Charing Vale Limited

The Vale Residential Care 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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on the 11 January 2018 and was unannounced.

The Vale Residential Care Home 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. The Vale Residential Care Home provides care and accommodation to a maximum of 28 people. There were 24 people living at the service at the time of our inspection, some of which were living with dementia.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated Good.

At the time of our inspection there was a manager at the service who had applied to become registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There continued to be arrangements in place to keep people safe and to help safeguard people from the risk of abuse. Staff understood their responsibilities for safeguarding people from harm and followed the provider's policy and procedure. Potential risks associated with people, the environment and equipment had been identified and managed.

People continued to receive their medicines safely. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed regularly. People were protected by the prevention and control of infection where possible. Accidents and incidents were monitored and recorded.

People's needs and choices continued to be assessed when they started using the service. People received care that was personalised to their needs. People were supported to take part in meaningful activities which they enjoyed. People were encouraged to raise concerns or complaints and were asked for feedback about the service they received.

People continued to have access to food that they enjoyed and were able to access drinks and snacks throughout the day. People's nutrition and hydration needs had been assessed and recorded. Staff and the kitchen team met people's specific dietary needs and support. Staff ensured people remained as healthy as possible with support from health care professionals, if required.

Staff were seen to be kind and caring towards people. People and their relatives were involved with making decisions about care and support. People were treated with privacy and dignity.

There continued to be enough staff on duty with the right skills to meet people's needs. Staff received the training and support that they needed to carry out their responsibilities in delivering care and support that was effective and responsive. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People and others were encouraged to express their views and had completed surveys. Systems were in place to monitor the quality of the service being provided to people. They were a range of checks and audits carried out to ensure the safety and quality of the service that was provided to people.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Vale Residential 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.

This inspection took place on 11 January 2018 and was unannounced.
The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience in care for older people.

The manager had completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining areas of the service. As part of the inspection we spoke with the manager, the Director of Care and Operations, one senior support worker, two care staff and the activities co-ordinator. We spoke with 15 people using the service and three relatives to gain their feedback on the service they received. We asked two commissioners for their feedback of the service.

We reviewed a range of records. This included five people's care plans and records including care planning documentation, risk assessments, nutrition and hydration information and medicine records. We looked at documentation that related to staff management and staff recruitment, including four staff files. We also looked at records concerning the monitoring, safety and quality of the service.

Good

Is the service safe?

Our findings

Every person we spoke with told us they felt safe with the staff supporting them at The Vale. One person said, "They look after people; they are pretty good here at what they do, they do things properly." Another said, "We are looked after very nicely." A third person said, "Yes, I definitely feel safe, it's well protected I think."

Relatives told us they felt their loved one was safe. One relative said, "I feel it is safe, staff are very aware and recognise people who are at risk because they are not stable." Another relative told us they felt their loved one was, "Very safe here."

People continued to be kept safe from the potential risk of harm and abuse. Staff followed the provider's policy and procedure and received regular training regarding safeguarding adults. Staff gave examples of potential signs to look for and gave examples of what action they would take such as, reporting any concerns to the manager, the senior manager, the local authority safeguarding team or the Care Quality Commission (CQC). Staff understood the whistleblowing policy and told us they would be confident in using it if the need arose.

The provider used safeguarding concerns as a way to continuously learn and improve the service they delivered to people. Records showed a safeguarding concern that had been raised at another one of the provider's locations, this had been concluded and the lessons learnt had been shared across all locations. The Director of Care and Operations told us that as a result of that concern, all services had to complete an examination of any stand hoists; this was to reduce the risk of reoccurrence.

Risk assessments were effective in keeping people safe and used control measures to mitigate any risks. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to care and support needs, moving and handling, diet and nutrition and people's skin integrity. The assessments outlined the associated hazards and detailed what measures staff were to take to reduce the risk. Risk assessments were regularly reviewed to ensure staff provided sufficient support to people to keep them safe.

Risks associated with the safety of the environment and equipment were identified and managed to keep people safe. The provider had an internal maintenance department who managed the day to day maintenance issues within the service. Records showed that portable electrical appliances, boiler checks, firefighting equipment, lifting aids and the lift were properly maintained and tested. Any issues that were identified were acted on quickly. These checks enabled people to live in a safe and adequately maintained environment.

Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A fire risk assessment was in place and a contingency plan which was to be followed in the event of an emergency. People had a personal emergency evacuation plan (PEEP) located in the fire grab box and a copy kept within their care plan. A PEEP sets out the specific physical, communication and

equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire.

The provider employed a team of domestic staff to ensure an adequately clean and hygienic environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. We saw that peoples' bedrooms and their equipment and furnishings were clean and well maintained. We observed that staff used Protective Personal Equipment (PPE) such as aprons and gloves appropriately during our inspection. There was a monthly infection control audit, which showed attention to the whole environment in detail. Audits showed shortfalls were identified and corrected, such as dusty areas and a rusted pedal bin.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. The manager completed a monthly analysis of all accidents and incidents. These were collated per person, with an overview of all events per month, giving a clear picture of current risks and of active monitoring by the manager. The audit process included checking the accuracy of accident & incident reporting, and that follow-up action could be tracked through the care plan.

The manager ensured there were enough staff available to meet people's assessed needs. Records showed a consistent number of staff were on duty each day to meet people's needs. Staff were recruited safely, recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained. People could have confidence that the staff supporting them were of good character and were safe to work with people.

Medicines continued to be managed safely and people received their medicines as prescribed by their GP. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of people's prescribed medicines. Staff were trained in the administration of medicines and completed an annual competency assessment with a member of the management team. During our inspection, we observed the medicines round, staff administered medicines to people and accurately recorded when they had been taken. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines and temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions.

Good

Is the service effective?

Our findings

People spoke highly of the food they received and told us they were able to choose the meal they wanted. One person said, "The food is good, it's just like mum used to make it. The food is gorgeous." Another person said, "The food is very nice here, we get a choice." A third said, "I eat it all so it must be alright."

A relative commented, "The food is excellent." They told us that the chef had recently cooked meals which were from her loved ones heritage, which they enjoyed.

People had an initial nutritional assessment completed when they moved into the service and their dietary needs and preferences were recorded. This was to obtain information about any special diets that may be required, such as a soft or pureed diet and to establish people's preferences regarding food. Staff received support and guidance from health care professionals if people required additional support to ensure people remained as healthy as possible. The provider employed a team of kitchen staff to prepare and serve meals to people; this included a chef, kitchen assistants and dining room assistants to support staff throughout meal times. The chef and the kitchen staff had received training in food safety and hygiene. People's care plans contained information relating to any dietary requirements, food preferences and any specialist equipment that was required. People had their weight checked regularly and staff monitored and recorded people's food and fluid intake.

There were systems in place for the ordering of food and people had access to a variety of fresh fruit and vegetables. The provider used a sessional set menu, this included a variety of meals and alternative choices, however certain food items such as liver were not enjoyed by people. As a result these meal choices were substituted for a meal that people enjoyed. The chef had worked at the service for a number of years and knew people well, including their food likes and dislikes. Fresh cakes were made and offered to people throughout the day. Regular tea trolleys were taken around to offer people a variety of drinks and snacks. The service was awarded five stars through the food hygiene rating scheme on the 8 November 2017, which the chef is very proud of.

People's needs and choices were assessed prior to and when they started to use the service. The assessments took into account the persons care and support needs, communication, physical and social needs. They included details about how the person wanted to be supported and were written in conjunction with people's families if necessary. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment. There were equality and diversity policies in place and staff had received training in this subject; this helped staff promote people's equality, diversity and human rights. The provider had recently introduced new policies regarding gender re-assignment and sexual orientation. Nobody living at the service had a protected characteristic; however, the manager told us these were used to inform, support and guide staff, who may work within one of the provider's other services.

People's bedrooms were personalised with possessions and photographs that had meaning to them. There were two lounges and another seating area where people could choose to spend time alone or be with

others. People had access to a secure accessible outside space which was regularly used in the warmer weather.

