

# Vale House Oxford

# Vale House

## Inspection report

Sandford Road  
Littlemore  
Oxford  
Oxfordshire  
OX4 4XL

Tel: 01865718467

Website: [www.valehouse.org.uk](http://www.valehouse.org.uk)

Date of inspection visit:

01 March 2016

03 March 2016

Date of publication:

25 May 2016

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

We carried out this inspection over two days on first and third March 2016. The first day of the inspection was unannounced. At our last inspection of the service in June 2013, we found the provider had satisfied the legal requirements in all of the areas we looked at.

Vale House is registered to provide accommodation for up to 40 people who require nursing and personal care. On the day of the inspection, there were 40 people living at the home. Vale House provides a service for people living with advanced dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was available throughout the inspection.

The service provided excellent and innovative person centred care that supported people to come to terms with difficult life changing events such as end of life care and bereavement. People were supported to maintain their interests by a staff and management team that not only respected the persons adult status, but also did not recognise any barriers in making things possible for people with dementia. Staff consistently demonstrated affection and warmth in their relationships with people.

The service was exemplary in responding to people's needs and preferences. People were supported by a service that was devoted to getting to know the people and family's they supported. Relatives told us the service was responsive and well managed. Relatives knew the registered manager. The service sought people's views and opinions and acted upon them.

Relatives told us people were safe. People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities. People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

People were cared for by a service that was devoted to getting to know the people they supported. There was a clear focus on the importance of knowing peoples histories and involving relatives at every point of peoples care.

Relatives told us they were confident they would be listened to and action would be taken if they raised a concern. We saw complaints were dealt with in a compassionate and timely fashion. The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery.

## 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.

People received their medicines as prescribed, administered by staff equipped with the skills and training to do so.

Risks to people were managed and assessments were in place to manage the risk and keep people safe.

People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse.

### Is the service effective?

Good ●

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

### Is the service caring?

Outstanding ☆

The service was outstanding in providing caring support.

People were supported by staff that were committed to providing high quality.

Relatives spoke positively about the end of life care at the home and the access they had to further support.

The staff were friendly, polite and respectful when providing support to people.

People's relatives and friends were really satisfied with the staff and the high standard of care they provided.

### Is the service responsive?

Outstanding ☆

The service was outstanding in responding to people's needs and preferences

The service was devoted to getting to know the people they supported. There was a clear focus on the importance of knowing people's histories and involving relatives at every point of people's care.

The service delivered a high standard of personalised care that was embedded within staff practice.

People had access to a wide range of meaningful activities which were tailored to individual needs.

### Is the service well-led?

Good ●

The service was well led. Relatives and staff spoke highly of the registered manager.

The visions and values of the home were embedded within its culture.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns

# Vale House

## 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 checked whether the provider was 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 1 and 3 March 2016 and was unannounced. This inspection was carried out by one inspector and a specialist advisor, whose specialism was adult dementia care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. Additional to this we contacted the local authority commissioner of the service to obtain their views on the service. We also sought the views of six healthcare professionals.

In order to gain people's views about the quality of the care and support being provided, we spoke with five people who were living at Vale House. However, the people we met were not able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with seven relatives.

In addition we spoke with six care staff, two nurses, one family liaison officer, one member of staff responsible for maintenance, one administrator, one senior nurse and the registered manager. We looked around the home and observed the way staff interacted with people. We looked at 12 people's care records, and at a range of records about how the home was managed.

# Is the service safe?

## Our findings

People were safe. One person we spoke with told us "I am safe here". Relatives we spoke with told us "I don't go away much, but the option is there if I want to, because I know she is safe here", "They are always checking on [relative]", "I never have to worry about him being here" and "Oh heavens yes [relative] is safe here", "I would know if [relative] wasn't safe" and "I've never heard the staff have a cross word about anyone".

People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities. Staff we spoke with told us they would report any concerns immediately. Comments included. "If I had concerns I would report them to my manager", "I would go to my line manager", "I would report any concerns to the nurse or [registered manager]". Staff were aware they could raise concerns outside of the organisation. Comments included "I would contact safeguarding", "I would ring safeguarding or the police", "I would consider contacting the directors or social service" and "I would come to you (Care Quality Commission)".

People's care plans contained risk assessments which included; moving and handling, falls and nutrition. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of pressure damage and as a result the home had introduced repositioning charts to the person's care records. The service had also sought advice and guidance from the tissue viability team. This included the use of a pressure relieving equipment. Staff we spoke with were aware of these risks and what action to take as a result. During our inspection we noted that the person had not developed a pressure ulcer. There were personal evacuation plans in place for each person, this ensured people were protected during untoward events and emergencies.

