CareQuality Commission

# Order of The Sisters of St Joseph of The Apparition

# Order of The Sisters of St Joseph of The Apparition

## Inspection report

Lady of the Vale Nursing Home
Grange Road, Bowdon
Altrincham
Cheshire
WA14 3HA

Tel: 01619282567
Website: www.ladyofthevale.co.uk

Date of inspection visit:
10 April 2018
11 April 2018

Date of publication:
20 June 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 10 and 11 April 2018. The first day of inspection was unannounced. At our last inspection in December 2016 we rated the service good overall. Due to a number of concerns recently raised about the service we carried out this inspection to check the provider was still meeting all legal requirements.

Order of The Sisters of St Joseph of The Apparition, known as and referred to in this report as Lady of the Vale care home, is registered to provide nursing, personal care and accommodation for to up to 39 people in 35 single and 2 double bedrooms, some of which have en-suite facilities. The two double rooms were being used as single rooms and at the time of our inspection there were 35 people living at Lady of the Vale. There is a chapel on site which people living at the home can attend on a regular basis if they wish. The chapel is also open to members of the public. There is a convent in the same grounds however this is separate to the care home and did not form part of the inspection. The home is surrounded by mature gardens, which are accessible to people using the service.

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

There was a registered manager in post at the time of our inspection. 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 we spoke with told us there were enough staff available when they needed help and support and added that staff responded to their needs in a timely manner.  Rotas we saw confirmed that sufficient staff were deployed to meet the assessed needs of the people using the service.

The home had effective systems for ensuring concerns about people's safety were managed appropriately. Staff had received safeguarding training and all staff we interviewed were aware of the various types of abuse and could explain how they would act if they suspected abuse.

People felt they were safe. Care records contained individualised risk assessments and risk management plans and risks had been discussed with either the person or their relative.

The provider followed a robust recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. All required functions of servicing and maintenance were undertaken either by staff employed by the service or by external contractors. Records were thorough and well maintained.

We identified an area of concern for people's safety as the door on the first floor corridor could be opened. This meant that people who were mobile had access to the stairwell and could potentially injure themselves. Due to the risk posed to people's safety a coded lock was fitted to the door during our inspection.

Systems in place for the receipt, storage and administration of medicines were robust and accurate. A GP from a local practice attended on a weekly basis, carried out reviews of medicines and care and dealt with any individual health concerns as identified by the home.

Changes were made in response to complaints and the registered manager learned lessons from complaints and took action to try and ensure these did not reoccur.

Staff gained consent from people before carrying out care and explained to them why their support was needed. Where people lacked capacity to consent, consent forms were included in care plans These were signed by a member of the person's family however the home was not always gaining consent in the correct way.

Concerns had been raised directly with the home in the form of complaints but this had not been addressed with all staff via the supervisions process. Supervision was not forward planned and several were overdue. This meant that supervision was not always effective nor was the policy being adhered to.

People's nutritional needs were clearly noted in assessments and care plans, which also outlined the type of support people required to maintain good health. Where drink consistencies needed to be altered, for example when people had swallowing difficulties or were at risk of choking, this was also clearly documented.

Staff were aware of people's needs regarding their diet and fluid intake and where required, monitoring charts were stored in people's rooms. Two fluid charts we saw contained errors and were not calculated accurately.

The home was well decorated, light and airy. Notice boards around the home contained articles aimed at stimulating memories and creating discussion between residents. There was signage around the building to help people with dementia find their way around. People had memory boxes on walls outside their own bedrooms. Bedrooms we visited had been personalised to people's tastes. The grounds were spacious and fully accessible.

People living at the home and their relatives were very complimentary about the service and the calibre of staff providing support to people living at Lady of the Vale during the day. Concerns had been raised with the Care Quality commission however, that this high level of care was not always replicated at night.

Staff treated people with dignity and respect and knocked on bedroom doors prior to entering a room. We also heard staff asking people for their permission before providing care and support.

Care plans detailed how people liked to receive their care and specified likes and dislikes. Some had thorough personal histories to allow staff to get to know them better. People were given choices.

Some of the residents had chosen this particular care home because of its close links with the Catholic church. The home had a chapel attached which people could attend should they choose to. The home was not discriminatory towards people who were not Catholic and people of all faiths were welcome to live at the home.

Staff knew the residents well in terms of their likes and dislikes. People were well presented and told us they could have a bath or shower when they wanted. There was information on independent advocacy services on display in the foyer of the home.

