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Vale Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on the 22 November 2015 and was unannounced.

Vale Lodge is a residential care home and provides care and accommodation for up to 20 older people, some whom are living with dementia or have mental health needs. On the day of the inspection 19 people were using the service.

The service had 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.

During the inspection people and staff were calm and relaxed; the environment was clean and clutter free. There was a happy, peaceful atmosphere. Comments from people, relatives and health professionals were exceptionally positive.

Summary of findings

People moved freely around the spacious home and enjoyed living in the home. Everyone we spoke with commented "people come first" and staff told us repeatedly "we're here for them."

Care records were personalised, of very high quality and focused on people's needs and wishes and encouraged people to maintain their independence. Staff responded quickly to changes in people's needs. People and those who mattered to them were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. Staff knew the intimate details of how people wanted to be cared for. People's life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People told us they felt comfortable, safe and secure. People who were able to share their views told us they felt the home was safe

We saw staff were visible in the communal areas and responded instantly when people required assistance. Equipment to maintain people's safety was visible, close to them and well maintained. Grab rails and call bells were used to support people's safety and independence.

Staff were thoughtful and compassionate to people. People, relatives and professionals were exceptionally positive about the quality of care and support people received. Reviews from people, relatives and health care professionals were outstanding. Supportive, kind and respectful relationships had been built between people, family members, professionals and staff. Staff took pride in their roles and the small extra things they did made people feel special and showed they cared.

There was an open, transparent culture where learning and reflection was encouraged. The manager was organised and the service was well-run. People's risks were monitored and managed well. Accidents and safeguarding concerns were managed promptly. There were effective quality assurance systems in place in all areas. Incidents related to people's behaviour or well-being was appropriately recorded and analysed. Audits were conducted in all areas, action points noted and areas improved where needed. Staff received good supervision, annual appraisals and training. Research was used to promote best practice in dementia and end of life care.

People were encouraged to live active lives and were supported to participate in community life where possible. Activities and outings were meaningful and reflected people's interests and individual hobbies. Photograph albums and noticeboards held memories of days out and parties. People enjoyed activities within the home such as visits from musicians and external outings to Dartmoor, the seaside and local places of interest.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for where possible. People were supported to maintain good health through regular visits with healthcare professionals, such as district nurses, GPs and mental health professionals. The home had an excellent reputation with health professionals for caring for people very well. A doctor had commented it would be the home they chose for their parents.

People, friends, relatives and staff were encouraged to be involved in meetings held at the home and helped drive continuous improvements. Feedback we reviewed was excellent from families and health professionals. There were no complaints but a policy was in place which ensured if there were complaints they would be investigated and responded to promptly. Listening to feedback helped ensure positive progress was made in the delivery of care and support provided by the home.

People and those who mattered to them told us the management team and staff were "lovely", always listened and were approachable. People told us they did not have any current concerns but felt confident any feedback given to staff would be dealt with promptly and satisfactorily. Staff told us they also felt listened too, respected and cared for. Staff talked positively about their jobs, understood their roles and felt valued.

Staff understood their role with regards to ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. All staff had undertaken training on safeguarding adults from abuse; they

Summary of findings

displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff received a comprehensive induction programme and the Care Certificate had been implemented within the home. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. Training was used to enhance staff skills and the care people received.

People's end of life wishes were known and specific details sought and recorded about how people wished to be cared for in their final days. A "tree of life" held people's special wishes for their last days. Staff were undertaking the local hospice end of life care programme and acted as "champions" in this area. Good working relationships with health professional's ensured people's last days were dignified.

Summary of findings

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

People were protected from harm. Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People received their medicines safely. Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept for most medicines.

The environment was clean and hygienic.

Is the service effective?

Good

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's human and legal rights were respected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Outstanding

The service was very caring. People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People and those who were important to them were informed and actively involved in decisions about their care and support.

Staff were committed to providing compassionate care throughout people's stay and provided outstanding end of life care which was dignified and thoughtful.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported and respected their choices.

Care plans were personalised and reflected people's strengths, needs and preferences. Activities were meaningful, enjoyable and planned in line with people's interests.

People's opinions mattered and they knew how to raise concerns.

Is the service well-led?

