiscence to enhance the lives of

people living with dementia.

People were supported to live fulfilling lives.

The provider was aware of their responsibilities under the duty of candour. Relatives felt that communication could be improved.

The nominated individual was very supportive to the registered manager and there was a management team in place who oversaw particular areas of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Care staff told us that support from the management team was good and they were approachable.

We received mixed feedback from health and social care professionals about how engaged the provider was with them.

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 5 January 2019). The service remains rated requires improvement.

At our last inspection, the provider was in breach of Regulation 11 of the Health and Social Care Act, Regulated Activities Regulations 2014, need for consent. At this inspection we found, although some improvements had been made, there were almost half of the inspected consent documents either not signed by someone with legal authority to do so or not signed. Not enough improvement had been made or sustained and the provider was still in breach of regulations. We found that the provider was also in breach of Regulation 12 of the Health and Social Care Act, Regulated Activities Regulations 2014, safe care and treatment.

Why we inspected

We carried out an unannounced, comprehensive inspection of this service on 23 October 2018. A breach of legal requirements was found. We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective 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 remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Valley Lodge 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 monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 12, safe care and treatment as the provider did not

have a suitable water hygiene risk assessment, and a continuing breach of Regulation 11, the need for consent. This related to consents obtained for use of CCTV and photographs.

Please see the action we have told the provider to take at the end of this report.

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 effective?

The service was not always effective.

Details are in our effective 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 ●

Valley Lodge 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

The inspection was carried out by one inspector.

Service and service type

Valley Lodge Care Home 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

We gave the provider 18 hours' notice of the inspection.

What we did before 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, assistant manager, senior care worker,

care workers and a housekeeper.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed feedback requests to relatives of people using the service, staff members and health and social care professionals. We received six responses from staff, nine from relatives and four from health and social care professionals.

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.

Assessing risk, safety monitoring and management

- The provider did not have a water safety legionella risk assessment. Under health and safety law, the provider has a duty to identify and assess risks associated with water. If risks are found there should be a plan of action to mitigate the risks and to monitor conditions such as temperatures and build-up of bacteria in the system. A competent person should also be appointed to ensure that all risks are being mitigated and ensure that monitoring is regularly taking place.
- There was no legionella risk assessment in place, no identified person and no plan to ensure that the correct outlet temperatures were taken and appropriate outlets flushed. There was no evidence of testing of the water system to ensure there were no legionella bacteria present.

The lack of water safety risk assessment is a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 2 (d)(h), safe care and treatment.

- Risks associated with the environment and people were assessed and measures were added to minimise residual risks. Staff had access to risk assessments and could contribute to them should they identify concerns. A staff member said, "As for risk assessments, those are completed by the management team but often staff observe and will voice any ideas or concerns regarding residents to ensure these are relevant to the individual and up to date. For example, if a particular resident's mobility seems to have been deteriorating such as needing to be hoisted, we would inform the management team so they can update their information on the system. This helps when we have new agency staff on shift that aren't fully aware of the residents and the help they might need."
- There were security measures in the home including CCTV and key code locked doors. These ensured that people were safe in the building and staff could accompany them out if they wanted to go. In addition, there were key pad locked doors between the zones implemented to reduce the risks during the pandemic. They could also check CCTV recording should an accident happen and hopefully find evidence of what had occurred. These measures were appreciated by relatives. One relative said, "I feel very confident [person] is safe. The entrance procedure is secure and the property is well laid out and safe. There is CCTV everywhere. If they were to fall or wonder round, they can see them in the corridors."
- Health and safety checks were regularly completed including checks of furnishings, lighting, flooring and the call bell system.

Using medicines safely

- Medicines were not always safely managed. We looked at the controlled drugs and found that they were not being audited. Controlled drugs, (CD's), are subject to stricter legal controls than other medicines, and

legislation determines how they are prescribed, supplied, stored and destroyed. Staff were completing spot checks of CD's however these were not recorded. As recommended early in the pandemic, some unopened medicines that were unused when people left the service were retained rather than returned in case of a future shortage. These medicines were not accounted for in the current CD register. We checked the previous register and all medicines were accounted for however were not being regularly checked.