Staff demonstrated knowledge of dignity and privacy issues and gave examples of how they respected people's rights and wishes.

Prior to this inspection concerns had been raised about the service in relation to relatives visiting the home late at night. The original visitor's policy had been reinstated and visitors were now welcome at all times of the day.

The care planning process was person centred and focused on the person as an individual, detailing choices and preferences. The home had an involvement strap line of "Nothing about me without me." People were supported to make decisions about their care and their lives overall.

Faith was very important to people and the home supported and promoted people to maintain their faith. There was a chapel on site which was fully accessible to people living at the home and to members of the community. A service was held daily, with the exception of Saturdays. We could see that for some people, worship was an important and integral part of their lives.

An activities co-ordinator spent time with individuals in their rooms if they were not well enough to access activities held in communal areas. People were given the opportunity to take communion in their rooms. People and their relatives considered there was enough to do.

Following complaints the service initiated changes in procedures. The service valued complaints and used them as an opportunity to improve the service.

The home cared for people approaching the end of life and that support was extended to relatives and other visitors to the home. Leaflets produced by the home offered information and support to families about end of life and bereavement services.

There was a different management structure in place at this inspection. The nuns had passed oversight and management of the service to a company, Careport. A representative from the management company offered assistance and support to the registered manager.

There were systems in place to monitor accidents, incidents or safeguarding concerns within the home. However other audit mechanisms, for example the manager's daily walk round, had not identified the anomalies we found in the recording errors within fluid charts. Staff had not been alerted to the poor practice and errors and not all staff had received adequate supervision.

Whilst the registered manager had oversight of the service there were some elements that had not been addressed and this had resulted in complaints being made to the service.

Through speaking with the care staff team, people who used the service, the administration and maintenance staff and members of the management team it was clear there was a strong team approach in the home. Every member of staff understood their role and how they could support the delivery of care.

The registered manager understood their responsibilities. The registered manager was aware of the pending changes to the data protection laws and was working to ensure practices were compliant with the General Data Protection Regulations (GDPR).

The company used various ways to obtain feedback from people using the service and their relatives so that the service could continuously improve. Based on people's feedback from satisfaction surveys the home displayed a "You Said, We Did" poster which outlined what the home had done in response to feedback.

We identified two breaches in regulations at this inspection. You can see what action we asked the provider to take at the back of this 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?

**Good**

The service was safe.

Care records contained individualised risk assessments and risk management plans and we saw that risks had been discussed with either the person or their relative.

Systems in place for the receipt, storage and administration of medicines were robust and accurate.

All required functions of servicing and maintenance were undertaken either by staff employed by the service or by external contractors.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People's nutritional needs were clearly noted in assessments and care plans, which also outlined the type of support people required to maintain good health.

Complaints had not been addressed with all staff via the supervisions process. Supervision was not forward planned and several were overdue.

Staff gained consent from people before carrying out care however the home was not always gaining consent in the correct way.

### Is the service caring?

**Good**

The service was caring.

Care plans detailed how people liked to receive their care and specified likes and dislikes. Some had thorough personal histories to allow staff to get to know them better.

Staff demonstrated knowledge of dignity and privacy issues and gave examples of how they respected people's rights and wishes

The home was not discriminatory towards people who were not

Catholic and people of all faiths were welcome to live at the home.

## Is the service responsive?

**Good**

The service was responsive,

The care planning process was person centred and focused on the person as an individual. People were supported to make decisions about their care and their lives overall.

Faith was very important to people and the home supported and promoted people to maintain their faith and to access the chapel if they wished to do so.

Following complaints the service initiated changes in procedures. The service valued complaints and used them as an opportunity to improve the service.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Whilst the registered manager had oversight of the service there were some elements that had not been addressed and this had resulted in complaints being made to the service.

The registered manager was aware of the pending changes to the data protection laws and was taking action to ensure compliance.

The company used various ways to obtain feedback from people using the service and their relatives so that the service could continuously improve.

# Order of The Sisters of St Joseph of The Apparition

**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.

This inspection took place on 10 April 2018 and the first day of inspection was unannounced. This meant the people who lived at Lady of the Vale and the staff who worked there did not know we were coming. Inspection site visit activity started on 10 April 2018 and ended on 11 April 2018.
The inspection team consisted of two adult social care 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.

Concerns relating to the service had been raised with the Care Quality Commission (CQC). This meant that the inspection was scheduled to take place earlier than expected so we could check that people were kept safe.