Good

The service was very well-led. There was an open culture. The management team were organised, approachable and defined by a clear structure.

Summary of findings

Staff were motivated and inspired to develop and provide quality care for people.

Quality assurance systems were robust, drove improvements and raised standards of care.

Good communication was encouraged. People, relatives and staff were enabled to make suggestions about what mattered to them.

Vale Lodge Residential Home

Detailed findings

Background to this inspection

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

The unannounced inspection took place on 22 November 2015.

The inspection was undertaken by two adult social care inspectors and an expert by experience. The expert by experience was a person with experience of caring for an older person. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from health and social care professionals and the local authority.

During the inspection we spoke with ten people who lived at Vale Lodge. We spoke with four visiting relatives, the registered providers (one of whom was also the registered manager) and three members of staff. We reviewed health professional feedback and reviews left on the care home website, NHS choices website and the local authority website. We observed the care people received and pathway tracked four people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked around the premises and observed how staff interacted with people throughout the inspection.

We looked at four records related to people's individual care needs and people's records related to the administration of their medicines. We viewed two staff recruitment files, training records for staff and records associated with the management of the service including quality assurance audits, staff meeting minutes, residents' meeting minutes, newsletters, the complaints file, and compliments file and maintenance records.

We received feedback from Healthwatch and the local authority quality team.

Good

Is the service safe?

Our findings

People told us they felt safe, "There's no reason not to feel safe here it just feels like home." Relatives commented "We are a large family and mum is visited most days so we know that everything is genuine and mum is safe"; "My relative has been here twelve months and it makes her feel safe because when she wakes up she likes to recognise a familiar face" and "we called at Vale Lodge unannounced and were welcomed in we knew we had found somewhere mum would feel safe, comfortable and cared for."

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed that staff completed safeguarding training regularly and staff accurately talked us through the action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Staff told us they regularly asked people if they felt safe and numerous easy read information was visible for people and relatives informing them who to contact if they were worried. The registered manager said "I always ask if people feel safe"; "I'm always here, if I feel something is wrong I will say it – I completely know my residents are safe."

Staff told us they kept people safe through numerous methods "We monitor everything, for example when we do personal care we check people's skin, we communicate everything in our handovers and in writing; we look out for hazards so people don't fall, we move potential obstacles." Staff ensured people had the right equipment in the right place for example their frames to help them walk safely and staff used a traffic light system to identify those people who had greater support needs. We heard staff giving clear, precise directions to one person who was visually impaired as they made their way to the lift "Step down, that's it, and now another step, well done and now you are at the bottom."

People's needs were considered and met in the event of an emergency situation such as a fire. People had personal evacuation plans in place which detailed their specific needs in relation to mobility and equipment they might require. An at a glance colour coding system was on people's bedroom doors so emergency personnel would very quickly know the level of support people would need. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. Staff at the home had participated in fire training and regular fire drills took place.

Regular health and safety checks had been undertaken and equipment such as the stair lifts were regularly serviced ensuring they were safe and fit for purpose. Two new hoists were available if people needed them and staff told us they regularly refreshed their knowledge so equipment was used safely. Most routine maintenance was carried out by the registered provider. Staff confirmed faulty items were reported and repaired promptly.

Staff told us they made sure people had the equipment they needed around them such as their call bells and mobility aids and encouraged their use to maintain people's independence. We observed people's calls bells were within their reach and people told us staff came quickly when they used them. During lunch someone became unwell; staff were instantly at their side and responded correctly to keep them safe.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff completed declarations every three years to ensure their continued good character. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The recruitment process ensured staff had the values the home wanted.

Staff, people and relatives told us there were sufficient numbers of staff on duty to keep people safe. Recruitment was in progress to fill current vacancies. Staff told us in the event of short term absence they worked flexibly as a team. This meant agency staff were not required ensuring consistency and continuity of care was maintained for people by staff they knew them well.

Staff were visible throughout our inspection and conducted their work in a calm, unhurried manner. People and relatives confirmed staff were there when they needed them.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records were accurate and fully completed. Staff were appropriately trained and confirmed they understood the

Good

Is the service safe?

importance of safe administration and management of medicines. Where people had trouble with tablets due to swallowing difficulties, liquid medicine had been arranged for them. Controlled drugs were kept safely and clear records kept. Regular medicine audits were undertaken.