- Medicines should be stored at the current temperature, below 25^o Celsius for ambient stock and between two and eight degrees Celsius for those requiring refrigeration. The provider had a digital thermometer for both the medicines room and the fridge however temperatures were not recorded. Measures were in place to keep the medicines room cool including fans that were constantly on, however monitoring temperatures would give a clearer indication that the room and fridge were at safe operating temperatures.

We recommend that the provider review good practice guidance on the safe management of medicines and review practice and procedures in the care home to ensure they are robust and safe.

- Staff received medicines training and were checked for competency before administering medicines. We saw staff administering CD's, one administered and the other checked the process. Staff told people in appropriate ways what medicines they were being offered, for example, one person who had dementia was told the medicines were for her 'poorly tummy pains' which she understood where as saying the name of the medicine would have no meaning them. Choice was also offered by staff when offering pain relieving medicines.
- The medicines storage room was extremely tidy and well ordered. Each person had a container stored in the room for larger items that could not be accommodated in the medicines trolley and for additional items such as new bottles of topical medicines. All liquid medicines were labelled and items such as eye drops which had a 28 day use by date were linked to the monthly medicines delivery and disposed of at the end of each medicines period to avoid use when past safe usage dates. Medicines were provided by a local pharmacy and were blister packed. Medicines administration records, (MARs), were supplied by the pharmacy and were clearly completed by staff.
- Staff told us, "Medicines are safely managed and administered to residents. We are not allowed to administer medication unless we have been trained and assessed as competent." Another staff member told us, "All medication is administered by medication trained staff. I myself administer medication and believe that medication is administered safely. All medication trained staff are trained by a member of the management team who are trained to train us. We are shown what to do and observed for as long as they feel suitable and until the individual is competent and feels confident giving medication safely."
- A social care professional told us, "Observations and feedback from a few residents showed that people are supported to maintain good health, medications are generally managed satisfactorily by staff."

Systems and processes to safeguard people from the risk of abuse

- Some staff had current training in safeguarding people but others, due to training being cancelled during the pandemic, were due to receive their training. Most staff were aware of their responsibilities to safeguard people and could recognise the signs and symptoms of abuse.
- Staff understood whistle-blowing and believed the registered manager or the management team would act on concerns about poor practice. A staff member told us, "I would feel confident in whistle-blowing if I had any worries or concerns regarding the safety of the residents here at Valley Lodge." Another staff member said, "I would feel confident to whistle-blow if I saw something that concerns me."
- Staff were aware of the importance of people feeling safe in the home. One staff member said, "When we come in to do our shifts, we have a smile on our face and make it a positive environment. It's important for the residents to feel safe and secure in their home and that's the type of care I aspire to provide."
- Relatives were mostly assured that their family members were safe and well cared for at Valley Lodge. One relative told us, "I have always felt [person] is very safe in their home at Valley Lodge. They moved there 16

months ago. Until lockdown, I visited them almost daily, often joining them for meals or spending hours with them there. I have never seen anything to worry me and make me feel they were at risk."

- Relatives had not been able to visit the service since the start of lockdown with the exception of garden visits in recent months. One relative said when asked if people were safe, "Yes. [Person] has been resident at Valley Lodge for five years and we have had no reason to worry about their safety. I have been particularly impressed with the care during the lockdown emergency." Another relative agreed the service was safe, "Yes, as far as is possible [safe]. As a current visitor, they are observing guidelines and in compliance with requirements."
- We received some concerns about the safety at the home. One relative, when they had concerns about safety and had booked a meeting to speak with the registered manager. They told us, "No [not safe]. Historically we have had concerns at Valley Lodge but have always made an appointment with management in order to try and resolve issues, although follow up and action has not always been forthcoming." They were also concerned that their relative had been injured in an incident that was not reported. This was under investigation when we inspected.