We reviewed the information that we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local Healthwatch organisation and the local authority commissioning team to obtain their views about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised about the service provided at Lady of the Vale nursing home.

We spoke with eight people who used the service, four visiting relatives and nine members of staff, including the registered manger, the clinical lead, three care workers, the administrator, maintenance and domestic staff and the cook. We observed the way people were supported in communal areas and looked at records relating to the service.

Some people who used the service were unable to tell us about their care therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care. We observed care and support at lunch time in the dining room and also looked at the kitchen, the laundry, a number of people's bedrooms and saw the outside spaces available for people using the service.

We reviewed five people's care records in detail. We looked at four staff recruitment files and records in relation to staff training, supervisions and appraisals.  Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members.

We looked at the systems and  processes in place for monitoring and assessing the quality of the service provided by Lady of the Vale and reviewed a range of records relating to the management of the service; for example medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures, complaints and compliments.

Good

# Is the service safe?

## Our findings

People felt safe living at Lady of the Vale nursing home. No one we spoke with raised any concerns about how staff treated them. When asked if they felt safe people told us, "I'm safe yes, I feel it" and, "I'm well looked after; If I need anything I can tell someone when they are passing." A relative also told us they regarded their family members to be safe and said, "I've never had any problems here. The care for [family member] is good."

We noted that not everyone had access to a nurse call alarm when in their bedrooms and therefore would not be able to summon assistance in the event of an emergency or when needing help. We saw that where people were not able to use a call bell they were checked at regular intervals. One person we spoke with had a call bell within easy reach, but told us they did not need to use it often. We judged that people were kept safe, although care plans should contain a rationale as to why people don't have access to a nurse call alarm and the level of checks they require from staff.

On the days of our inspection we judged there were enough staff on duty to meet people's needs. The registered manager provided us with a dependency tool that was used to check staffing levels adequately met people's needs. People we spoke with told us there were enough staff available when they needed help and support, and added that staff responded to their needs in a timely manner.  People told us, "They are always around the staff"; "There seems to be enough staff", "I don't have to wait for anything" and, "There's always staff here; you only have to ask for something." Rotas we saw confirmed that sufficient staff were deployed to meet the assessed needs of the people using the service. This meant that people could expect consistency from a group of staff who understood their care and support needs.

The home had effective systems for ensuring concerns about people's safety were managed appropriately. Records showed potential safeguarding concerns had been reported promptly to other agencies such as the local authority and The Care Quality Commission (CQC) when these occurred.  Staff told us they had received safeguarding training and this was confirmed by information we saw in training records. A member of staff we spoke with told us, "'If I had a safeguarding concern I would report it to the nurse or manager."'. All staff we interviewed were aware of the various types of abuse and could explain how they would act if they suspected abuse. They told us they would have no qualms in reporting their concerns to management.

We looked at the electronic care records for five people who used the service. Care records contained individualised risk assessments and risk management plans and we saw that risks had been discussed with either the person or their relative. Care plans contained detailed guidance for staff to follow to minimise risks for people. We saw risks in relation to the use of bed rails, the use of hoists and eating and drinking. Detailed risk assessments meant that there was a robust risk assessment and management strategy being followed to keep people safe from accidental harm. A system was in place to record accidents and incidents, such as falls. The registered manager told us that the outcomes of accidents and incidents were analysed to see what lessons could be learnt and reduce future risk by taking preventative action.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines and found these to be accurate. A GP from a local practice attended on a weekly basis, carried out reviews of medicines and care and dealt with any individual health concerns as identified by the home. This meant people's medicines were reviewed in a timely manner and people were treated quickly when the service identified the start of any potential illnesses.

Each person had a blister pack of medicines and a photograph at the front of their medicine administration record (MAR). We observed staff dispensing medicines during the course of the inspection. We saw that staff responsible for administering medicines locked the trolley each time they moved away to dispense medicines. This meant that medicines were administered safely and people using the service were not placed at risk. The service demonstrated people were receiving their medicines in line with their doctor's instructions and from appropriately trained staff. Those who required more encouragement and support received it.

We looked at four recruitment files and found the provider followed a robust recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. Personnel files were in good order. The correct paperwork was on file in relation to the recruitment process and recruitment records for staff included proof of identity, two references and an application form. Where employees had provided evidence to prove they had the right to work in the UK this was recorded, with a date in the future that this needed to be followed up, which is good practice.