People continued to be supported to remain as healthy as possible. Each person had detailed guidance in place which included information of the support from health care professionals and guidance for staff to follow. Staff had worked in conjunction with health care professionals such as, Speech and Language Therapists (SALT) regarding a persons' ability to swallow food and fluids. All appointments with professionals such as doctors, district nurses, chiropodist and opticians had been recorded with any outcome. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff were aware of their responsibilities under the MCA, and DoLS. Staff had been trained to understand and use these in practice. People's consent and ability to make specific decisions had been assessed and recorded within their care plans. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Staff had the skills, knowledge and experience to deliver effective care and support. Records showed and staff confirmed that they had undertaken the provider's mandatory and refresher training in subjects relevant to their roles. This included training to meet people's specific individual needs such as, dementia care and diabetes awareness. New staff completed the Care Certificate (this is a set of standards for health and social care workers) during their induction, this gave staff the knowledge they required to complete their role. New staff also worked alongside experienced members of staff before working as part of the care team. Once staff had completed their induction, they were given the opportunity to complete a formal qualification during their employment. For example, a Diploma in Health and Social Care, this is an accredited qualification.

Staff told us they felt supported by the manager and senior care staff. All staff were provided with one-to-one supervision and regular review of their performance and development to support them in carrying out their duties.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring, and observations showed that staff were patient and showed empathy when speaking with people. One person said, "They do things as best they can, the staff are very helpful." Another said, "The staff are very kind." A third person said, "I love it."

Relatives spoke highly of the staff and said they were welcoming and friendly when they visited. One relative said, "I am very pleased, the atmosphere attracted me and my [loved one] being here hasn't changed my opinion, it is a very happy atmosphere. The staff are outstanding, all of them." Another relative said, "I can't fault it here." Staff followed the ethos which was displayed on notice boards, this said, 'Our residents do not live in our workplace, we work in their home.' These values were observed throughout our inspection. Staff knew people well and we observed good rapport between people and staff.

Staff gave examples of how the protected people's privacy and dignity whilst offering them care and support. For example, closing curtains, doors and ensuring you have people's consent prior to carrying out any tasks. We observed staff knocking on doors and waiting for an answer before entering.

People were treated with compassion and were given emotional support when they needed it. People's care plans detailed specific guidance to staff regarding how to give people the emotional support they required. For example, one persons' dementia meant they responded better to closed questions as open ended questions could cause distress. People's care plans contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Some people had a 'my life story' booklet, staff used this information to get to know people and understand what was important to that person.

People and/or their relatives were involved in the planning and delivery of the service they received. People's care plans included clear information and guidance about their individual communication needs and personal preferences. People's preferences, were known to staff and supported. For example, we saw people being addressed by staff using their preferred name. People were encouraged and supported to remain as independent as they wanted to be. Care plans included details of what people were able to do for themselves and the support they required from staff.

Formal reviews took place each year, or more often if there were changes to people's needs. Family members and professionals such as social workers were included in the reviews when the person wished. People's records were stored securely within the office. Staff understood the importance and legal responsibility relating to maintaining confidentiality.

People were supported to maintain relationships with friends, family and other people who were important to them. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. Throughout our inspection we saw many people with their visitors enjoying cups of tea and spending time together. Relatives told us they felt welcomed by the staff and were well looked after

during their visits.

Good

Is the service responsive?

Our findings

Staff were observed to be responsive to people's needs. Staff reported that they were concerned that one person was not acting like their usual self, the staff had arranged for the doctor to visit. On another occasion the activities coordinator responded promptly when a person changed their mind about completing a jigsaw they were in the middle of.

Relatives told us they felt the service was responsive to their loved ones needs. One relative said, "They [staff] recognise resident's needs and are on it that very day" and "I always feel everything here is positive and I would recommend it."

People received consistent support which was personalised to their individual needs. People's care plans were up to date, detailed and informed staff how to meet their care and support needs. They identified people's strengths and needs, and included details of how staff were to provide them with the care they needed in a range of areas including communication, personal care needs, eating and drinking and mobility. Staff were knowledgeable about how people liked to be supported and used this information to meet people's needs. People could be assured that they would be offered person-centred care, which put themselves and their wishes at the centre of everything they needed care and support with.