Staffing and recruitment

- We looked at two staff recruitment files. They contained most of the information required by Schedule Three of the Health and Social Care Act 2008 (Regulated Activities).
- There were safeguards in place to ensure that all required information was sourced and checks completed including prompts on interview question forms to ask about employment history and check lists for references. However, we saw that one person's recruitment file was missing a full employment history. This was obtained by the registered manager immediately as they were on shift at the time. The safeguards were not fully embedded into recruitment practice.
- All staff had current Disclosure and Barring Service checks. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.
- Relatives were mostly happy with the staffing levels. One relative asked about staffing told us, "This is a difficult question to answer, but as a family member I would like to see more staff within Valley Lodge." They went on to say, "Care staff are usually happy, attentive and engaged with my relative." Another relative told us, "I believe all the staff are well trained and are very caring, kind and thoughtful in relatives care. I feel they all extend that thoughtfulness and kindness to myself and my family too, creating a very happy homely environment for all the residents and their families."
- Staff members told us, "There are enough staff on duty but it's always nice to have extra staff to ease the work load. The management team would assist if we were short staffed." Another staff member said, "Staffing levels are better. When the home first split into two separate sections it took time to establish how many staff members were needed on each side of the home to ensure that everyone received good quality care. We don't often find ourselves short staffed on the floor but if on the odd occasion we do then either the team leader, deputy manager and sometimes the care manager will step in to give the other staff a hand."
- We saw sufficient staff deployed to meet people's needs and as call bells sounded, staff responded promptly. The provider had not reduced staffing in line with the reduced number of people using the service. The electronic care record system identified if tasks had not been completed in a timely way and the management team followed up with staff to avoid future occurrences.

Preventing and controlling infection

- On arrival at the service, staff met me at the door and provided a fluid resistant mask, gloves and a plastic apron and a refuse bag to dispose of the items when I had finished with them. Staff directed me to use hand sanitiser before I accessed the service. A facial recognition body temperature kiosk was in place and temperatures were checked before accessing the service.
- We looked at the temperature records from the monitor and all were within the safe range.

- Each room had been equipped with an ozone generating air purifier to minimise bacteria, virus particles and malodours.
- There was continual cleaning taking place when we inspected and the service was visibly clean and tidy with no malodours.
- There had been an outbreak of Covid-19 in April 2020 and a number of deaths had been attributed to the virus. The provider had made significant improvements to the building and had changed the layout to create two separate zones reducing the potential for transmission of the virus.
- Two additional zones had been created on the first floor. One was designated accommodation for people who had just been admitted and needed to isolate for 14 days. The other was for people who had a positive Covid-19 test or who were symptomatic. They would be moved to the separate isolation area until they were fully recovered and tested negative for the virus.
- Relatives gave us mixed feedback about the hygiene in the home. One relative told us, "Very clean. My relative always mentions how spotless and fresh smelling it is. When visiting we have to wear masks, gloves and an apron all supplied and disposed of when leaving. All staff wear this equipment all the time." A second relative told us, "I do not believe them to be up to acceptable standard. On several occasions we have hoovered my relatives rooms, and had to wipe down surfaces due to spillages, and stains."
- One relative commented on the current situation, "Since lockdown measures were eased recently, visiting has been allowed again, once a week, outside, under the gazebo, and a full set of PPE is always given to me in a plastic bag, to put on before I can sit with my relative. The pack contains a mask, gloves and apron. At the end of my half hour visit, I remove it all and place it in the bag, which I place in a yellow bin, then use the provided hand sanitizer."
- Staff members were positive about the infection prevention and control procedures. They told us, "I feel the home overall is of a good clean standard. We have cleaners in every day and the home owner has invested in equipment such as Ozone Machines throughout the home. I feel that better measures have been put into place to ensure the residents' safety as well as everyone having regular COVID19 swabs taken to reduce the risk of another outbreak. I have received infection prevention control training as well as all other staff members previously but can confirm we are all booked in for infection, prevention control training including coronavirus training."
- We saw that furniture had been arranged to maintain social distancing when possible. In the staff room, there were just three seats positioned at safe distances so that staff could remove their facemasks while on breaks.

Learning lessons when things go wrong

- There was a significant outbreak of Covid-19 at Valley Lodge in April 2020. This was dealt with by the service well and since April there have been no additional positive tests. There were strict controls on building access, infection prevention control and zoning of the service introduced. The learning from the outbreak informed the services actions in ensuring safety for people in future.
- Staff were informed of accidents and incidents within team meetings and care plans and risk assessments were updated to reduce the risk of reoccurrence.

