Four Seasons (Bamford) Limited

# The Vale Care Home

## Inspection report

Castle Lane
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Derbyshire
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Tel: 01246824252

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15 November 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

The Vale is registered to provide personal care for up to 36 adults, which may include some people living with dementia. This inspection was unannounced and took place on 15 November 2016. At the time of our inspection there were 31 people living there.

There was a registered manager at this service. 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. At our last inspection in January 2014 the provider was fully compliant in all areas inspected.

During our inspection visit we observed that staff were friendly and approachable. They spent time sitting with people to offer them comfort or stimulation. We observed staff delivering care which met people's individual needs and which supported them in a respectful and appropriate way.

There was training and processes in place to keep people safe and staff followed these. However due to the mix of people some people felt a little anxious sometimes. People's physical and mental health was promoted. Staff were trained to care for people living with dementia. Medicines were stored appropriately and were administered and recorded as prescribed.

We saw staff ensured people were comfortable. We saw people were supported in a relaxed and unhurried manner. Staff were caring and communicated well with people. People were offered choices at meal times and were seen to enjoy their food.

Staff focused on people they were caring for rather that the task they were carrying out. Staff spoke in a positive manner about the people they cared for and had taken the time to get to know people's preferences and wishes. Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support.

People's privacy was respected. People had their independence promoted. Where possible they were offered choice on how they wanted their care delivered and were given choices throughout the day. Staff responded to the body language of people who were without fluent verbal communication.

People were supported to maintain relationships with family and friends. Visitors were welcomed at any time. Records we looked at were not always personalised and had not always included decisions people had made about their care including their likes, dislikes and personal preferences.

There was a varied activity programme for people based on individual and group preferences. Suitable occupation was offered to people using the service. Activities also included one-to to-one time and outings, or time in pursuit of personal hobbies or interests.

People, relatives and staff spoke very highly of the registered manager and felt the home was well-led.

The registered manager was relatively new in post and managed in an inclusive manner, this was starting to be reflected in the service in so far as people and staff had their wishes and their knowledge of people respected. Staff were aware of their roles and responsibilities for people's care. The registered manager had systems in place to review the service and to ensure the service responded to the on going needs of people.

## 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.

Staff knew how to keep people safe and how to report any concerns. Risks were identified and managed which meant people were kept safe from potential harm. There were systems in place for the storage and administration of medicines. Staff understood these and administered medicines as prescribed.

### Is the service effective?

Requires Improvement

The service was effective.

Staff received training to meet the varied and specialised needs of people using the service. Staff knew people and their individual care needs.
People's nutritional needs were understood and met. People were supported to ensure their physical and mental health was promoted.

### Is the service caring?

Good

The service was caring.

Staff knew what was important to people. The registered manager and staff ensured important aspects of people's lives were recognised and responded to. Staff were caring and compassionate and spent time sitting with people. They ensured people were not isolated and had the opportunity to have an enjoyable experience while using the service.

Staff ensured they always obtained people's consent, either verbally or by understanding their body language prior to assisting them. They ensured the privacy and dignity of people using the service was always promoted

### Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not always easy to follow and did not contain personalised information.

People were offered the opportunity to participate in their interests. They were offered mental and physical stimulation and the home used recognised therapies to occupy people living with dementia.

## Is the service well-led?

Good

The service was well led.

The registered manager was aware of the areas of the service that needed to improve and had plans in place to achieve this. The people and their needs were put at the centre of the service. This had started to create an open culture that invited the opinions of people, relatives and staff. This left people, relatives and staff feeling valued.

Staff felt supported by the registered manager who was available to staff for support and guidance. There were quality assurance systems in place.

# The Vale Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 November 2016 and was unannounced. It was carried out by one inspector and one specialist advisor whose speciality was the care of older people.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Also before the inspection visit we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As some people were living with dementia at The Vale we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with six people and two relatives. We spoke with four staff members, the registered manager and a supporting manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at four staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

Good

# Is the service safe?

## Our findings

Two people told us they do not always feel safe. They said one person frightens them and there is not always staff in the lounge area. They said that person uses language they don't like and that makes them uncomfortable. We spoke to the registered manager about this and they said they would address the issue as a matter of urgency, to ensure they were safe and felt safe. All other people we spoke with said they felt safe, One person said, "Yes of course it's safe here. My family would move me if it wasn't."