People's needs with regards to administration of medicines had been met in line with the MCA. The MCA states that if a person lacks the capacity to make a particular decision, then whoever is making that decision must do so in their best interests. For example, some people were unable to consent to their medicine. People's doctors had been involved in these decisions. This showed the correct legal process had been followed.

People were supported to take everyday risks to enhance their independence and enable them to feel in control where possible. For example those people who liked to wash independently but needed some staff support to reach areas such as their backs, were supported.

Risk assessments highlighted individual risks related to people's diet, skin care and mobility. Identified risks were incorporated into detailed, easy to follow care plans. For example one person had vision and heart problems. Their risk assessments comprehensively detailed the risks and preventative action staff needed to take if certain symptoms presented. Individual risk assessments were in place for people's risks related to the building dependant on their needs and level of independence for example the stairs, radiators or water temperature. External outings were checked for accessibility and mobile reception in the event of an emergency prior to people visiting. These ensured people were safe and if needed staff would be able to call for help.

The home was secure to prevent unknown people entering. When people arrived they were asked to sign in and their identity checked. A key pad prevented those at risk from leaving without staff knowledge but the key pad number was displayed for those able to come and go as they wished.

People were kept safe by a clean environment. All areas we visited were clean and hygienic and regular checks occurred of the bathrooms and toilet areas. There was a cleaning vacancy at the home being recruited to. On our arrival the registered manager had come in to clean. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use. Staff were able to explain the action they would take to protect people in the event of an infection outbreak such as a sickness bug. Hand hygiene audits and weekly infection control audits meant cleanliness was constantly monitored.

Regular safety audits were undertaken for example accident reviews, a falls audit, reasons for hospital admissions and a safeguarding audit. This ensured if there was any learning that could be gained to improve people's safety and care these were incorporated into practice.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. They told us "Yes, staff are well-trained."

Staff undertook an induction programme at the start of their employment at the home. The registered manager made sure staff had completed an introduction to the home and the daily procedures, understood the philosophy and values the service aspired too. Staff had time to read people's care plans and get to know people. The Care Certificate induction was in place. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. Staff were required to attend appropriate training to help ensure they had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Ongoing training such as emergency first aid, falls awareness, dementia training, autism and moving and handling supported staff's continued learning and was updated when required. Staff said "Training's very good, all up to date – I feel very supported"; "The fire training makes you feel confident"; "We refresh out knowledge in between formal training."

Staff felt supported by a regular system of supervision and appraisal which considered their role, training and future development. Comments included "Yes, I've had supervision and an appraisal." Observation of practice and discussion with staff was held, any concerns were incorporated into staff supervision and staff were able to rate how valuable they found these sessions. In addition to formal one to one meetings staff also felt they could approach the registered manager and registered providers informally to discuss any issues at any time. Staff found the management team supportive "Very approachable, any problems just get sorted." The registered manager regularly worked alongside staff to encourage and maintain good practice.

People when appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected.

The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS applications had been appropriately made. The registered manager was aware of the legal process they were required to follow and sought advice appropriately from the local supervisory body.

People's capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions for example what they wanted to wear or drink. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. However, when it came to more complex decisions the relevant professionals were involved. This process helped to ensure actions were carried out in line with legislation and in the person's best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests. For example the home was supporting one person through a best interest meeting to make a decision regarding their accommodation. Easy read information was visibly displayed on the noticeboard regarding DoLS and advocacy services.

People confirmed and records evidenced consent was sought through verbal, nonverbal and written means for example if people were unable to verbally communicate staff were observant of their body language. People had been asked if staff could attend reviews with them and during the inspection asked if they were happy with us observing lunch. Staff ensured people were able to make an informed choice and understood what was being planned "We talk it through so they understand, maybe write it down, tap into their level of understanding, we get to know them." Care plans gave clear guidance for staff to ensure explanations were provided to people about their care and treatment and their views respected.