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 the last inspection of Valley Lodge we found the provider had not acted in accordance with the requirements of the MCA and associated code of practice and there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to consents for use of CCTV recording and the lack of a clear policy detailing the need for consent or MCA assessments and best interest decisions.
- At this inspection there had been some improvements to the consents obtained. A number of people who lacked capacity and had no-one legally able to make decisions on their behalf had best interest decisions in place. The provider had initially approached the local authority to gain consent for these people however, the local authority had advised completing MCA assessments and best interest decisions as they could not give consent on people's behalf.
- Other people had consents signed by people who held relevant lasting powers of attorney, (LPA's), copies of most of these were held by the provider. There were a number signed by family members without an LPA. The provider was not clear about their responsibilities to people under the MCA.
- After giving initial inspection feedback to the registered manager, they told us they had held meetings with family members to discuss peoples consent for photographs and CCTV. They provided emailed confirmation from two relatives to say they had participated in best interest meetings. One relative told us, "My sister has Lasting Power of Attorney (LPA). I have been asked regarding the locked door policy and CCTV in corridors and main rooms."
- When we inspected, 12 of 26 consents were not clear as to whether they were consents signed by someone with legal authority to do so or by a family member without authority. Though some improvements had

been made, the consent form covered a range of decisions including CCTV, use of photos in publicity materials, use of photos of injuries and monitoring should it be necessary. MCA decision making should be person-centred and decision specific. The consents sought were broad, general and not decision specific.

There was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent.

- Staff had a working knowledge of the MCA and told us, "I do believe that residents who lack capacity should be offered choices throughout the day such as foods, drinks and activities because it is still their choice. We often give residents two choices to make it easier for them to choose."

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

- People were assessed and had care plans available on the provider's e-care system. Rather than present staff with a complex, long care plan document, each task on the system had relevant aspects of the care plan included. For example, if staff were supporting the person to bathe, pressing the relevant option on the tablet would show the bathing care plan detailing the persons needs and preferences around bathing. This was particularly useful for new staff and agency workers not familiar with people living at Valley Lodge.
- Monthly reviews of care plans took place and staff could contribute any new learning about people to be included in care plans. A relative told us, "We have had care reviews in the past. I go in and have an informal chat and we can decide together if any further steps have to be taken for [person]. The registered manager and their team have always been very approachable if we have had concerns."
- Another relative was less impressed with the care planning processes at Valley Lodge. They told us, "We, as a family, have asked to be involved but the current lockdown position has made communication even more difficult. When my relative was admitted to Valley Lodge we provided information about her to the staff, but the care plan I have seen was generic, not specific to her as it did not address her mental, emotional and physical treatments."
- Staff told us, "Before a resident comes to live at Valley Lodge one or two members of the management team will go out to assess the individual and ensure that they are suitable for the home and that we can meet their needs accordingly. Whilst on the assessment the management team will usually gather as much information about that person as possible including their life history so we know about their families and the lives they have lived as well as their likes and dislikes, their medical history and any dietary requirements. The basic care plan will be on the system and ready to go by the time the individual moves in and can then be adjusted accordingly. Any religion, sexuality or disability is recorded within the care plan."

Staff support: induction, training, skills and experience

- Staff had received both formal and informal support as needed throughout the pandemic. An assessment tool was in use to see if staff were struggling in the difficult situation and needed additional support. Staff had supervision at least twice per year and attended staff meetings. During the pandemic, staff meetings had become less formal and were on a daily basis rather than at intervals. This was to ensure that everyone was up to date in terms of peoples conditions and changes to guidelines.
- Face to face staff training during the pandemic had been suspended. The registered manager told us they felt that training in person was better than online learning or workbooks as staff are able to ask questions and discuss as they learn. As an interim step, to cover some mandatory training, books had been sourced for some courses. Face to face training would be reintroduced as soon as possible and in line with government guidance.
- Staff were happy with the training and support provided to them. One staff member said, "I have had all the necessary training and will always keep up with this. I understand the need and I know to talk with management about things. Supervision is always good for airing any problems, it's also nice to know if you are working well. Management are supportive and kind, I feel they are approachable and understanding."