Disclosure and Barring Service (DBS) checks were in place for those employed by the service. DBS checks help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. This meant that people who used the service could be confident that staff appointed were suitable to work with vulnerable people.

People receiving support and their visitors spoke very highly about the cleanliness of the home. Deep cleans to bedrooms were undertaken on a daily basis if staffing resources allowed this. We saw daily cleaning schedules of bedrooms and communal areas and staff told us they were provided with all the materials they needed to keep the home clean. Night staff were responsible for some aspects of cleaning and laundry duties were allocated to them during the night. Schedules we saw showed us that not all night staff were carrying out these tasks although we noted that this did not affect the environment, which was clean and fresh smelling with no apparent odours on both days of inspection.
There were two maintenance staff employed by the service and we saw that all required functions of servicing and maintenance were undertaken either by staff employed by the service or by external contractors. Where improvements had been identified, for example in the fire risk assessment of June 2017, we verified that all the works had been carried out. Records were thorough and well maintained. We were assured that all the required safety and maintenance checks were being carried out at regular intervals to maintain the safety of people living in the home, including the required cleaning regimes to ensure people were protected from the possibility of legionella.

Each person had a personal emergency evacuation plan (PEEP) which identified the assistance and equipment they would need for safe evacuation and we were satisfied that staff knew what action to take in the event of an emergency, for example a fire.

We noted one area of concern for people's safety on the first day of our inspection. The door on the corridor to the first floor could be opened and this meant that people had access to the stairwell and could potentially injure themselves. We discussed this with the registered manager who pointed out that people living on the first floor required more support and most were immobile or nursed in their bedrooms. However due to the potential risk posed to people's safety the provider fitted a coded lock to this door during our inspection.

We asked the registered manager if any changes had been made to the service in light of any complaints or concerns identified internally. They showed us the changes made to the manager's walk round template and we saw a version used in January 2018 and a revised version of the template in March 2018. The document used in March contained more observations and discussions with the people to ensure their needs were met and they were happy. We saw different people were checked on each day and comments made about the use of equipment, for example slide sheets and any trip hazards were noted and removed. This meant the registered manager had learned lessons from complaints and took action to try and ensure these did not reoccur.

Requires Improvement

# Is the service effective?

## Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We saw that staff gained consent from people before carrying out care and explained to them why their support was needed. In most cases, where it was considered that people lacked capacity to consent, we found consent forms were included in care plans in relation to receiving care and treatment, medicines and having photographs taken. These were signed by a member of the person's family however, it wasn't clear if the relative signing these consent forms had the legal authority to provide consent on their family member's behalf, such as a Lasting Power of Attorney (LPA) for health and wellbeing. We found the home was therefore not always gaining consent in the correct way. We discussed this with the manager who advised she would review the consent aspect of people's care plans and where necessary complete a best interest meeting to ensure that the consent in place was valid. We will check this on our next inspection.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The supervision policy had recently been updated to reflect staff now received supervision every eight weeks instead of every twelve. Supervision notes demonstrated that staff had the opportunity to discuss concerns and noted how these would be actioned. The mangers told us that they had 'an open door policy' and staff could come to them at any time with concerns and managers would organise a one-off or urgent supervision if needed and staff we spoke with were comfortable with this process.

The new supervision policy also required staff members to undergo an annual appraisal however these had not been planned at the time of our inspection. We reviewed supervision records from January 2017 which showed not all staff members were receiving supervision in line with company policy, both old and new. Ten members of staff had received two supervisions each during the year. Prior to the inspection concerns had been raised with CQC with regards to the performance of staff on nights. We saw that these concerns had also been raised directly with the home in the form of complaints, but this had not been addressed with all staff via the supervisions process. Supervision was not forward planned and several were overdue. This meant that supervision of staff was not always effective nor was the policy being adhered to.

This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to staffing.

New staff starting employment at the home received a three day induction which covered mandatory aspects of training, such as moving and handling, infection control, health and safety, safeguarding, care and dignity and care docs, the electronic care planning system. New staff were assigned a 'buddy' care worker colleague. Shadow shifts were undertaken by new employees and they were introduced to the residents before working unsupervised. This meant that new staff were supported and had a staff member to go to if they needed help or advice.

We reviewed the staff training matrix and noted some training was highlighted as 'overdue' and plans were in place to address this. The home had recently created a larger training room which had the necessary equipment to support classroom based training. We looked at three individual staff training records and saw training certificates which showed staff had received appropriate training to carry out their roles effectively. Care workers we spoke with confirmed they had received training in topics such as safeguarding, Mental Capacity Act/ Deprivation of Liberty Safeguards, moving and handling, fire safety, medication, food hygiene. We will check that the elements of overdue training have been addressed on our next inspection.