We observed and people told us there were enough staff to meet their needs. The registered manager told us "It's important that we deploy adequate numbers of staff because of the vulnerability of our residents". One member of staff we spoke with told us "We've never gone short in the ten years I have been here". Staff we spoke with and records confirmed that the home worked to a minimum ratio of two staff members for every one person when delivering personal care. One relative we spoke with told us "It's great, staff are with them all the time".

During the day we observed staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support and call bells were answered promptly. People in their rooms had call bells to hand.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. This ensured people received the right medicine at the right time. Medicine records were completed accurately. Medicines were stored securely in a locked cabinet and in line with manufacturer's guidelines. During our observation of staff administering medicines one person became agitated. The staff member reassured the person and eased their anxiety whilst maintaining a clear focus on ensuring this person took their medicine.

Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. The staff member responsible for ensuring that staff had the relevant checks in place told us "It's absolutely necessary, we can't allow people to start work without one". We spoke with a new member of staff who told us "I was not allowed to start until the relevant checks had taken place".



# Is the service effective?

## Our findings

Relatives we spoke with told us staff were knowledgeable about people's needs and supported them in line with their support plans. Comments included; "The staff are excellent", "The staff are very good, they don't give up on anyone", "Everyone is brilliant here. I can't fault them", "It's obvious that when they recruit, they know what they are looking for", "It's clear the staff are very well trained in (behaviour that may challenge others), they are good at de-escalating things" and "I have never seen a member of staff do something that has surprised me". The home had employed a family support worker. The purpose of this role was to ensure that the input from relatives and friends of people was included within people's care from the point of assessment. We spoke with this staff member who told us "I am really lucky it's such a unique job".

The home had a practice where all the doors with the exception of people's private spaces, kitchens and laundry rooms were open. This enabled people to have access to anywhere they wished to go. This was evident during our inspection feedback on the last day of the inspection when we were joined by a person. People had access to free areas that included office space and staff were happy to share every day duties with people where they were interested. For example, we observed that one person joined a member of staff who was stapling some paperwork together. The staff member thanked them and supported them with the task. Staff were extra vigilant to ensure that anything that contained confidential information was secured away. We spoke with the registered manager about this practice and they told us "We are the ones that have come into their home, not the other way around".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included fire awareness, manual handling, infection control, dementia, safeguarding and food hygiene. Comments included "The training is very good and it's ongoing", "The training is brilliant" and "I really enjoy the training".

Staff told us that the majority of their training consisted of face to face work with specific trainers or specialist health care professionals. They said the training was interactive and conducive to their learning styles. We spoke with the registered manager about the training who was clearly passionate about face to face training. They told us "Online training is pointless. You can find the answers on (the internet). This is not simply about passing. We don't want our staff to feel pressured, we want them to get it right". They told us that this contributed to the effectiveness of the staff team.

Staff told us and records confirmed that staff had access to further training. One staff member told us "I have just requested some more dementia training and they have booked me onto it". We saw evidence the home had recently worked with a local university who had developed specialist dementia training. The training involved the use of a bodysuit which simulates mobility issues that people living with dementia face by restricting movement with weights and straps. The impact of this is that the home supported staff to build a greater insight into the experiences that people with dementia face and to encourage staff to support people with dementia effectively. The registered manager told us that this enabled staff "To understand how to support people with dementia in the Vale House way of supporting people with dementia".

The registered manager told us and records confirmed that all new staff were starting to complete the newly introduced induction programme called the "Care Certificate". Staff comments include "The induction was really good, I think It's important to have a good induction" and "My induction and first welcome was brilliant, I've been to a lot of places, in this place everyone one knows the clients, and what they are doing, This place really is amazing".

Records demonstrated and staff we spoke with told us they had been trained in how to effectively support someone during end of life care. This training was embedded at point of induction for new staff members. The registered manager told us "In training we avoid terminology such as passed away, bit poorly. We say they are dying; their life is coming to an end. We address this with staff at point of induction, we have to be totally sure that staff understand this". It was evident that the registered manager was passionate about staff training and the impact that good training had on the support needs of people being met. They told us "It's simple, our staff development is under pinned by our philosophy of care in that we respect an adult's status despite how mentally unwell they are".

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their line manager) and appraisals. Staff we spoke with told they felt supported by the registered manager. Comments included "You can discuss what's working well and what's not", "I always get a copy of my supervision notes with goals and actions included" and "Supervision is about how you are getting on, we discuss any issues, problems or things to report". One staff member we spoke with told us how they had approached the manager during a supervision meeting to discuss a new idea that they had to support people's cognitive skills. They told us "I had an idea about an activity to work on people's (cognitive) skills, it included hand care as well as feel and touch. [Registered manager] listened to me, within a week we had got together all of our materials and we just got on and did it. This type of approach makes you feel valued".