- Another staff member told us, "Staff training is good and interesting. We have regular trainers come in that have gotten to know the home over time, and the staff that work there. I can't say that there are any areas in which I would like more training, but during our regular one-to-one supervisions we are asked this question. I find our supervisions useful as it gives you a chance to say anything you need to say or ask anything you want to know and the management team aim to help as much as they can."
- Again, there was mixed feedback from relatives. One relative said, "[Staff] appear to be well trained and are always very kind and caring", whereas another told us, "Some staff appear kind and caring, but not all. They do not appear to have the skills, or time required They are not proactive in checking patient's needs, or that they are comfortable, and only act when asked to."

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

- We saw lunch being served at Valley Lodge and the food looked and smelled appetising. We saw people eating enthusiastically and enjoying their meals. One person needed full staff support with their meal. They had been calling out repeatedly before lunch but while they sat with staff they were completely focussed on their meal and the staff member who spoke softly with them throughout.
- People were regularly weighed before the pandemic however for several months there had been no weights recorded. We asked why this was the case and it was due to the extreme pressures of the outbreak.
- Staff described the importance of effectively monitoring people's food and fluid intake to prevent the risk of dehydration or malnutrition.
- A relative told us, "I know [relative] really enjoys all their meals at Valley Lodge. Before lockdown I often joined them at mealtimes and I have always been very impressed with the varied menus, which are often adapted to the residents dietary requirements and taste. Because of their dementia, my relative often forgets they have recently eaten, and the staff or cook will always happily offer them a tasty top up, any time of the day. Nothing is too much trouble."
- Staff also mentioned how they catered for all choices at Valley Lodge. They said, "All the residents diets are catered for correctly, regardless what it is. Those that need assisting with their food are assisted and those that need encouraging get a food and fluid chart so we can observe their diets and if they're eating well. They all get choice for all meal times and have access to cold drinks at all times and have hot drinks offered regularly."

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

- Other agencies supporting people at Valley Lodge included local GP surgeries, district nurses who had a treatment room on site, chiropodists, dentists and opticians. Additional safety measures were in place to ensure that all visiting professionals wore suitable PPE when visiting the service and during the pandemic some professionals had not visited.
- Staff told us, "Should we need a healthcare professional then we can easily access one." Another staff member said, "We have weekly GP visits as well as district nurses, dentists and opticians when required."
- A healthcare professional told us, "They are vigilant to problems which impede health and are in regular contact with the GP who is allocated to the home. They also actively promote well-being. One of my previous referrals used to ride a great deal and they supported them to visit the sports centre to ride a bike in a safe environment, which was a great boost for their mood."

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

- The service was reorganised to reduce the possible transmission of Covid-19 and the new layout had been successful.
- The service was well designed to support people living with dementia, toilet doors were all the same colour for familiarity and there were extensive reminiscence resources around the service. One area had items from relevant eras and had been decorated in wallpapers from the 1970's and looked like a home from that

period.

- There were large rooms and ample space for people to either join others or be on their own. Access to the upper floor was gained by a passenger lift and the provider maintained a stair lift to use should the lift be out of action. Stairs had strong gates to minimise the risks of falling and all external doors and doors between the zones had keypad locks.
- Signage was appropriate for both health and safety requirements and to people living with dementia.

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 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

- We saw a dedicated staff team deliver person centred care to people throughout our visit and received mainly positive feedback about all aspects of the service. People's needs and wishes were central to service provision. We met staff who had clearly suffered emotionally as a result of the Covid-19 pandemic and its impact on Valley Lodge. The owner and the registered manager were aware of this and sought to provide emotional support as required.
- People were supported to maintain their skills and lead fulfilling lives as far as they were able. When developing care plans, people's needs and wishes were central to the process.