We noted there were limited dining facilities within the home and therefore residents on the first floor were served their meals upstairs. These meals were either served on lap trays in the lounge area or in bedrooms. Some people chose to eat in their bedrooms or were given meals in their bedrooms due to their physical frailty. People were able to help themselves to drinks of juice and snacks such as biscuits, fruit pots and crisps, readily available in the lounge areas of the home. We were told that this had recently been introduced. We noted that people had drinks made available to them in their room. One person we spoke with said, "I always have a drink here in my room."

We observed lunchtime in the downstairs dining room on the first and second day of inspection. We saw staff supporting people to eat and drink where needed, however when one resident became agitated, and they were removed from the dining area and taken to the lounge. On the second day of inspection we checked their diet recording sheet which documented they had eaten the previous lunchtime meal at 12.30pm and what had been eaten. However, the information recorded was not factual as we were present in the dining room at this time and saw the person being removed. Therefore, we were aware this was an error and raised this with the registered manager. After speaking with a care worker they confirmed the person had been assisted with their meal later in the day, in their room and the diet sheet was updated to reflect this.

We spoke with the cook during the inspection who was able to show how they managed people's specific dietary needs, for example in the preparation of pureed and diabetic diets. Records were kept in the kitchen which clearly showed what individual's dietary preferences were and if they had any food allergies for example. There was a three week menu and this was displayed in the home and on dining room tables. Menus contained pictures of the meal and listed other options that people could request if they did not like the main menu on offer. People told us, "I can choose something different to eat if I want to"; and, "There's always plenty of food; too much sometimes."

Where needed, meals were fortified with cream and milk powder for those identified as nutritionally at risk. We noted that the kitchen had recently achieved a five star rating from environmental health, the highest achievable rating. This meant food systems including the storage, preparation and serving of foods were deemed to be safe. We went into the kitchen and found it to be clean and tidy.

We looked at people's Malnutrition Universal Screening Tool (Must) scores which were recorded in electronic care plans. We saw that each resident was weighed monthly and we were told this information was reviewed monthly by the manager. Where significant weight loss was highlighted we saw that referrals were made to GPs and dieticians as necessary and more frequent recording of weights, for example on a weekly basis, were put into place.

People's nutritional needs were clearly noted in their assessments and care plans, which also outlined the type of support people required to maintain good health. Where drink consistencies needed to be altered, for example when people were at risk of choking, this was also clearly documented. People had their own thickener prescribed to them and this was stored appropriately in accordance with NICE guidelines.

Staff we spoke to were aware of people's needs regarding their diet and fluid intake and where required, monitoring charts were stored in people's bedrooms so staff could record food and fluid amounts in real time. We saw two examples of fluid charts which contained inaccurate recordings in relation to the amount of fluids given to individuals. The total amount of fluids two people had received was also incorrectly calculated. Neither was it clear from two care plans we looked at the amount of fluid both individuals required to maintain a good level of hydration as this was not specified.

We recommend that all fluid charts contain the required daily amount of fluid intake an individual should have, based on medical advice. All diet and fluid charts should be checked by a nominated senior staff member so that any concerns or errors can be addressed promptly.

We looked to see if information was passed from the day and night staff effectively and vice versa by checking handover records management instructed staff to complete at the end of each shift. Day staff did complete the required forms, but we found that the handover information was not provided by night staff in a written format, as a verbal handover was given only. We brought this to the manager's attention during the inspection and we were advised that new handover sheets for the night staff to record on were to be provided and that management would in the future check that these were being completed.

We toured the building during the inspection and visited all communal areas. The home was well decorated, light and airy. There was a newly created 'retro room' on the first floor which had a 1960s theme and included various items to help stimulate memories, such as an old transistor radio. We saw notice boards around the home which contained newspaper cuttings from the war years and reports on the sinking of the titanic, again aimed at stimulating memories and creating discussion between residents.

There was signage around the building to help people with dementia find their way around. People had memory boxes on walls outside their own bedrooms. These were personalised, containing meaningful photographs and personal items and helped remind those people who were mobile where their bedroom was. Bedrooms we visited had been personalised to people's tastes. We saw people had family photographs, personal furniture and ornaments to help the room feel more homely. The rooms were clean and tidy and one relative said, "The room is always clean and so is the rest of the home; I cannot fault the cleanliness of the home, the room is deep cleaned each month."