People were supported to take part in a range of activities to meet their needs and preferences. The provider employed an activities coordinator whose role included sourcing activities which took account of people's preferences. There were a range of activities on offer throughout the day, these included games, manicures, DVD's and one to one sessions. An external company came in on a regular basis to complete an exercise to music class, which people spoke highly of. A visiting hairdresser was also available to people. There were photographs displayed around the service of people taking part in activities that they enjoyed.

The service participated in themed events throughout the year. A recent event was a rock and roll week where the house was decorated as if it were in the 1950's. People and staff dressed up and the manager created an 'American Diner' for people to use. Photographs showed people were dancing, smiling and laughing. People's friends from other services and family were invited to attend.

The service had two pet guinea pigs which people supported to feed and clean out. The manager told us they used guinea pig therapy as a way to engage with people. There were photographs of people holding the guinea pigs smiling and laughing.

The manager had developed a link with a local nursery school with the aim to start intergenerational circle time, working with children and building relationships. The manager had recently arranged for a baby morning, where members of staff brought their babies in. The manager said that this had a positive effect on people, who were smiling and talking to the babies. The manager was passionate about developing these links further.

People and their relatives were encouraged to raise concerns or make suggestions about improving the

service. Information was available to people on how to make a complaint if they were unhappy or concerned. One person said, "If there was a problem I would talk to the manager, she is good." There had been two formal complaints made in the past 12 months. Records showed the provider's procedure had been followed in relation to responding to and resolving the complaints.

Peoples' end of life care had been discussed with them and/or their relatives and recorded within their care plan. People's wishes had been respected if they had chosen not to discuss things. Some people's care plans recorded specific preferences such as people they wanted to attend their funeral and whether they wanted to be buried or cremated.

Good

Is the service well-led?

Our findings

Observation showed people knew the manager well and looked comfortable in their presence. Staff and people spoke highly of the manager, who had worked at the service for ten years. One person said, "The manager is lovely." One member of staff said, "She is one of the best managers I have ever worked with. She is very intelligent, very calm, you can talk to her about anything." Another member of staff said, "[Name] is a very competent manager because she came up from being a carer."

The manager had worked at the service for a number of years and had worked their way up from an initial member of the care staff. The manager had applied to the CQC to become the registered manager; an interview date had been set with the CQC registration team. The manager was supported by senior staff who managed the care staff. The manager led by example to demonstrate how to deliver a person-centred service to people by working alongside staff to demonstrate practice. The manager spoke passionately about their vision of where they wanted the service to be in 12 months' time. Plans included added an extension to the service to move the office into a central area and to add an additional wet room for people to access.

Staff were aware of their role and responsibilities which was outlined in their job description and contract of employment. The provider had a range of policies and procedures in place to inform and guide staff. The manager used these policies when staff were not performing to the required standard.

Staff told us they felt there was an open culture and they were kept informed about what was going on. The manager was visible and told us they promoted an open door policy where people, staff or visitors could speak to them at any time. Regular staff meetings were held so staff could discuss practice and gain some feedback. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handovers between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the manager on a regular basis, including health and safety, medicines management, infection control, training matrix, staff files and a systems audit. Audits were completed by a senior manager and, the provider also commissioned an annual audit which was completed by an external company. These audits generated action plans which were monitored and completed by the management team and the provider's senior manager. Feedback from the audits were used to make changes and improve the service provided to people.

People, relatives and staff were involved in the development of the service. An annual survey was sent out via the provider's head office. The results were collated and an action plan was created and sent out to people. Following feedback from the 2017 survey changes were made to the menu. People had also requested the addition of a milky drink to be offered in the evening; records showed this had been actioned and people were offered an additional drink in the evening.

The manager worked in partnership with other agencies and services owned by the provider to ensure they were working in a joined up way using best practice. The manager attended local Skills for Care group, which was used to discuss the best practice in relation to care staff, and the registered manager's network. This was a group of manager from a range of services who met up to discuss concerns and share learning from other services. This meeting was also regularly attended by an inspector from the CQC, who was able to answer any questions people had. The manager attended regular managers' meetings with managers from the provider's other service which enabled sharing of information and learning from each other.

The manager was clear about their responsibilities and regulatory requirements. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had an accident. All incidents have been reported correctly. The previous report and rating had been displayed within the service and was on the provider's website.