

Order of The Sisters of St Joseph of The Apparition

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Inspection report

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

Tel: 01619282567
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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?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Order of The Sisters of St Joseph of The Apparition, known as and referred to in this report as 'Lady of the Vale' is a nursing home registered to accommodate up to 39 older people. At the time of this inspection, 36 people lived at the home. Accommodation is over two floors accessible by two passenger lifts, one of which is suitable for wheelchairs.

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

People living at Lady of the Vale, and their visiting relatives, told us they considered the home be a safe and welcoming place to live.

People were positive about the way in which staff supported them and they told us staff were kind and caring.

Since our last inspection, a rarely used lounge on the ground floor had been converted into an additional dining room. The conversion had been completed to a high standard and was well presented.

There was signage around the building to help people with dementia and memory loss find their way around. People had personalised 'memory boxes' on the wall outside their own bedrooms. This helped to remind people where their bedroom was located.

The home benefited from large well-maintained gardens that were accessible for wheelchair users and people with limited mobility.

People were supported to maintain a balanced and varied diet that met their nutritional requirements. The mealtime experience was unhurried, relaxed and people received the right amount of support in a timely way. Food was home cooked and people were offered a variety of choices.

Systems for the safe management of medicines were operated effectively. This included protocols for the receipt, storage, administration and disposal of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home had a regular programme of resident and relatives' meetings that were held throughout the year. Minutes of meetings demonstrated people were encouraged and supported to attend and participate.

We looked at how staff recognised and responded to the needs of people from different backgrounds. We found improvements were needed to ensure a consistent approach to equality and diversity. We have made a recommendation about this in the 'caring' section of the full report.

The home had a varied programme of weekly activities and various events were held throughout the year. However, feedback from people indicated there was distinct lack of activities taking place out in the wider community. We have made a recommendation about this in the 'responsive' section of the full report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 20 June 2018) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

Aspects of the service were not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Order of The Sisters of St Joseph of The Apparition

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by an inspector from the Care Quality Commission (CQC).

Service and service type:

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

At the time of this inspection, the service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced which meant the service did not know we were coming.

What we did before inspection:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No serious concerns were shared with us.

During the inspection:

We spoke with five people who lived at the home and two visiting relatives, to understand their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of staff including the deputy manager, regional manager, the clinical lead nurse, a nurse, and care assistants.

We reviewed a range of records. This included five care plans and associated documentation. We looked at three staff files in relation to recruitment and five to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures were reviewed during the inspection.

After the inspection:

We asked the regional manager to provide supplementary evidence for governance and quality assurance. This was reviewed as part of the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- All the staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively. When safeguarding concerns were identified, the relevant agencies were notified.
- People told us they considered Lady of the Vale to be a safe place to live. Comments included, "[Relative] has lived her for quite a while now and I think it a very safe place.", and, "I definitely feel safe and secure here."

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

- Accidents, incidents and untoward events were monitored and regular checks undertaken to capture re-occurring themes.
- Staff completed an incident form when an incident occurred which was reviewed by a member of the management team. Risk assessments within people's care plans were reviewed on a regular basis, and/or in response to a particular event.
- Lessons learnt and outcomes of investigations were shared with the staff team to promote shared learning.
- The service had systems in place to ensure the premises and equipment were safe and fit for purpose. Maintenance and testing of equipment had been kept up-to-date including those to ensure the safety of gas appliances, electrics, fire safety systems and passenger lifts.
- Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.
- Environmental risk assessments were in place for the buildings and premises, including control measures which sought to reduce any potential risk.

Staffing and recruitment:

- At the time of this inspection, we found there to be sufficient staff to meet people's needs. The service used a dependency tool as an aide to ensure staffing levels were safe. People's dependency levels were also reviewed on a regular basis.
- The management team described to us some of the ongoing challenges they faced in terms of recruitment and retention of staff. One of the main issues centred around the fact the nursing home was not well served by public transport. This meant for potential new staff who did not drive, getting to and from work was a particular challenge. To help address this problem, the provider was reviewing its staff benefits package and had recently introduced a 'refer a friend' bonus scheme where staff could be rewarded if the person they referred was successfully recruited.

- Safe recruitment practices had been followed. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- We checked to ensure registered nurses who worked in the home maintained their registration. The service kept a record of nurses' Nursing and Midwifery Council (NMC) PIN numbers and when their revalidation was due. Records showed all the registered nurses who worked at the service were registered and had a valid PIN.

Using medicines safely:

- Systems for the safe management of medicines were operated effectively. This included protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained to handle medicines safely and had completed competency assessments to ensure their knowledge remained up to date.
- Medicines were organised, and people were receiving their medicines when they should.

Preventing and controlling infection

- The service was visibly clean throughout. Staff understood their individual and collective responsibilities towards infection prevention and control. This was underpinned by policies, procedures and completion of regular audits.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support, induction, training, skills and experience:

At our last inspection, we found some staff were not receiving supervision and an annual appraisal as per the providers own policy. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- There was an organisational structure in place to support delivery of supervision. Staff also participated in an annual performance appraisal. Supervision meetings provided staff with the opportunity to discuss with senior staff any worries or concerns they had and any training and development they wished to undertake.
- A supervision matrix was now in operation to track when staff were due a supervision session. Supervision sessions were planned but were also completed in response to areas of concern. For example, in response to an identified training need, we saw all care staff had recently completed additional footcare training.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed. Newly recruited staff also completed an induction.