There are mechanically assisted showers and baths on each floor of the home. Each resident has their own bedroom. There is a passenger lift to access to the upper floor and hand rails along the corridors to help people to move independently. There are hoists, slings and other items of equipment, for example walking frames and wheelchairs, to help people to mobilise around the home. Staff told us they had been trained to use all equipment. The gardens and surrounding grounds are open and spacious with a newly created accessible garden and a covered seating area as well as an accessible balcony for people to enjoy the outdoor space. A relative we spoke with told us that in summer these were well used and said, "The gardens are beautiful. In summer we sit out."

Care plans we looked at showed that an assessment of needs had been undertaken by either the registered manager or another senior member of staff before people were admitted to the service. The home had a policy not to admit two people on the same day so that people new to the service were afforded the attention and care they required.

We looked at five plans of care and saw that people who used the service had access to health professionals, for example dieticians, hospital consultants and community nurse specialists. The service had formed a good working partnership with a local GP practice and a weekly ward round was undertaken by a GP from the practice and people living at the home liked the service and told us, "The doctor comes every week. I can see him when I want to." This meant people's health was closely monitored and treatment was regularly followed up with appropriate referrals.

Good

# Is the service caring?

## Our findings

People living at the home and their relatives were very complimentary about the service and the calibre of staff providing support to people living at Lady of the Vale during the day. People told us, "If I need to talk about anything I can, the staff are great. They are lovely." We had received some concerns however that this high level of care was not always replicated at night.

We spoke to staff who demonstrated how they supported people whilst helping maintain their privacy and dignity where ever possible. One staff member told us, "We knock on doors before entering and make sure the curtains are closed" and people we spoke with confirmed this and told us, "Staff always knock before coming in my room. They ask me first; they don't do things without that." We observed staff treating people with dignity and respect and witnessed that staff did knock on bedroom doors prior to entering a room. We also heard staff asking people for their permission before providing care and support. We saw all staff, including ancillary staff, such as catering and maintenance staff, were caring and patient in their approach. One person was supported to sit in a chair and take breakfast in the lounge. They were provided with a buzzer to press in the event they needed assistance. This meant that people living at the home were treated with kindness and respect.

Care plans detailed how people liked to receive their care and specified likes and dislikes. Some had thorough personal histories to allow staff to get to know them better. Each section of the care plan was completed from a person centred perspective and provided information in connection with people's medical histories and support needs. People were given choices. We observed a person saying, "I don't want that" so staff offered other alternatives. The person had something different and was happy with it.

Some of the residents had chosen this particular care home because of its close links with the Catholic church. The home had a chapel attached which people could attend should they choose to. Those who were not well enough to attend the chapel were offered communion in their bedrooms. We were informed that not everybody living at the home practised the Catholic faith, as people followed other faiths or were not religious. The manager told us that, "People of all faiths or with no faith are welcome here." One resident told us, "If I want to go to the service I can. I'm not Catholic, but I feel welcomed", and another said, "Nothing is pushed on you here." This meant that the home was not discriminatory towards people who were not Catholic and people of all faiths were welcome to live at the home.

Staff knew the residents well in terms of their likes and dislikes. One relative told us, "Mum doesn't like a shower or a bath. Staff help her to have a good wash; it's her choice and they respect that." Other relatives told us, "The day staff are great; very caring; they are always busy but make time for people." People were well presented and told us they could have a bath or shower when they wanted. We were told that family members could purchase a meal and stay and eat with their loved ones and that many relatives stayed on a Sunday for a meal. We noted the laundry was well run.

We saw information on independent advocacy services was on display in the foyer of the home. Advocacy services work on behalf of people dealing with issues where a person might need advice and support. This meant that for those people who had no one to act on their behalf they could obtain support from an independent service external to the home if they wished to do this.

Care staff recognised the importance of ensuring residents could keep their independence where ever possible. One staff member said, "I try to promote people's independence by making sure they still do what they are able to – even if that's just washing their face."

We spent time observing people in the lounge and dining areas of the home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and heard staff speaking in a friendly manner.

We spoke with a member of staff on the second day of the inspection. They were aware of their role and responsibilities and were able to describe the needs of each individual who used the service. They demonstrated knowledge of dignity and privacy issues and gave examples of how they respected people's rights and wishes.