People were involved in decisions about what they would like to eat and drink. The 8 week rolling menu was developed from people's preferences and pictures of the meals were available so they knew what each meal was. People were able to have a cooked breakfast if they wished and meals were regularly spaced throughout the day with

Good

Is the service effective?

regular drinks to ensure people remained hydrated. Staff told us "They can have a cooked breakfast, toast, cereal, a hot lunch, cooked tea and supper is usually sandwiches; people can have a snack any time of day or night" and when asked about specific people's food preferences "I know they love chicken drumsticks and hates cottage pie, they like all veg except brussel sprouts!"

During lunch people were relaxed and told us the food was delicious. "There's a good choice of food and it's always hot. Sometimes they give me too much"; "They give me bacon and eggs every morning because I like that" and "The food is very good and there is a good choice. The other day I changed my mind and had chicken drumsticks." Ample portions of home cooked stew was enjoyed by people. We observed people having a leisurely lunch at their pace. Those who needed staff support to eat were given time and patience. Staff made eye contact, and spoke encouraging words to keep people engaged and to ensure they had sufficient intake. We observed staff offering people a choice of drinks when they asked and their preferences were respected.

People's care records highlighted where risks with eating and drinking had been identified. For example one person had a health condition which meant their salt and fluid intake needed to be closely monitored; we saw this evidence in their care plan. If advice was needed, a dietician was involved or a referral to Speech and Language Team (SLT) via the GP. Care records noted health conditions such as diabetes. Staff knew people's favourite foods and those foods which were disliked. People's weight was monitored monthly. Staff confirmed if they were concerned about weight loss / gain they would discuss people's care with their GP.

Staff communicated effectively within the team and shared information through regular, daily verbal and written handovers. Essential information and discussion was held regarding people's health needs and plans for the day for example if a person had a high blood sugar reading that day or relatives were visiting. This supported staff to have the relevant information they required to support people. People had access to a range of community healthcare professionals to support their health needs and received ongoing healthcare support. For example opticians, dentists, district nurses and mental health professionals were involved in people's care. Staff promptly sought advice when people were not well, for example if they had a suspected chest infection. Staff were mindful of each individual's behaviours and mannerisms which might indicate they were not well or in pain. Healthcare professionals confirmed communication was good within the team "Care and attention continues to be first class"; "Brilliant"; "I have no concerns about the quality of care, communication is excellent" and "Good communication with families and professionals."

Outstanding ☆

Is the service caring?

Our findings

People, relatives and professionals were exceptionally positive about the quality of care and support people received "It's a lovely friendly atmosphere and the staff work very hard to look after me". We also reviewed comments on three websites; all three sites gave five star ratings. Supportive, kind and respectful relationships had been built between people, family members, professionals and staff. Comments included "This home is outstanding"; "It's such a lovely home to live in, everyone nice and a good ambience"; "Vale Lodge is run like home from home"; "Priorities are the residents before anything else"; "Staff go the extra mile to provide an excellent client service". Health professionals' comments included "Good care, great care plan, staff very helpful" and "It would be my first choice for my parents." An entertainer who visited the home said "Staff are always courteous and helpful."

The registered manager was passionate about providing high quality care in an environment where people felt loved, treated as an individual and had the best healthcare outcomes possible. One person told us "Oh gosh yes I'm cared for, the manager is always asking how I am, I know she really cares." They created an environment which everyone described as homely and caring. Staff shared their vision and we heard them talking to people "We're here to cheer you up" and they told us repeatedly "Everybody is so friendly, we treat it as if it's their own home – we're one big family"; "I'm here for them and what they want – I'll come in on my days off to take people out if they ask me too"; "We sit down with people and talk to them and their families."

Throughout the inspection we saw and heard positive interactions taking place with people who used the service. There was lots of laughter and meaningful discussion taking place and we often heard staff ask people if they required anything else. We observed one relative giving very positive feedback to the providers on a special occasion that had taken place at the home.

People told us their privacy and dignity were respected and relatives confirmed this. Staff always knocked before entering people's rooms. Staff were conscious of protecting people's dignity and privacy when providing personal care. They ensured curtains were closed and people were covered up. Staff meeting minutes and supervision notes documented discussions about good personal care and privacy and dignity. Respecting people's dignity, choice and privacy was part of the home's philosophy of care. Staff shared "We promote their independence, give them choices, let people do what they can, provide instruction to remind them to brush their teeth or wash their face." The registered manager attended the local Dignity in Care meetings to ensure good practice and had involved people in this forum in the past also. The philosophy of the home was to promote people living with dignity and respect, choice and control. Staff explained how they demonstrated care in all they did from working together as a staff team to ensure people received good care and that they had time to sit and talk to people by playing scrabble or having a chat.