Staff had access to development and progression opportunities for example, Staff had access to national certificates in care. Records confirmed one staff member had recently completed a national certificate in dementia. During our inspection we were told by two members of staff that they had requested the opportunity to progress within the home and the registered manager had agreed to this. The staff had been given additional work to carryout. During these times the staff members were closely observed by a senior member of the nursing team.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. Records showed that staff had been trained in MCA. Staff had a good understanding of the MCA and applied its principles in their work. Comments included "(MCA) is about protecting people who are vulnerable, and that's what we do", "It's when a person can't make decisions for themselves, it's about the persons best interests", "The Mental Capacity Act is there to protect residents who don't have capacity to make safe decisions" and "Just because you lack capacity in one thing doesn't mean you lack capacity in everything".

Some people in the home received their medication covertly. For example the medicine needed to be mixed in with their food or drink without them knowing it was there. Records confirmed that this was carried out with the person's best interest in mind, and that relatives and healthcare professionals had been involved in meetings surrounding the best interest decisions. We saw that conditions on authorisations to deprive a person of their liberty were being met The service had made the appropriate DoLS applications to the governing body.

People had sufficient to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately by staff. Staff told us and we observed that special diets, such as pureed diets, were catered for. The meals were made with fresh produce and the food looked wholesome and appetising. People ate well and throughout our inspection staff regularly checked to see if people wanted a hot drink and a biscuit.

Because the majority of people had difficulty communicating the home had faced difficulties in ensuring that people had a choice of meals. Therefore the home liaised with relatives and friends to ensure that there was a constant discussion surrounding the menus and what people would like to eat. The service had also arranged for the chef to attend the family meetings, so relatives could ask questions about the menus and share peoples historical preferences. In the event that a person refused their meal the chef would arrange an alternative from a well- stocked kitchen.

One relative had highlighted that a person used to have a steak once a week. The service ensured that this tradition was kept up as part of this person's care. The service had also explored ideas of how to engage people with poor appetites to eat more. This resulted in the service holding a chocolate fondue party for people. The party was such a success that it has been introduced as a regular activity that takes place every Friday afternoon. Records confirmed the home had a system in place that monitored everyone's weight once a month. We spoke with staff member about this and they told us "If we have any concerns then we refer to the G.P".

People had regular access to other healthcare professionals such as, the district nurse, chiropodists, opticians and dentists to ensure their health needs were met. Where healthcare professionals provided advice about peoples care this was incorporated into people's care plans and risk assessments. For example, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and we saw staff were following the recommendations. Records confirmed that people had regular podiatry appointments.

## Is the service caring?

### Our findings

Every relative we spoke to, without exception was extremely complimentary about the caring nature of the management and staff. Comments included; "It's clear they really enjoy their jobs", "No matter what. The staff always have a smile on their face's", "Vale House is a well-run modern care home that cares for its residents", "The way I see it is that my wife is still here, and it's really clear that staff share the same view", "They are so focused on individual needs", "[Person] couldn't be in a better place", "Everything here works and that's because they treat people the same way we would want to be treated. As individuals", "I think it is a fantastic level of care "and "The nurses are wonderful".

One relative we spoke with told us "I will never forget, I once saw a women throw a plate of food everywhere, the staff member calmly walked up to them and gave them a big hug and said is that how you feel, its ok to feel like that. That to me demonstrates everyone here is a person just like them".

The caring ethos of Vale House was evident. People benefited in end of life care from staff who had a caring approach to their work and were totally committed to providing high quality end of life care. The home also worked closely with a local hospice to add additional support for people that needed this care.

There was a system in place to respect people's wishes regarding end of life care. We saw records about a person's burial wishes and funeral plans. The registered manager told us that the end of life ethos at Vale House is that "We believe that how a person dies remains in the memory of their family". We saw evidence of how this ethos was embedded within end of life care to ensure that it was individualised. For example the home was informed by one relative that a person they were caring for had a love for choir music and poetry. The service worked in partnership with the visiting music therapist, who then spent the final days with this person playing music, and singing to them. Staff from Vale House also took the time to read the person poetry. This meant that the persons end of life wishes were respected and maintained.

The registered manager told us "When we knew that [persons] life was drawing to a close, [relative] happened to be in (another country), we were able to contact her and she flew home immediately. Before her arrival, we were able to get our local Baptist minister to come and pray with [person]. The relative told us that when they arrived the staff had picked some of the person's favourite flowers and placed them in their hand and how this wish had previously been identified through the homes approach to person centred care planning. This meant the person's wishes were respected and staff went that extra mile to ensure the person was comfortable.