All the staff we spoke with said they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to do this. All knew the procedures to follow if they suspected abuse had occurred. They assured us they would follow up on concerns until they were sure the issues had been dealt with.

People had individualised risk assessments which looked at risks to their health and well-being. Where possible people were included in identifying area of their lives that could pose a risk to them. Each assessment identified the risk, the steps in place to minimise the risk and the steps staff should take if an incident occurred. Risk assessment was ongoing. For example some people liked a stair gate in their door way. This was well documented both from the perspective and safety of the person requesting it and other people it may impact on. Staff understood and respected people's right to take reasonable risks so that their independence was promoted.

In addition there were risk assessments for moving and handling, pressure areas developing, falls and malnutrition. There was evidence that these risk assessments were reviewed and people's weight was monitored on a monthly basis. We saw that staff understood the risk to people and followed written risk reduction actions in the care plans. There were systems in place for staff who cared for people on a daily basis to input their observations on people's safety and welfare.

Staff assisted people to move in a safe manner. When they used a hoist to assist people to move, we saw this was done safely using the correct equipment and also staff were very reassuring to people. We saw people responded well to staff and were relaxed, making the procedure safer for staff and the people they were assisting.

The registered manager was aware of their duty to report relevant incidents of concern to the local authority and to the Care Quality Commission and had done this.

People were protected from risks posed by the environment because the provider had carried out assessments to identify and address any such risks. These included checks of window restrictors, hot water and fire systems. The provider had contingency plans for staff to follow in the event of an emergency, such as a gas or water leak. Staff were aware of these plans and what they needed to do. This enabled staff to know how to keep people safe should an emergency occur.

People's medicines were administered safely and as prescribed by their GP. Staff had been trained to

administer medicines safely.  Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found these had been completed correctly. There was a system to return unused medicines to the pharmacy. Protocols (medicine plans) were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). Routine reviews by psychiatrists, community nurses and annual reviews by the GP and diabetic clinics were also recorded.

The registered manager used a recognised tool to assess staffing levels. We found this was effective and there was enough staff around to call on should people need assistance. People and staff we spoke with also confirmed this. This meant staffing numbers and the deployment of staff met the needs of people and kept them safe.  This approach to care protected people from avoidable harm.

We found thorough recruitment procedures in place.  These ensured staff had the right skills and attitude, and were suitable to support people who lived at the home. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home; and checked staff references. The DBS is a national agency that keeps records of criminal convictions. We saw from staff records that they did not commence employment until all the necessary checks were completed. However one file we saw did not have the required references for a young worker who had a short work history. The manager resolved to address this straightaway.

Requires Improvement

# Is the service effective?

## Our findings

People told us they were happy with the way staff cared for them. One relative said, "Yes we are very happy with the care." One person said, "The girls are cracking." Another said, "You can see my friends are here and we do things together."

Staff we spoke with understood the requirements of the Mental Capacity Act 2005 (MCA) and the importance of acting in people's best interests. The registered manager told us how they put the principles of the MCA into practice when providing care for people. Records we looked at showed where people lacked capacity to make a decision about their care or support, mental capacity assessments had been now always been completed and did not show evidence that decisions made in their best interests. For example decisions on a person's care were taken by family members, there was no evidence the person's capacity was explored and established, prior to giving authority to their family. Reviews of care planning did not contain information on how the person's mental capacity may have changed or if the care they were receiving met their current needs.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that they had done this appropriately and were in the process of assessing and referring a number of people for a DoLS assessment. At the time of the inspection the service was waiting the results of six applications. The manager told us none of the applications were urgent and no one was subjected to a DoLS at the time of our visit.
Those people without family or representatives had access to advocates who gave independent advice and acted in their best interest. We saw details of how to access an advocate were freely available in the service.

Staff told us they were happy working in the service and said they felt supported. There was support and appreciation for the new manager. One staff member said the, "The registered manager is fair and knows what she is doing." Another said, "[Registered manager] leads by example."

