

S B Care Limited

# Valkyrie Lodge

## Inspection report

27 Valkyrie Road  
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Essex  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Valkyrie Lodge is a care home providing personal care to people who require support with their mental health. At the time of our inspection there were 5 people receiving care. The service is set in the community in an adapted building over 3 floors with a garden.

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

People we spoke with were happy living at the service and felt supported by staff.

We have made recommendation in relation to safeguarding, staff training and support and recruitment processes.

Care and treatment was not recorded in detail or in a person centred way to provide safe support to people. Care plans and risk assessments did not contain enough guidance to staff to mitigate risks to people. More robust recruitment practices needed to be implemented in line with the providers policies. Improvements were needed with medicine documentation and evidence if staff were competent to safely administer medicines.

Care documentation needed to be more person-centred and regularly updated to ensure people received the correct care and support. Staff required more frequent training to keep them up to date with best practice. Nutritional assessments should be in place to ensure people had the correct level of support with nutrition and hydration.

The registered manager needed to keep themselves and staff up to date with best practice guidance to ensure people living at the service were empowered and had positive outcomes. Better governance systems needed to be implemented to monitor and improve care delivery.

There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents.

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.

People were supported to access healthcare from other professionals such as the GPs and mental health services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection was good (published 30 January 2018). The rating at this inspection has

changed to requires improvement.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Valkyrie Lodge

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Valkyrie Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Valkyrie Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced on the first day of inspection and announced on the second day.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of a monitoring activity that took place on 21 August 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided. We spoke with 3 members of staff including the registered manager.

We viewed a range of records. This included 3 people's care records and multiple medication records. We reviewed 2 staff files in relation to recruitment, and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were at risk of receiving unsafe care due to support plans not containing all the information staff needed to deliver care safely.
- Risk assessments did not identify risks clearly to people and how these may be mitigated.
- Health needs were not clearly identified with support plans or risk assessments put in place to provide guidance to staff on how best to support people. For example, there was no guidance to staff on how to support a person with a catheter. This placed the person at risk of not receiving prompt intervention if their catheter became blocked or if they developed an infection.
- Guidance was not in place for staff to support people with diabetes. One person required their blood glucose levels to be monitored daily by staff. There was no guidance as to what the correct blood glucose level should be or how staff should intervene should the person become hyperglycaemic or hypoglycaemic.
- Where a person had a period of finding it difficult to swallow no choking risk assessment had been completed or guidance put in place on how staff should support this person safely with eating and drinking.
- There were no personal evacuation plans in place to identify what support people may need in the event such as a fire or how to support them to evacuate.
- The provider did not have a fire evacuation or grab bag in place containing important information should the service need to be evacuated. This meant staff may not have immediate access to information needed to support people in the event of an evacuation.

### Using medicines safely

- Although we found no evidence people were not receiving their medicines safely there was a lack of support plans and risk assessments in place. This meant staff may not have all the guidance they need to administer medicines safely.
- As and when required [PRN] medicines did not have clear protocols in place as to when these medicines should be administered. This meant people were at risk of not receiving these medicines when they were needed.
- Medicine administration cards were in good order. However, we did find some stock medicine was unaccounted for during a stock check.
- Staff had completed an on-line training course on medicines, however their competency to administer medicines safely had not been checked or evidence recorded by the registered manager that they were safe.

Although we found no evidence of harm risk management and medicine systems were not robust and placed people at risk of unsafe care. This was a breach of regulation 12 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014.

- The provider had recently had a fire risk assessment completed, however they had not highlighted the issues we identified.
- Staff were completing regular health and safety checks of the environment.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy living at the service. One person said, "I am happy here, I have everything I need."
- Staff we spoke with were not always clear how to raise a safeguarding concern to the local authority and were reliant on the registered manager to take concerns further for investigation.
- The registered manager had worked with the local authority to investigate a safeguarding concern. However, they needed to ensure they followed the local authority safeguarding process to raise safeguarding appropriately to keep people safe.

We recommend the provider sources further training and guidance to staff on how to raise safeguarding concerns to the local authority.

Staffing and recruitment

- The registered manager told us they had enough staff to support people and did not use agency. This meant people were supported consistently by the same staff. One person said, "I have a key worker [staff name] we get on okay."
- We reviewed staff recruitment files and found the provider had not always obtained an up to date Disclosure and barring service check (DBS) and was reliant on previous checks staff held. The registered manager told us they were in the process of updating staff DBS and could evidence 2 of these. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider implements a process where staff provide up to date DBS checks before they commence employment, and these are updated in line with the providers policies.