The person described the impact that this had had on their loved one and them. They told us "I visited twenty to thirty homes trying to find the perfect one, I wanted a place where my mother would die with respect, the way she wanted to. This is what mum got at Vale House, Vale House has restored my faith in dementia care", "They gave me the space I needed, I found the support tremendously healing", "The care at Vale House is exemplary" and "Vale House was the next best thing to being at home".

Other relatives we spoke with spoke really positively about the end of life care at the home. Comments

included "I have never heard a bad word from other relatives who have had a loved one depart, it's splendid here", "I never dreamed of ever saying this, but the fact that [person] is going to die here is great. I want [person] to die here", The homes Family support service stayed in touch 13 months following a relative's bereavement. We spoke with one relative who was accessing the family support service after the bereavement of a loved one and they told us of the positive impact that this had on their wellbeing. They told us "It's made my life bearable" and "The care and dignity was inspirational".

We observed that staff were committed to providing high quality care. One member of staff we spoke with told us "I love it here, there's a lot of job satisfaction, the great thing is that no two residents are the same". We saw evidence of how positive relationships had been built between staff and those they cared for. People were well cared for and staff showed kindness and consideration towards people they looked after.

For example, one person had suffered from bereavement prior to them arriving at Vale House. By working closely with the person relatives the family liaison officer had identified that the person had hardly ever spoke of this event prior to having dementia. They then told us of how this person had experienced "More and more inconsolable distress since [persons] dementia has progressed". As a result of care planning with both the person and their relatives, a decision was made to plant a memorial rose in one of the gardens at Vale House. The home had liaised with the person and their relatives in producing a plaque for the garden that contained a personal message. The staff family liaison told us "It is clear that [person] has been suffering with overwhelming feelings of grief. We have written into (their) care plan that if [person] talks about (the event) and becomes distressed we need to acknowledge this grief, and go and take [person] to see the rose. When this happens [person] does become calmer. I believe that it is really important to (their) well-being to be supported through these very painful feelings". This information and guidance was included in this person's care plan and staff we spoke with confirmed they followed this guidance when the person became distressed.

Due to the persons progressive illness the home had made plans to ensure that the memorial rose would be brought into the person's bedroom when their mobility became restricted. We spoke with this person's relative and they told us "They are so focussed on individual need, it was difficult knowing how to deal with this. It was such a lovely idea, and it gave us all a focal point that has helped us all to remain positive. As a result [person] has become a lot calmer".

This demonstrated that staff understood the importance of building relationships and valuing people as individuals. Staff involved people and their relatives in their care. One relative told us, "It's not only about the residents, it's about the friends and family as well. The residents will always be top priority here. However they recognise the great difficulties faced by families and friends".

Vale House recognises the importance of the role that relatives and friends of people living with dementia play in an individual's welfare. This defining characteristic of the care at Vale House is visible in their commitment to having a full time family support worker, whose sole aim is to engage with relatives and friends in ensuring that people receive an excellent standard of person centred care. One relative we talked to spoke highly of the care provided by the family support worker. They told us "Just having that service, in terms of what [staff member] has offered us has helped us to come to terms with the condition. Having someone who understands what you are going through really helps. [Staff member] is amazing". The registered manager told us "Family support starts at point of admission". One healthcare professional wrote to us stating 'We have a good working relationship with the home and we find that Vale House are able to support some very challenging service users. We are particularly impressed by their Family Liaison Service which from the feedback we receive from families is a very good model for supporting families'.

Relatives gave an example of how the management and staff exceeded their expectations in relation to the care and support provided. The relative also told us of an incident of when their loved one first entered the home. They told us of how they were initially coming to the home for respite and over a period of time the person had got used to the respite room. Staff made sure that the room had some personal belongings to make it feel more homely. The relative told us that when they did move in permanently the home recognised the importance and significance of the space that had been created. The decision was made designate another room as a 'respite' room. This meant the person could remain in the room of their choice as the manager and staff had recognised how important this was to the person and their family. The relative told us "They have probably forgotten about this, because it's just what they do, it's the little touches like this that make Vale House special, I will never forget it". The impact of this was that the person was more settled as the home had avoided any distress that moving rooms may have caused.

Throughout our visit we saw people were treated in a caring and kind way by staff who were committed to delivering high standards. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away.

During our inspection we observed signs throughout the home that stated 'Make every contact count'. We spoke with the registered manager about this and they told us "Every interaction needs to be in the moment and person centred, we call it the butterfly moment". During our inspection we saw staff adopting this approach. For example, One person who was not engaged with activities was approached by a staff member. The staff member ensured they were at the same eye level as the person and held their hand. The staff member then said to the person "Do you fancy a cup of tea and a biscuit". The person gave the staff member a big smile and the staff member then said "Give me a minute". The staff member returned with a cup of tea for the person and then sat with them and spoke to them before carrying with their duties. This demonstrated that staff were committed to ensuring that people who were not involved with activities were still supported in avoiding social isolation.