People's individual choices were respected; people dressed, ate and partook in activities of their liking and individualised care was central to the home's philosophy. There were discreet areas of the home where relatives could be comfortable and have a private conversation during their visit. Relatives told us "I'm always made to feel welcome" and "the care and attention "X" receives is second to none, we are always greeted with a smile and a friendly welcome, and a cup of tea" and "The welcome that I receive is always good and genuine. The care that she gets from the staff is always kind and caring." Relative told us nothing was too much trouble for the staff, registered manager and the owners. Relatives felt they were kept informed of any changes and involved in care planning where appropriate.

Staff spoke to people kindly and in a gentle, polite manner and in ways they would like to be spoken to. All interactions we observed were courteous, gentle and kind. We observed staff patiently supporting people, for example one person was quite emotional and staff were tender and compassionate. Staff were patient when people needed support and reassuring with lots of positive encouragement given. Staff knew those people who enjoyed joking and were polite and courteous with those who preferred a more formal conversation. Staff understood how people's dementia could affect them and that each person was unique. Staff told us they knew people well so knew what period of their lives they were referring to and so able to engage with them.

People and those who mattered to them were encouraged to express their views and be actively involved in decisions about their care and aspects of the service. Regular

Is the service caring?

feedback was sought from people in a format they could understand. We saw that people's feedback had been actioned for example a request was made for larger tables in the lounge and we saw a new, big round table had been purchased; another person wanted to go for a dance in a nightclub and staff intended to arrange this when they next went. We were told "The girls do listen which is important to me." Those people who were quieter were spoken to individually to gain their views.

Care plans and reviews occurred with people and their families so their views about how they wished to receive care were known. A relative review said "During my nine years of visiting the care home, I was always made welcome and could visit at any time without appointment. I was kept fully informed of everything concerning my parents and if at any time I had a query or a problem, it was sorted out or they explained things to me. I was invited to take part in meetings with regard to mum and dad's care plans." Advocacy services were involved where appropriate to support people's views to be heard if they did not have capacity.

Staff knew the people they cared for. They were able to tell us about individuals' likes and dislikes, which matched what people told us and what was recorded in individual's care records. Staff knew who liked to wake early, how people liked their tea, who liked to maintain their faith and they supported people to maintain these choices. Staff took time to listen to people and ensure they understood what mattered to them. Through walk rounds of the home, resident's meetings and the surveys which were conducted, the things which were important to people were noted and where possible the staff made sure they met people's wishes.

Staff were able to adapt their communication styles dependent on people's needs. For example if people did not wish to have any personal care during the morning, different approaches were used to support the person to wash, for example trying at different times of day when the person was in a different mood and more receptive. If people were confused or disorientated staff knew to speak calmly, clearly, repeat information and alter their approach so they were understood. These details were included in people's care plans. Staff were able to tell us about people's different, unique needs and these matched their care records. The registered provider shared some examples of exercises they had done with staff to help them understand what it might be like for people to have to rely on staff to help them move or understand instructions given.

One person we met was from a different country. Staff had visited a local shop that spoke the language the person did and a list of key words in their language had been created and staff taught how to pronounce the words so they were able to have a dialogue with the person in their own tongue.

All staff we met took pride in their roles and the small extra things they did made people feel special and showed they cared. Special occasions such as birthdays and Christmas were celebrated. During the inspection people were sharing the celebrations for a person's birthday which had occurred the day before and was in the local paper. Their relative said, "It was adorable, choked by how much trouble you went too" and the person told us "We danced all afternoon, party food, we all had a drink – boogied the night away!" Staff were also cared for and their contribution valued, a monthly bonus was given as a reward for a nominated staff member each month dependent upon feedback from people and family, reliability and flexibility. Their picture was prominently displayed in the hallway.