Staff received training which the provider considered necessary to care for people effectively. This was up to date and included how to assist people to move safely, care of people living with dementia and how to care for people at the end of their life. All staff we spoke with said they enjoyed training and that it helped them to understand people's needs better and offer more effective care. Staff were able to tell us how the training helped them care for people better. For example dementia training helped staff to understand some of the people they cared for better. If a staff member's first language was not English, their progress was monitored

to ensure they understood the needs of people and people were able to communicate easily with them.

New staff received induction training before they cared for people. This included time to get to know people through interaction and by reading all the information the service held on them, including care plans and risk assessments. On the day of our visit a new staff member was on induction training. They were shadowing an experienced staff member to gain knowledge of people and how to care for them well. The staff we spoke with were confident their training had given them the required skills to be able to care for people and we saw this demonstrated in the delivery of care.

People were assisted to eat in a manner that encouraged them to have optimum nutrition. This included preparing a soft diet or pureed food where people had swallowing difficulties. The service referred people with swallowing difficulties for an assessment to the appropriate health care professionals and then followed their advice and guidance.

People with poor appetites were gently encouraged to eat. One person did not want a full lunch and asked for a sandwich. Staff got this for them straightaway, and they were seen to encourage them to eat. This showed people were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes.

The registered manager and staff confirmed staff supervisions and appraisals were starting to take place on a regular basis. Supervision is a supportive meeting held with a senior staff member and an individual or group. Discussions with staff supported this, they said they had missed some in the past and were happy the new registered manager was 'pushing it' as an important part of their development.

We saw team meetings took place regularly, staff said they were very useful and good for keeping up with changes in care practices and training available. This meant that staff had been supported to deliver effective care to meet people's needs.

The service was visited regularly by the local GP and district nurse, to help ensure people were supported to have good health. Opticians and chiropodists visited the home on a regular basis. When people showed signs of ill health this was addressed. Good mental health was promoted and any signs of deterioration were monitored and acted on.

Good

# Is the service caring?

## Our findings

People told us staff were caring or very caring. One person said, "The girls are perfect." Another said "Kindness seems to be second nature to them." A relative said, "I have always seen the staff treat people with kindness and care." Our observations supported this and we saw staff show kindness and compassion to people. For example a person was seen to be unsettled, we noticed that staff were aware of this and when this person didn't settle, staff intervened to see if they could assist them. People showed signs of being happy with their care. We saw people smiling, laughing and joking with staff and each other.

People told us staff always checked with them before starting their care. One person said, "Yes they ask if I am ready." Another said "They always ask me what I would like to wear." We saw staff get people's permission before offering assistance, such as moving them into the dining room. Not all people we spoke with remembered if they were involved in care planning however all said they were happy with the care. Relatives were able to confirm that care was conducted in an inclusive manner. People who did not have a representative had access to an advocate service. At the time of the inspection advocates were in use. This helped ensure their views were sought and respected wherever possible.

Staff created a pleasant environment for people to eat their lunch. Tables were set with table mats and condiments. They did this to encourage people to eat well and to enjoy the occasion and make lunch one of the highlights of the day. People told us they had a good choice when it came to food.. One person said, "Yes the food is very good." Another said "Lunch is great."

We saw staff ensured they knew people's needs and wishes before proceeding. For example they repeated what they understood the person to have said to ensure they knew what was needed. We saw people smile to show staff got it right. People's skills were respected and staff encouraged people to do as much as they wanted or were able to do.

Staff communicated with people effectively and used different ways of enhancing that communication, including by touch, ensuring they were at eye level with those who were seated, and altering the tone of their voice appropriately.

Requires Improvement

# Is the service responsive?

## Our findings

All people had a plan of care. However the information available in care plans varied and in some cases was not easy to locate. They did not always contain clear and concise directions to staff regarding the delivery of care, how best to deliver it and how to keep people safe and well.

There were some person centred elements. By this we mean detail on how people wanted to be cared for rather than the tasks to be carried out. There were elements of care planning by tick box where needs and wishes were not explored on how the care should be delivered. Some of the language used was not always dignified or appropriate.. For example "She can be paranoid." This was an opinion and offered no professional explanation or advice on how to give the person good care.