We observed a person singing in a communal area. The person was joined by a staff member. The staff member encouraged the person by saying to them "That's beautiful" and "That's brilliant", during the observation it was clear that the more encouragement the person received the more effort they were putting into their singing. When the person stopped singing they looked at the staff member and laughed. The person then gave the staff member a big smile and showed appreciation and affection to the staff member.

People were treated with dignity and respect. Staff took time to ensure people understood what was going to happen and explained what they were doing whenever they supported people. For example, one person required support by a staff member to transfer from their seat to the dining table. The staff member knelt down to speak with the person, making sure they made eye contact and explained how they were going to assist them. Throughout the move the staff member stopped to explain what was happening and reassured the person by placing a hand on their arm.

There was a strong caring culture at all levels. From directors to care staff, everyone we spoke with put the needs of the people they supported at the centre of everything they did. One staff member said "At the end of the day it's the residents and their families that matter". Staff members we spoke with highlighted the importance of ensuring people understood what was going to happen prior to being supported with personal care. Comments included "It's important to explain what's happening first and talk the person through it" and "At the end of the day you don't just start assisting or manoeuvring, it's important to let them know what you're doing, and it's for your safety as well as theirs". This meant that people's welfare and care needs were at the forefront of staff thinking when delivering personal care.



We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Because some people at Vale House were unable to verbalise their choices easily, staff gave them time to indicate their preferences through non-verbal cues, such as nodding and smiling. People were provided with information in a way that helped them to make their own choices. This was done by using verbal and non-verbal methods of communication. For example, staff we spoke with explained how they showed people a choice of clothing in the morning and that people responded by pointing of facial expressions if they agreed with the choice. We spoke with the registered manager about this who told us "We have used picture cards in the past, however we have learnt that our residents respond better to three dimensional objects as opposed to two dimensional objects. We find that holding up and showing as well as letting people feel the clothes is more effective". During our inspection we also saw how families had contributed to peoples assessments to ensure that peoples choices prior to coming in to the home were supported.

We saw evidence of how the family support worker went to great lengths to ensure that a person's relationship with their wife and daily routines were supported. For example following a recent admission the family member raised concerns that the persons wife was missing them and that this was having a negative impact on their wellbeing and daily routines. At this time it was also identified that the wife was also developing early onset dementia which was believed to be exacerbated by the absence of their husband. The family support worker then worked intensively with the family until it was possible for the couple to be reunited as they both now live at Vale House. The registered manager told us that Vale House staff and the relatives regularly comment on their wellbeing and "There are many snapshot moments between the couple, demonstrating real wellbeing". The persons relative told us "They've walked hand in hand a few times, the home have put pictures up of them doing this" and "She still goes up to him and gives him a hug, it's been amazing". Records confirmed that each person has an individual care plan that gave staff guidance on how to support them. The person's relative also told us "This has had a big impact on me, family support worker was absolutely amazing she gave me so much support. A weight has been taken off my shoulders" and "Vale House is amazing. Words cannot begin to describe what they have done for us".

Staff gave people the time to express their wishes and respected the decisions they made. For example, we observed a member of staff offered a person a choice of drinks. They spoke calmly and gave them time to decide. The person chose to have a cup of tea by nodding at the staff member and this was provided. Staff then supported the person to sit to have their drink in the person's area of preference which was recorded in the persons care records.

People's dignity and privacy were respected. We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. When they provided personal care, people's doors and curtains were closed. Staff spoke discreetly to people when encouraging them to accept support with personal care. Staff we spoke with told us "We must make sure that people are not exposed (kept covered when delivering personal care)".

Information relating to people and their care was held in the office at Vale House. The office had locked cabinets ensuring people's information remained confidential. During our inspection we noted that all cabinets containing personal information were locked.

Health and social care professionals were complimentary about the quality of care. One professional wrote to us stating 'The care given to patients' physical social and mental welfare is thoughtful and detailed and the attention given to care planning is always high in my experience. I have often made recommendations to patients' families to consider placement there because of my confidence in the standards of care'. Another professional wrote 'I have had the very highest regard for the care offered, and the quality of support given

to staff (training and other support) and families. It would not be going too far to say that I regard it as one of the best, if not the best, care home in the county that I have experience of'.