We were not able to fully communicate verbally with some people who had complex needs and therefore were unable to ask about their experiences of the service. Staff asked people whether they required assistance and offered help in a sensitive way. We spent time observing the interactions between the staff and the people they cared for. Staff explained to people what they intended doing and obtained permission from individuals before carrying out any tasks. We visited people who were nursed in bed or who chose to remain in bed. One person we visited had access to the nurse call system and we saw drinks, a fruit snack and a magazine within easy reach. They told us, "I've got everything I need." We saw a number of family photographs on the wall and the person told us that maintenance staff had recently put them up at their request and they were happy as they could see them from their bed.

Prior to this inspection concerns had been raised about the service in relation to relatives visiting the home late at night. A member of the public reported to us that they had been refused entry to the home on one occasion when their preferred routine was to visit their family member around bed time. We discussed this with the registered manager who told us that the original visitor's policy had been reinstated and visitors were now welcome at all times of the day.

Good

# Is the service responsive?

## Our findings

We looked at five care plans during our inspection. We found that the care planning process was person centred and focused on the person as an individual, detailing choices and preferences. The home had an involvement strap line of "Nothing about me without me" and each person had a booklet detailing their care needs and what was important to them, including what might worry them and what made them feel better. Staff used these and electronic care plans to support and involve people to make decisions about their care and their lives overall.

Care plans were held on a computer and the home used software specific to care. These were complimented with certain hand written records, for example food and fluid charts, repositioning charts that care workers completed. Electronic care plans confirmed that care and support was being reviewed on a regular basis, with the individual and their relatives where appropriate. Care plans were reviewed each month and updated accordingly or once a change in need was identified. We saw that a resident admitted in March 2018? had six falls since admission and the home had taken the appropriate action to try and minimise the risks posed to the person. Each fall was appropriately documented and a referral to the falls team had been made in April 2018. We saw the use of assistive technology was in place, such as a falls mats and changes had been made to the person's medicines in consultation with the GP. When care needs changed the home responded accordingly.

Staff coped very well with an incident on the first day of inspection and were proactive in dealing with a person's escalating behaviour. Following the incident staff identified a new risk to the person who had lived at the home for a short period of time. In response to this a risk assessment was formulated and the GP was contacted to discuss a review of medicines.

We spoke to staff who were able to confirm people's preferences. Staff knew the people they were supporting very well. We heard throughout the inspection examples of people being given, and making, choices about their daily lives and the support they received.

The cook was present during the service of the main meal at lunchtime and informed us that she liked to get feedback from people and to see if they were enjoying the food. The cook explained that they made time each week to speak with residents about their views on menu choices. After consulting with residents they had recently removed some desserts which were not favoured by many of the residents. This indicated that when residents expressed their views the service responded accordingly.

The home employed an activities co-ordinator who worked for 20 hours per week and divided the time equally between the ground and first floor. There was a list of weekly activities available on display in the hallway. Staff told us that the activities co-ordinator would also spend time with individuals in their rooms if they were not well enough to access activities held in communal areas.

We asked people and their relatives if there was enough to do. One relative told us, "[There's] lots going on. I see the entertainment and there is someone who does that sort of thing and arranges everything. It's very good."

We saw and people told us that their faith was very important to them and the home supported and promoted people to maintain their faith. There was a chapel on site which was fully accessible to people living at the home and to members of the community. A service was held daily, with the exception of Saturdays. We could see that for some people, worship was an important and integral part of their lives.

For those people who were confined to bed or chose to stay in their rooms there was the opportunity to take holy communion in their bedrooms following the service In providing people with the facility to attend daily mass or take holy communion the home was ensuring that everyone's religious needs were met if this aspect was important to them.

People could take part in the art club held every Thursday, run by one of the Sisters from the convent.  There was also a small shop on site selling toiletries and other items people might want to buy, for example cards and sweets. The home had volunteers and outside entertainers coming in to provide additional stimulation. We saw photographs displayed of events which had taken place at the home. The day prior to our inspection visit a birthday party for a resident had just taken place and people told us they had been given cake. A physio therapist visited the home twice a week to do a music to movement class. We were told by the manager that an annual garden party, held every September, was popular with residents, relatives and staff. There were plans to repeat this event later in the year. One person living at the home told us, "The home is lovely and clean. The gardens are beautiful. In the summer we sit out."
We saw a copy of the provider's complaints procedure on display in the hallway along with a suggestions box. People living at the home and their relatives we spoke with were aware of the home's complaints policy. People told us if they ever felt it necessary to make a complaint they were confident that this would be addressed to their satisfaction. One relative commented, "We have no complaints about here; [we're] very happy with the home."