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

- Since our last inspection, a rarely used lounge on the ground floor had been converted into an additional dining room. The conversion had been completed to a high standard and was well presented.
- There was signage around the building to help people with dementia and memory loss find their way around. People had memory boxes on walls outside their own bedrooms. These were personalised, containing meaningful photographs and personal items and helped remind those people who were mobile where their bedroom was located.
- An authentic 1960s themed 'retro room' was located on the first floor. This dedicated space had been developed to help stimulate memories and included period items such as an old transistor radio.
- Notice boards around the home also contained historical newspaper cuttings, again designed to stimulate memories and create a focal point for discussions between people.
- The home benefited from large well-maintained gardens that were accessible for wheelchair users and people with limited mobility.

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

- People were supported to maintain a balanced and varied diet that met their nutritional requirements. All meals were home cooked and of good quality. Comments included, "I enjoy the food.", "We get offered a choice. The food is lovely.", and, "Happy with the meals. No problems there."
- The mealtime experience was unhurried, relaxed and people received the right amount of support in a timely way. People could choose from a menu and alternative choices were provided if people did not like what was on offer that day.
- People's dietary needs were detailed in their care plan and the staff we spoke with demonstrated a good working knowledge of people's individual dietary needs. For example, people who were diabetic or those on soft diets.
- We looked at a sample of fluid and food monitoring charts. These had been maintained by the care staff and checked and signed off by a nurse.

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

- Before a person was accepted to move into the home, a pre-admission assessment was completed. This helped to ensure people were suitably placed and their needs could be met. and that staff knew about people's individual needs, wishes and goals.
- Since our last inspection, a new clinical lead nurse had been appointed. The clinical lead was highly experienced and worked with all members of the care team to ensure nursing care and support was delivered in line with people's needs and based on best practice. Comments from staff included, "The clinical lead has been invaluable in providing support to me. As a nurse, its sometimes good to get that second opinion.", and, "[Person] is excellent and works with staff, residents and their families to ensure the best possible standards of care."

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

- Staff worked well together, and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- People's health was monitored and requests for district nurses, physiotherapists, chiropody, tissue viability nurse and social workers to attend Lady of the Vale were made in a timely way.
- The home's own nursing staff changed residents' catheters and obtained blood tests on behalf of the GP; other clinical procedures were carried out by district nurses who attend the home.
- Several local GP practices attended Lady of the Vale to see residents, however, one GP practice attended every week to see their patients at the home.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The majority of people who lived at Lady of the Vale had a DoLS in place. The management team maintained appropriate records which included information about who was subject to a DoLS and when it was due to expire. However, the management team described to us the ongoing challenges they faced in respect of the length of time it was taking for the relevant local authority DoLS team to come out and assess people. In such circumstances, we saw that staff acted in people's best interest and in the least restrictive way.
- People's care records contained assessments of people's capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before support was provided. Staff we spoke with had a good understanding of the MCA and described to us the importance of assuming people had capacity to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- Lady of the Vale was closely associated with the Roman Catholic church. The home was welcoming of people from all faiths, and those of none. However, many of the people who lived at the home had chosen to live there for this reason. There was a Roman Catholic chapel on-site where mass was held daily and was open to residents and the wider community.
- People were positive about the way in which staff supported them and they told us staff were kind and caring. Comments included, "I've lived here for a little while now and the staff are very caring.", "I only need to ask if I want something and the staff help me out.", and, "It's a very peaceful and calm care home. The staff are sensitive and caring."
- We looked at how staff recognised and responded to the needs of people from different backgrounds. By looking at care records and talking with staff, we were generally satisfied care and support was provided in a non-discriminatory way. However, to ensure a consistent 'whole service' approach to equality and diversity, and to fully embed a truly inclusive culture amongst staff, further work around equality and diversity is recommended.

We recommend the provider consults CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.'

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to maintain their independence. Their care plan explained what they could do for themselves and what they needed staff to support them with. Our observations showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves.
- Staff ensured people's privacy and dignity was respected at all times, and where appropriate, interactions were discreet and respectful.

Supporting people to express their views and be involved in making decisions about their care:

- We saw information on independent advocacy services was on display in the foyer of the home. Advocacy services work on behalf of people dealing with issues where a person might need advice and support. This meant that for those people who had no one to act on their behalf they could obtain support from an independent service external to the home if they wished to do this.
- People were involved in reviews and evaluations of their care. People told us they attended meetings to discuss their ongoing needs, wishes and choices and we saw how these had been appropriately recorded in their care plan.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant aspects of people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- The home had a varied programme of weekly activities and various events were held throughout the year. Weekly activities on offer included arts and crafts, bingo, movement to music, and themed movies.
- The majority of people told us they enjoyed these activities, however, several people told us they would like more activities to take place outside of the home in the wider community. Comments included, "It would be nice to get out the home more. It's a lovely place but I really would like to get out more often.", "As a family we take [relative] out for a few hours when we can but I think it would be beneficial if the home also supported people as a matter of routine to get out into the community more.", and, "It can feel a bit isolating at times. The staff are lovely, but I'd like to see the wider world a bit more."
- In March 2018, Healthwatch Trafford published their report following an 'enter and view' visit to Lady of the Vale. Feedback provided by people at that time also indicated they would like improvements to be made around accessing the community.
- During the inspection, we spoke a member of the management team about this and we were told the home did not currently have a framework in place that enabled staff to build and develop links within the community, or to facilitate a regular programme of external events.