People's end of life wishes were known and specific details sought and recorded about how people wished to be cared for in their final days. Staff had completed training in loss and bereavement; a few staff were in the process of completing the local hospice end of life care programme. Staff adhered to the "Gold Standards Framework" for end of life care which is a training programme to ensure excellent care for people nearing the end of their life. People's wishes were asked and known, for example whether the person wanted to be in hospital or stay at the home, whether they wanted any specific music, candles or flowers. These sensitive discussions had occurred in a relaxed group setting with a glass of wine and people's wishes placed on a "Tree of Life" at the home. Some people wrote their own "leaves" for the tree and staff supported others. Staff told us of one person who wanted to hear church bells ringing, shortly after this they had arranged for someone to come into the home and ring hand bells which they were very moved by. Another person who was unable to access the garden and flowers but wanted this as part of their death had their room filled with lilies and other flowers like a

Outstanding ☆

Is the service caring?

garden. Staff attended people's funerals following their death and gave family comfort. People at the home had also been supported to pay their last respects when friendships had been developed over time.

There was an "end of life" information sheet/ on the noticeboard to support people to think about this area of care and a system was in place to monitor where each person was with their planning. For example red indicated people were end of life and the staff ensured they had everything in place such as pain relief. Health professionals confirmed end of life care was thoughtful and compassionate and palliative care specialist advice sought when needed. Staff talked with us about how they would provide personal care such as mouth care to ensure people remained hydrated and described talking to the person to explain what they were doing at each stage, involving their family where appropriate.

Feedback from professionals and family about end of life care was excellent. A district nurse had written to the home, "I commend you and your team for your commitment and compassion when caring for "X" in their last days of life. I feel you have gone above and beyond what was required. The attention and care was exemplar."

Good

Is the service responsive?

Our findings

People's individual needs were assessed prior to admission and a more in depth care plan was developed as they settled into the home. Health and social care professionals, family and friends were involved in this process to ensure the home could meet people's needs. Staff took time to get to know people so they knew how people liked to be supported. Friends and family were encouraged to be a part of the assessment and care planning process where appropriate.

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. Personalised care plans described how they wished to be cared for, their life histories, what people's favourite food and drinks were and what hobbies and activities people enjoyed. Where people's dementia affected their orientation, care records documented the importance of providing simple information, easy instructions and reassurance.

Simple, informative care plans were in place which held information about people's if they needed to attend hospital or be admitted. This included a copy of their end of life needs and their resuscitation information for hospital staff. Staff supported people to go to hospital appointments if family were unable to escort them and the registered manager also had a meeting with the inpatient staff to handover people's care needs.

Although the goal was for Vale Lodge to be a home for life, the service recognised when people's needs had exceeded a residential care home and appropriately referred and supported people to transition to their new environment. Detailed handovers were provided to ensure transitions were as smooth as possible.

People had personalised information about them on their doors with past and present photographs and a little information about what they liked to do for example, "I like walking to the shops, knitting jumpers and writing letters." The border was colour coded to indicate the level of support people needed, for example green meaning people were largely independent.

People's changes in care needs were written in the diary and discussed daily in staff handovers. For example, if people had been unsettled at night all staff were made aware. Staff told us they then kept a closer eye on people that day. Care records were updated accordingly and as needed.

People, who were able, were involved in planning their own care and making decisions about how their needs were met. Residents' meetings and regular staff contact occurred to involve people in their care and discussions about activities and plans for the home. People engaged in a variety of activities at the home, for example armchair aerobics. External entertainers visited such as musicians who played the organ and an acoustic guitar gentleman. Weekly external outings in the home's minibus took places to places of interest such as the local beaches, moors and pubs. We saw special memories of these days kept in photo albums and people recollected how much they had enjoyed them. A relative commented " She has a large sunny bedroom (en-suite) where she can sit and listen to her radio or there's company if she wants it in the lounge with other residents. She loves the outings in the mini-bus and joins in with the keep-fit class (seated of course :-) and another said "Although "X" does forget the trips, you can see in the newsletter photo's her big happy smiles." Others told us "My relative is a big Plymouth Argyle fan so she is encouraged to listen to the games on Radio Devon" and "One little plus about the home is the mini bus. My relative loves the trips out, the other day they even took a few residents for a walk to a café down the road and they enjoyed just doing that."