## Is the service responsive?

### Our findings

Relatives we spoke with told us that the service was responsive to people's needs. Comments included "The staff are really helpful", "I have nothing but 100% praise for how they respond to things", "The staff are helpful and responsive", "We are very happy, we look at her comfort and at her stage this is the best we can hope for, she's clean and tidy and has comfort breaks and they respond to things immediately" and "This is a responsive service". One relative told us about a concern surrounding a cough that their relative had developed. They told us, "I raised this with the nurse and a referral was made to the G.P immediately and then followed up. They are absolutely responsive".

Vale house is a purpose built dementia home. The home has worked extensively with one of the country's leading universities that specialise in dementia care to develop and design a building that people living with dementia would benefit from. For example, in one area of the home there was a large set of windows that overlooked the surrounding garden and countryside. The home had included an area of artificial grass on the interior of the windows to give a feeling that the garden was part of the interior. We spoke with the registered manager about this who told us "We designed it to give the feeling that the garden has been brought inside". The home also had two accessible secure garden areas. The registered manager told us "We designed this specifically so people can access the garden when they want" and "People can go out there and be safe".

Each floor of the building had been designed to allow people to walk through the corridors and return to the main communal rooms without being faced with dead ends that could be frustrating for people with dementia. There were also different areas that had been developed that people could access such as a pub setting, a café area where relatives had access to a coffee machine, and a music area that was decorated with famous artists. Relatives we spoke with told us "I've been in some shoddy places but this is great" and "The facilities are excellent". One professional wrote to us highlighting how the design of the building had a positive impact on people. They told us 'The environment, is open, and so people are never restricted, if they need to be mobile and walk, they can do this safely both inside, and in the garden.

People's needs were assessed prior to them entering the service and this information was used to develop care plans. Care plans contained details of people's likes, dislikes, preferences and how they wished support to be delivered. Care plans and people's personal space contained an 'All about me' document which detailed the person's history, how they liked to spend their time and things that were important to them.

For example, one person had enjoyed playing the piano and listening to classical music. We saw evidence of how the home had arranged for this person to have their piano brought with them into the home. This had a positive impact on the person because they were able to maintain their interest after moving into the home. The home had also ensured that the person maintained their regular contact with a music therapist by supporting the person to attend their weekly meetings. During our inspection we observed the person playing their piano and listening to classical music. One relative we spoke with told us "I can't fault the staff they are so kind, they treat everyone as an individual, they are really interested in what people were before they came here". The registered manager told us "Getting to know individuals is key to good dementia care".

We also saw evidence of how another person who had previously enjoyed going to the gym. The person was being supported to maintain this interest. Staff told us and records confirmed that the home had liaised with a local mental health service that had a gym attached to it and sought permission for the person to attend and carry on with their fitness regime. The home then supported the person to attend and stayed with them for the duration of the 'work out' session.

Staff were responsive to people's changing needs. For example, during our inspection we observed an interaction between a senior nurse and a G.P. The nurse highlighted the person's changing needs and sought the G.P.'s opinion in order to 'rule out concerns'. We observed how people also had individual care plans for specific times of the day called 'sun downing'. 'Sun downing' is a phrase used to describe a period during late afternoon or early evening when a person with dementia can exhibit an increase in certain behaviours. This can be a time when staff support may need to be increased to ensure people remain assured and calm.

As a result in concerns surrounding the increase in certain behaviours and people getting their nutritional needs met the home had introduced, 'protected space' at the evening meal time to mitigate the risk factors and promote peoples wellbeing. This meant that visitors were asked not to use this space during an allocated. Relatives could still visit during this time however, they were asked not to use the large communal space. We spoke with the registered manager about this and they told us "We did some research regarding protected spaces at mealtimes. We discovered that it was a general concern throughout many hospitals and care homes, and realised that to improve the nutritional status of residents we needed to implement this plan". Records confirmed that as a result of the service implementing 'protected space' peoples eating improved and people started putting on weight. The 'sun downing care plans confirmed a reduction in behaviours that may challenge others and that staffing levels were matched to peoples changing needs.

Care records included guidance on how to support people who may demonstrate behaviour that challenged others. For example, one person's care records highlighted that they may display behaviour that may challenge staff when in the company of a male carer. This person's records contained guidance on how staff should check with other care staff to establish the person's mood before interacting with them. We observed staff following this guidance by asking other staff for feedback on the persons mood before engaging with the person.. We spoke with a relative of another person whose behaviour may challenge and they told us "The behaviour tends to be a resistance to personal care, they (staff) are responsive to these needs and they understand the importance of not changing his routine". We looked at this person care records which confirmed the details of this and included guidance for staff on how to support this person appropriately during difficult times. One professional wrote to us stating "They (staff) are valuing and person centred. Even the most challenging situations are responded to with compassion and understanding. No one is labelled as 'difficult', and 'behaviour' is seen within the context of the environment, and the person's disabilities".