Each care plan contained a document called, 'My Choice' which detailed how people wanted their care delivered and what was important to them. None of these had been fully completed. The registered manager was aware of these anomalies and care planning was under review with a view to drawing up new care plans.

Other elements of the care plans did not cross reference care needs with people's rights under the MCA legislation. For example where a MCA assessments was in place it was not cross-referenced in care plans to show evidence that the care provision in person's best interests.

People told us they were involved in care planning but were unable to tell us if they had read their care plans or knew what they contained. One relative said they were not always involved in care planning and had not been offered the opportunity to review their relative's care plan. When they were given the opportunity to read the care plan, they agreed that it broadly met their relative's needs.
Issues relating to consent were not fully explored. For example decisions on a person's care were taken by family members, there was no evidence the person's capacity was explored and established, prior to giving authority to their family. Reviews of care planning did not contain information on how the person may have changed or if the care they were receiving met their current needs.

There were elements of the care planning that gave good information to staff. This included direction on swallowing difficulties and we saw this was reviewed by health care professionals on a regular basis.

Although not always documented, staff were aware of people's interests and hobbies. Staff knew what was significant to people in assisting them to live well. There were specialised activity staff who ensured people were supported to pursue their hobbies and interests.

Some people were also supported with quieter activities such as reading. Families and friends were welcomed to the home at all times. This approach to care helped to ensure people had the opportunity to continue relationships that were important to them.

Staff told us they kept up to date with people's changing needs and preferences through handovers which

took place at the beginning of each shift. Records we saw supported this. This meant that staff were made aware of any changes in people and were able to respond appropriately.

There was a complaints process in place. The provider was proactive in receiving feedback and open to listening and making changes, before they became a problem. Details on how to make a complaint were freely available. At the time of the inspection there were no outstanding complaints. The registered manager was available to people and staff and issues were resolved with minimum fuss without them escalating. People, relatives and staff confirmed this. The service had received many compliments on the way they cared for people.

Good

# Is the service well-led?

## Our findings

The service had a registered manager who had been in post since August 2016.

People, relatives and staff were complimentary about the registered manager. Staff understood the changes needed to take the service forward in a person centred manner.

There was a quality assurance system in place which identified areas of the service the registered manager needed to act on as a matter of urgency. These included addressing staffing issues such as sickness. This had been identified as a problem and had been addressed by ensuring the right staff were in post and there were thorough support systems in place to support staff.

The registered manager was aware of other aspects of the service that needed to be addressed, including reviewing care planning. In the meantime the registered manager ensured staff were aware of people's needs through regular meetings. There were handover meetings twice daily and there was a meeting of senior staff once a day. These meetings dealt with the most immediate aspects of people's care.

The registered manager promoted a learning culture. We saw a staff member deliver care in a manner that may have detracted from the person's dignity. A more senior staff member showed their colleagues how a better way to do this.. This was well received and acted on.

All staff were aware of the need for training and had an open mind to new learning. Staff felt their knowledge of people was respected and was included in the reviewing process. Staff said they appreciated being assisted to provide optimum care to people. This included the registered manager leading by example. Staff said they felt appreciated and were pleased the registered manager had processes in place to recognise and acknowledge the staff's skills. This included introducing champions in various areas of the service. One staff member said, "A thank you goes a long way."

Staff said they felt well supported and had sufficient guidance from senior staff on how to meet people's needs. They said the senior staff provided advice and guidance to care staff when required and were always willing to see a person if there were any concerns. We saw the staffing group worked well as a team and ensured people received optimum care.

There were residents and staff meetings. The staff meetings included how to keep people safe and how staff should respond should they have concerns about how people were cared for. This included ensuring staff understood their duty of care to people under the provider's whistleblowing policy. Resident's meetings were held on a regular basis. One person said, "It's nice to be included."

Staff said the registered manager was very approachable, supportive and receptive to new ideas. They spoke positively about working in the service and said the team was really good and staff worked well together. This helped ensure people received care to match their needs and wishes.
The registered manager was aware of their duty to report incidents to CQC. A review of evidence held by

CQC supported this.