We saw that following a number of complaints the registered manager had initiated changes in procedures. The daily walk round was now more detailed and documented checks of the environment, equipment as well as observations of people and staff. The service valued complaints and used them as an opportunity to improve the service. We were satisfied that the service handled complaints and concerns according to their own company policy whilst trying to satisfy the expectations of those made formal and informal complaints.

The home cared for people approaching the end of life and that support was extended to relatives and other visitors to the home. The home had participated in the Six Steps to Success programme delivered by St Ann's hospice in December 2016.  The Six Steps to Success programme was developed in the north-west of England to support staff development and to enhance end of life care within care homes. We saw leaflets in the foyer that had been produced by the home offering information and support to families about end of life and bereavement services and a specific care plan entitled My Last Days was prepared for people to ensure their wishes were followed.

Requires Improvement

# Is the service well-led?

## Our findings

There was a different management structure in place at this inspection. The nuns had passed oversight and management of the service to a management company called Careport. We saw that during the two days of inspection there was a representative from the management company offering assistance and support to the registered manager. The manager was registered with the Care Quality Commission and received support and assistance in running the home via the back-up functions, for example the administrative staff based in the home covering recruitment and financial elements of the service.

We carried out this inspection due to a number of concerns raised by members of the public in relation to care and support provided to people at the Lady of the Vale care home. One aspect of the concern related to staff not always wearing identity badges. We noted that two out of the three staff we interviewed were not wearing them.

Whilst most staff received supervision not all staff received the same scrutiny or the opportunity to speak with their line manager. Some staff working nights were not completing domestic tasks assigned to them in the night, nor were they documenting handover records to give an overview of the service and any changes in need to the oncoming day staff. These factors had not been addressed directly with staff so that they could alter and improve their performance.

There were systems in place to monitor accidents, incidents or safeguarding concerns within the home. Audits were in place, for example in relation to health and safety and medicines administration and any identified errors or actions had been addressed. However other audit mechanisms, for example the manager's daily walk round, had not identified the anomalies we found in the recording errors within food and fluid charts. Staff had not been alerted to the poor practice and errors.

Whilst the registered manager had oversight of the service there were some elements that had not been addressed and this had resulted in complaints being made to the service.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance.

We checked to see if the rating was displayed in the home and found that it was prominently displayed in the foyer in a holder on the wall, however this was not replicated on the website. When we asked the registered manager about this we were told that it was an old website and the new company could not access it. The management company were in the process of establishing a replacement website and we will check that this is in place at our next inspection.

We received positive feedback about the leadership and management within the home from staff, people who used the service and their relatives. It was clear that people living at the home knew who the registered manager was and considered they were a regular presence in the home.

Through speaking with the care staff team, people who used the service, the administration and maintenance staff and members of the management team it was clear there was a strong team approach in the home. Each person understood their role and how they could support the delivery of care. Staff we spoke with told us, "The management are very good; I think we get good support" and, "'If I had a concerns about a resident I would approach the management."

In conversation with the registered manager it was evident that they understood their responsibilities. They were aware of the pending changes to the data protection laws and were working to ensure working practices were compliant with the General Data Protection Regulations (GDPR). They described their plans to us for the development of the service to benefit people. One idea they had was to improve the dining facilities of the home by creating a larger dining area by making two large rooms at the front of the home into one large dining room, as the current dining facilities were small and cramped. After the inspection we were notified that this improvement in the environment had been approved and work was due to start in the near future. We will check on this at our next inspection.

'Staff huddles' were in place. These were informal meetings for groups of staff, for example, heads of department or clinical and care staff to discuss aspects of practice or events happening in the day.

The company used various ways to obtain feedback from people using the service and their relatives so that the service could continuously improve. We saw that resident and relative meetings were held twice a year. Based on people's feedback from satisfaction surveys the home displayed a "You Said, We Did" poster which outlined what the home had done in response to feedback. Relatives we spoke with felt the communication from the home was good and one told us, "I get newsletters; staff keep me up to date."

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<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Audits had not identified the anomalies we found in the recording errors within food and fluid charts. Staff had not been alerted to the errors and poor practice had not been addressed with staff via supervision so that they could alter and improve their performance. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Elements of training were overdue. Supervision was not forward planned and several were overdue. Appraisals were not in place. |