The home had worked with relatives and friends of people using the service to develop family trees. The family trees were placed in the front of care records and where used to support the services person centred approach. We spoke with the registered manager about this and they told us "We use them for a number of things, it's important for staff to know their (person's) family background and what's important to them. But it also provides us with a focal point when we are supporting people" and "We got the idea from a local hospice that we work with". The impact of this was that people receive a high level of care from staff who know their history's and people that are important to them. Another area of good practice that the home had adopted from the hospice was to support bereaved families for a further 13 months after the bereavement.

Everyone relative we spoke with, without exception, told us that people had regular reviews and they were encouraged to attend. Relatives were confident to call the management team at any time if they wanted to discuss their relatives support needs. Comments included, "We have regular care plan reviews", "We get an email and we arrange who will attend the review, you're never felt to feel rushed. Things are reviewed and actioned immediately" and "In other homes it's been hard to negotiate the care, but with (staff member) it makes it really easy". The registered manager told us "We need the families involved, we learnt this very early at Vale House. We need to get their trust and we need them to trust us". The registered manager added "For those who can't attend physically, there is communication and discussion surrounding the change in care needs". This included the use of electronic mail. We saw evidence of this in peoples care records.

People received person centred care. Each person was understood by a staff team that took time to get to know them. For example, we spoke with one staff member who was supporting a person and they were able to tell us the person's likes, dislikes and preferences that matched those outlined in the person's care records. Every person in the home had a memory box outside their room that contained pictures, personal belongings and information about the person. All staff we spoke with were aware of the significance of the contents and how these matched to the person's personal history. We observed staff through our inspection encouraging conversations with people about their history's that was stimulating and clearly being enjoyed by the person.

The service did not have a designated activity coordinator who was responsible for day to day activities. We spoke with the registered manager about this and they told us "We don't have a single person that is responsible for this; our take on it is that all staff have to engage with people". During the inspection we saw people engaged in activities. Staff were supporting people to have manicures, make things with modelling clay, play board games and cards. People were smiling and clearly enjoyed the social interactions with staff. People had access to a wide range of activities that included creative arts and music groups for people living with dementia. Relatives spoke positively about the activities at Vale House. One relative had written to us stating 'There is always something happening in the main rooms. Someone is always chattering away or singing and the staff don't just look after and talk to the residents, they obviously know and care for each one as an individual, whose special little ways and needs are carefully respected and understood. Everyone loves the special events, the Christmas Carol concert, the visits from school children and the music sessions, the outings and other activities – as well as the delicious cakes produced for special occasions like Birthdays'. During our inspection we witnessed the music group taking place. During this time the home was alive with the joyful song from people who included those who had difficulties communicating verbally.

Care records highlighted people's faiths and religious practices. We saw evidence that people were supported to follow their faith in the way that they liked to. For example, the home had arranged for a priest to visit every Friday. The registered manager told us "We get everyone in a room together as a community to replicate communion as much as possible". We received feedback from the priest who told us 'There is a community of local people joining together for a service celebrating God's love, a love which is for me embodied by the way (staff) in Vale House care for their people'. Records confirmed and staff told us how they supported a person to practice their alternative faith. People were also visited by Baptist and Anglican ministers.

Handovers were held at the commencement of each shift where all relevant information was discussed and any concerns reported. The afternoon handover consisted of a walk around the service by both shifts where people were visited in their rooms of the communal areas to check on their welfare. We observed that during these handovers staff discussed specific needs as well as people's nutritional and fluid intakes. During the handover we observed staff discussing referrals that had been made to healthcare professional and any updates that they had received. We also observed how staff communicated that a person's relative would

not be visiting for a couple of days. Staff discussed strategies to avoid the potential social isolation of the person over the time period. This included increased visits from staff. The registered manager told us "It won't just be about visiting them, it will be about engaging with them, by reading, playing music and getting out the family tree".

Relatives we spoke with told us they knew how to make a complaint. One relative we spoke with told us "I had a concern with a staff member once, it was nothing serious. Anyway I told them about it and it was addressed straight away" We saw where one person had made a complaint and following their satisfaction with the response they sent the home a thank you card thanking the home 'For the response and genuine concern'. There had been three complaints since our last inspection all of which had been dealt with compassionately and in line with the home's policies and procedures. Another relative we spoke with told us "I have never had to complain but if I did I know they would sort it out straight away"

There were regular meetings for relatives in which their opinions were sought and acted upon. Relatives we spoke with told us "We had a relatives meeting the other day, and the trustees attended" and "The relatives meeting is an open forum where you can raise issues, the directors turn up, [registered manager] turns up and they give us updates and announcements. Everyone in the meeting always says thank god we found this place". These meetings produced positive outcomes for people, for example following a request made by families for the home to install more CCTV coverage within the home, the provider listened and acted on this request. The registered manager told us. "Following national press coverage, the matter of CCTV cameras was raised at a family meeting. Through discussion we identified a couple of blind spots where a resident in difficulty, may not be easily spotted". The home then worked with a security consultant and added to the system the potentially hazardous areas. We saw that feedback from the families was very positive. One relative said "There are no barriers here to getting things done".