We recommend the provider explores credible sources of information around how to reduce social isolation within a care setting, including opportunities to increase access to the wider community, and take positive action to act on this aspect of people's feedback.

- Relatives and friends could visit the home at any time. Some people told us they visited their relative every day and were always made to feel welcome.
- People living at the home completed a booklet entitled 'Nothing about me without me.' The format of the booklet enabled people to detail their likes, dislikes, personal preferences, what was important and what might worry them and what made them feel better. This helped staff to provide support and tailor activities that were responsive to people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- The home used electronic care plans. These were complimented with a variety of hand-written records and charts. Electronic care plans confirmed care and support was being reviewed on a regular basis, with the involvement of the individual, and where appropriate, with their relative or lawful representative. Care plans were reviewed each month, or in response to a significant change, and updated accordingly.

- People received care in line with their assessed needs and preferences. Staff recognised the need to support people as individuals and took a person-centred approach. Person-centred means the person was at the centre of any care or support plan and their individual wishes, needs and choices were considered.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Through our review of people's care plans and other associated documentation, we were satisfied should people require information in an accessible format, this would be quickly identified by the management team and acted upon.

Improving care quality in response to complaints or concerns:

- The management team had an 'open door' policy and people were encouraged and supported to raise any issues or concerns.
- The home had a complaints policy and procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled. A complaints log was maintained which detailed the nature of the complaint, outcomes and action taken.

End of life care and support:

- The home was an accredited provider of the 'six steps to success' end of life care programme. Developed by the NHS, the programme helps to ensure staff have the rights skills and experience, so people can remain within the home when nearing the end of life, to be cared for by people who know them best, and in familiar soundings.
- Staff within the home took great pride in their caring and holistic approach to end of life care. Considerations around end of life care was part of the overall care planning process. People's wishes were discussed and recorded in line with their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, we found aspects of audit and quality assurance had not been operated effectively. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Since 2017, the Trustees of Order of The Sisters of St Joseph of The Apparition (the provider) had entered into a management agreement with Careport Advisory Services Limited in respect of the strategic and operational management of the home. At the start of this agreement, there had been some concerns around lines of accountability and transparency of decision making. At this inspection, we looked in detail at structures, systems and process for good governance and we were satisfied the agreement between the Trustees and Careport Advisory Services did not adversely impact on the delivery of the regulated activity.
- Whilst we have recommended two areas for improvement within the home, as detailed in the caring and responsive section of this report, more widely, systems for audit and quality assurance and questioning of practice were operated effectively. This included regular, comprehensive audits completed by Careport, with audit reports aligned with CQC's five key questions.
- The registered manager was on leave at the time of this inspection. Shortly after the onsite element of the inspection was completed, we were informed the registered manager had resigned. We spoke with a representative of Careport about this and we were assured interim arrangements had been put in place until a new manager could be recruited.
- The home is required by law to submit notifications to CQC about certain events or incidents; these are called statutory notifications. All statutory notifications were submitted without delay. This ensured we could effectively monitor the home between our inspections.
- It is a legal requirement that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating from our last inspection was clearly displayed in the foyer and on the providers website.

Engaging and involving people using the service, the public and staff; working in partnership with others:

- The home had a regular programme of resident and relatives' meetings that were held throughout the year. Minutes of meetings demonstrated people were encouraged and supported to attend and participate.
- Surveys and questionnaires were used as another means of gathering people's views. A 'you said we did' notice board was displayed in the home. This detailed a number of areas of positive action that had been taken based on people's feedback.
- Staff meetings were held on a regular basis. Staff told us they felt supported to contribute to meetings and to suggest ways in which improvements could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- The management team, nurses and carers were knowledgeable, experienced and motivated to ensure people received good quality care. This had greatly contributed to the home improving its overall rating from requires improvement to good.
- People and relatives spoken with told us they would recommend this home to others. Comments included, "Before my [relative] moved into here, [person] and I drew up a list of care homes to visit, there were around six or seven on the list; we came here first and that was it - we knew this was the one. My [relative] has been here for four years now and the home has well met my expectations. Very happy with the care.", and, "On the whole it's a good care home. I would recommend it to others."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- Management and staff understood their individual and collative legal responsibilities to act in an open, honest and transparent way when things went wrong.
- Where an untoward event had occurred, appropriate records had been maintained and onward referrals/alerts had been raised with external agencies. Relatives and/or lawful representatives of the person affected were routinely informed and kept updated.