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 registered manager and provider were aware of their responsibilities under the duty of candour. When things went wrong, such as a person being injured in a fall, the service would issue an apology if appropriate.
- Feedback about communication and openness during the pandemic indicated that there could be some improvements in keeping people informed about issues happening in the service. A brief newsletter was suggested by a relative to make sure people are fully informed about developments and problems in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us they received very good support from the nominated individual who regularly attended the service and provided support in terms of obtaining difficult to source PPE items and support for the management and wider teams.
- The registered manager also had support from a deputy manager, care manager and senior carer, each of whom oversaw areas such as fire safety, medicines and care planning.
- The registered manager understood that significant events needed to be notified to the Care Quality Commission and had completed as required.
- Management monitoring systems were not always effective. Regulatory requirements were not met in two areas and these had not been identified and addressed.
- Positive feedback came from staff members about the registered manager and the management team.

One staff member told us, "The manager is approachable. I know if I ever had a problem, I can go to them and talk to them. They have been incredibly supportive. I believe all staff are treated fairly and equally."

- A second staff member told us, "All the management team are very approachable and treat all staff equally, continuously provide support and have the skills to make Valley Lodge a happy place to work in. We have regular team meetings so we know what's going on at all times and handover provides this too. We get asked our opinions and the management listen to any ideas a staff member has. I feel listened to and valued."

- Feedback from relatives was mixed. One relative said, "I cannot answer for my [family member], but the management team have not been visible when I have visited post lockdown. Since lockdown all communication has been minimal and driven mainly by family members."

- A second relative who gave negative feedback said, "The family have found difficulties in communicating with Valley Lodge, this has been upsetting and challenging. (As an example, I phoned the Lodge and arranged to visit so that I could 'talk' to my [family member] through a window. On arrival I was told that this was impossible; at my request the [registered] manager was asked to confirm this and apparently did so." They went on to add, "Being ignorant of the number of residents who have had Covid-19; or may have had Covid-19 has also been very unsettling for the family."

- We also received positive feedback about the management team. A relative told us, "The Management Team are always accessible to me and always deal with any query I might have."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback about communication with the management team was varied. One person told us they were not asked for feedback about the service their family member received and another told us there was little contact during the pandemic. They said, "No, there has been very little contact since the virus, one or two emails saying all was well but nothing about [person] personally."

- Another relative also felt that communication could be better. They told us, "Communication between Valley Lodge and the family would be useful. I have been contacted immediately when there has been a medical issue or fall which has been appreciated. However, a simple newsletter once per week, or an update on how a relative is with regard to physical, mental and emotional challenges would be appreciated."

- Staff felt engaged with the service and the management team. A staff member told us, "During our supervisions we are asked for our opinions of the home and if we think there is anything that they could do or introduce that would improve the running of the home. We have previously been given anonymous questionnaires to fill out."

Working in partnership with others

- Support for care homes is offered by local clinical commissioning groups, the NHS and local authorities. These provide opportunities for providers to link with and work in partnership with other health and social care organisations. We received mixed feedback from other agencies.

- A healthcare professional told us, "I have always found Valley Lodge to be very open to assessment and willing to engage with supporting individual care planning as required. They are keen to consider a broad range of approaches which involve therapeutic and medicinal plans. For example, providing or making stimulus boxes and fiddle aprons, promoting group and individual occupational activities and they are keen to ensure the residents are confident with the staff member who is allocated to them."

- A social care professional told us, "Yes, generally the manager or deputy will contact our team to discuss if unsure about an incident. For example, the manager will follow advice and take actions to undertake further learning and training to improve services, as appropriate... they will share the CCTV footage with [organisation], and work in partnership with us, our quality monitoring team and others."

- Another healthcare professional highlighted that the provider had not fully engaged with them. Advice and training had been offered in several appropriate clinical areas such as skin tear pathways and falls huddles,

that had not been taken by the provider. They had also provided weekly contacts throughout the pandemic that were also not attended. More recent information sharing sessions had also been refused. The healthcare professional said, "As a whole I feel the home could link in with all of the offers from the [organisation] which could support the residents in the home."

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 Consents for use of photographs and CCTV were not all completed in line with the MCA.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was no water hygiene risk assessment resulting in people being left at risk of harm.