People told us they were able to maintain relationships with those who mattered to them, "I can go out any time with my family for a meal. They like to see me go out with my friends and family." Several relatives and friends visited during our inspection. Relatives confirmed they were able to visit when they wished and often enjoyed a meal and cup of tea at the service. Relatives all said "We're made welcome at any time."

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their families and professionals. The policy was clearly displayed in the home. People, family and health and social care professionals knew who to contact if they needed to raise a concern or make a complaint but told us they had no complaints. We reviewed the complaints file and audit but there had not been any complaints made. Everyone we spoke with were confident

Good

Is the service responsive?

complaints, however minor would be taken seriously, investigated, feedback provided and where needed, action taken to address any shortfalls in care or service delivery. Staff, people and relatives all told us people were encouraged to raise concerns informally or formally with any staff, through residents' forums, relative coffee mornings and questionnaires. Throughout our discussions with the registered manager and providers, people and staff it was evident that people who used the service were encouraged to make suggestions about how things might be improved which created cooperative relationships within the service and prevented complaints developing. One person shared "If I had a complaint I'd tell them there and then, I wouldn't stew on it, but there's nothing to complain about!"

Good

Is the service well-led?

Our findings

Vale Lodge Residential Home is privately owned by Mr Atwill and Miss Haswell, they are the registered providers. Miss Haswell is also the registered manager. They have owned and run the service together for over twenty years. Both were present during the inspection. The providers' goals were to create a positive culture of inclusivity, empowerment and involvement where people mattered and were their priority. Throughout the inspection we observed the providers skill at fostering an atmosphere of openness and respect for people who use the service, relatives and professionals.

People we spoke with said "I've been here three years so that says it all about the home, it's lovely"; "I've nothing at all bad to say about the home. The staff and managers are excellent" and "Both the owners are very approachable they are just like friends."

People, friends and family, healthcare professionals and staff described the management of the home to be approachable, open and supportive. Everyone described the service as personalised and well-led. People, relatives and health professionals had confidence in the leadership team and felt the values and ethos of the home was inclusive and empowering. Feedback regarding the home, registered manager and staff included "I would highly recommend this lovely home"; "Mum couldn't be in better hands"; "Good management, good staff team"; "They (the registered managers and owners) are on the ball, very responsive to any feedback."

People, relatives and staff were involved in developing the service. Meetings were regularly held with people and their families and satisfaction surveys conducted which encouraged people to be involved and raise ideas that could be implemented into practice. The registered manager was very visible and worked alongside staff. On the day of the inspection the registered manager was in cleaning the home as they had a vacancy and the registered provider was cooking as the chef was on holiday.

The registered manager told us "I'm very conscientious, there is always room for improvement; I always try to improve, have the best care plans, a positive warm welcome for people, I like to be the best!" The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The registered manager had an "open door" policy, was always available for advice and support and ensured all staff understood people came first. This style of leadership encouraged and sustained good practice. Recent achievements included sustaining their Dementia Quality Mark (DQM) review. This is a local award for good practice in dementia care, and the training which had been completed in end of life care and mattering. The service had also had a positive review from the local authority quality improvement team. The minor recommendations for further improving the service had been actioned immediately. Information and evidence we requested during the inspection was well organised and in excellent order. All records we looked at were in date.

Staff were passionate about the jobs, motivated, hardworking and enthusiastic. They shared the philosophy of the management team to put people first. Staff meetings were used to share good practice, discuss concerns and provide feedback to staff where improvements were required. All staff told us they enjoyed their job, were happy and it was a good place to work. The service inspired staff to provide a quality service. Staff understood what was expected of them in their roles and were motivated to provide and maintain a high standard of care. Staff were involved in identifying areas for improvement and this empowered them to strive for best practice. They felt listened too and said they had suggested larger washing machines and dryers were needed and the providers had replaced the old ones.

Health and social care professionals who had involvement in the service, confirmed to us communication was good and the service was well led. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There were effective quality assurance systems in place to drive continuous improvement of the service. The management carried out regular reviews which assessed the home's standards against the CQC regulations and guidance. Information following past investigations had

Good

Is the service well-led?

been used to aid learning and drive improvements across the service. Daily handovers, supervision, meetings and audits were used to reflect on standard practice and challenge current procedures. Compliments and comments made by people, relatives and health professionals were all recorded to share with staff.