## Is the service well-led?

### Our findings

Relatives spoke positively about the service and the registered manager. Comments included "I have the upmost respect for the home and what they do here", "If I was managing a home, this is how I would want to run it", "This place feels more like a community than a home", "[Registered manager] is amazing. She's no nonsense and very professional, she gets it and she is so kind to people", "We knew Vale was the right place the atmosphere and facilities are brilliant", "She's what makes the place tick very well", "The management are effective and pleasant", "[Registered manager] is approachable", "It's clear that Vale House is not profit driven" and "Leadership is very important, it's clear the staff are inspired".

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, district nurse and Care Home Support Service. Throughout the course of the inspection we were inundated with positive remarks from healthcare professionals that had worked with Vale House. Comments included 'The staff are empathetic and caring', 'The manager is hands on and very proactive in ensuring that staff deliver a high standard of care', 'The standard of nursing care there is consistently high and the clinical and team leadership given by the management team is consistently exemplary', 'I have personally had most communication with [Registered manager] who I have found to be highly professional and totally committed to the delivery of high quality dementia care', 'They are open to learning, even as experts in their very specialist service, they booked for their staff to do the training which could have been seen as inferior to their already advanced skill level. They were open, engaged, honest and positive throughout this process', 'They are constantly tailoring the environment to their residents, they are contemporary and acknowledge that not all older adults were in the war!! They have a 'bar' area, and more contemporary posters on the walls to represent their younger residents', 'They have time, even if they are involved in a meeting, or training a resident is never made to feel inferior or 'packed-off'. The staff members all take time to stop and engage with the person who is seeking an interaction' and 'We really value the team, and the quality of care that they provide'.

There was a positive and open culture in the home. The registered manager and senior nurse were available and approachable. People knew who the registered manager was and we saw relatives and staff approach and talk with them in an open and trusting manner. We saw the registered manager was involved in the day to day tasks of running the home whilst talking to people who used the service, their relatives and staff. The registered manager told us "We promote a culture that is open and honest where if you make a mistake, someone will highlight it without offence". It was evident from speaking to the registered manager that they valued the staff team. For example on the first day of our inspection we were shown a wall that had a big colourful map of the world on it. The registered manager told us "I wanted this up here as it demonstrates the diversity of our staff team", "The quality of our care staff is outstanding" and "We want to be clear that everyone here is an important part of the team".

There were effective systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service. For example, we saw evidence of audits surrounding hoists and slings, care plans and risk assessments. Learning from these audits was used to make improvements. For example, a recent care plan audit had highlighted concerns surrounding how accessible the information within the files

was. As a result the service designed and adopted a new approach that enabled staff and professionals access to the information that they needed with ease.

The home carried out an annual quality assurance survey. The survey was sent to relatives and friends and the results of these recent surveys were positive about the home. One relative praised the home for their response to a person's medical needs. The service was continually looking to improve. For example, the home carried out audit of medication twice monthly. The senior nurse told us "We do this to make sure people's photos are up to date, stock control and to identify any gaps in MAR (medicine administration records) charts. Following a recent audit the senior nurse raised concerns surrounding the guidance on some people's medicines that stated 'as directed'. As a result the senior nurse liaised with the G.P to ensure that the guidance included the directions of how and when the medicine should be administered. We spoke with the senior nurse about this and they told us "I did it because it's about staff having clear guidance but also about being person centred". Staff we spoke with were aware of this and followed the guidance.

The registered manager told us that the visions and values of the home were "To respect the adult status of individuals and recognise that we can't change the course of the illness but we can make it easier to bear for people and their relatives". Throughout our inspection staff displayed these values in their work. One member of staff we spoke with told us "It's not the building I am here for, it's the people". One relative we spoke with told us "It's evident that everyone's got the whole ethos its clear they will not accept a substandard".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member we spoke with told us "If I had a problem I would tell [registered manager], I have seen her deal with concerns and would be confident she would deal with it appropriately". Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The provider had put in place unannounced visits from the trustees. Records from these visits evidenced that there was a clear focus on checking the welfare of both people and staff whilst reviewing aspects of service provision. For example the visits were used to review incidents and complaints and health and safety procedures within the home.