Preventing and controlling infection

- Staff had received training in infection prevention and control (IPC).
- Personal protective equipment (PPE) was available for staff to use.
- There were cleaning rotas and environmental checks in place.

Visiting in care homes

- People were able to receive visitors at the service.

Learning lessons when things go wrong

- Accident and incidents were recorded, and the registered manager shared lessons learned with staff during meetings.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and choices were assessed before they came to use the service. However, support plans did not always contain person-centred information that clearly detailed how best to support people.
- The standards of care being delivered did not follow best guidance or was not in line with standards. This meant people may not always receive the optimal support and outcomes.

Staff support: induction, training, skills and experience

- The provider did not have systems in place to ensure there was a robust training package in place. Staff updated their training every 2 years, and this was reliant on computer based training.
- There were no systems in place to check the effectiveness of this training. We saw evidence that the registered manager had completed some supervisions and appraisals with staff, however these were not held consistently.

We recommend the provider reviews the frequency of staff supervision and has a system in place to ensure staff are supported to obtain adequate skills and knowledge to fulfil their role.

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

- People told us they were happy with the food at the service. One person said, "[Registered manager name] makes good curries, and some of the other staff are good at cooking to."
- Staff discussed with people menus to get a consensus on main meals and what people would prefer.
- People had their weight monitored but other nutritional risk assessments were not completed. We found were people had lost weight no action had been recorded on how this was followed up. Staff informed us they would refer one person to the GP following identified weight loss.

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

- The GP service was located near to the service, and we saw one person was able to access the GP independently.
- People were supported to attend appointments with other healthcare professionals such as psychiatrists and district nurses.

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

- People had their own rooms with ensuite facilities. One person said, "I am happy with how I have my

room. I had to buy my own bed and a few bits and pieces."

- We found the general environment needed refurbishment and redecoration with areas looking tired and dated.
- Although the service had a large garden, this was not kept tidy and was overgrown and cluttered.
- The registered manager told us they were going to address these issues but had not yet got around to it.

We recommend the provider puts in place a plan to address the refurbishment and redecoration of the service with timescales when they plan to meet this.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people had capacity they were supported to make decisions about their care and support and to be as independent as possible.
- Where appropriate DoLS had been applied for and conditions were being met. To help with decisions on care people were supported to have advocates in place. Advocates are independent and can act on people's behalf to help their voice be heard when decisions on their care are being made.

# 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 our last inspection we rated this key question good. The rating for 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

- People were happy and relaxed in each other's company and in the company of staff. People were chatting, laughing and joking with staff.
- One person said, "We are all different and you have to make allowances, but generally we get on okay."
- People's equality and diversity was respected, and people were supported as individuals.

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

- People had a named key worker who worked closely with them to discuss their needs and how they would like to be supported.
- Key workers met with people weekly to have a discussion on how they were feeling and if they needed support with anything.
  - Staff held meeting with people as a group to get their feedback on the service and discuss things such as menu choices.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People had their own room, which they could personalise and if they wished had a key to keep their room locked.
- Staff treated people with dignity and respect supporting them to spend their time as they wished, doing activities they enjoyed doing. One person said, "I like to do jobs around the place and do my fair share helping out and tidying up."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Before people came to live at the service they were able to come and look around, and spend time there to see if it was a place they wished to live.
- Care plans contained minimal information and needed to be more person centred to provide better guidance to staff on how best to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported with their communication where needed. Staff knew how to communicate well with people and their styles of communication.

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

- People were able to follow their own interests in the community. One person said, "I go out a couple of times a week to the shops or for something to eat."
- Where people wished, they were supported to attend religious meetings.
- Some people stayed in contact with their friends and family and made their own arrangements to visit them.

Improving care quality in response to complaints or concerns

- The registered manager told us they would investigate any complaints and there was a policy in place to support this.

End of life care and support

- There was nobody at the service on active end of life care. The registered manager knew how to get support from the GP should they need this.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Care documentation did not always contain all the information staff needed to support people safely and promote positive outcomes for them.
- There was no system in place to ensure care documentation was updated with the most current information when people's needs changed.
- There was a lack of detail and person-centred focus in documentation and an over reliance on staff knowledge of how people preferred to be supported.
- Staff supervision was not completed consistently, and training had not been updated yearly to ensure staff had the most up to date information and skills they needed to support people. For example, there was a lack of awareness from staff and the registered manager for when safeguarding concerns should be raised to the local authority to investigate.
- The provider and registered manager did not have systems in place to drive improvements at the service. There were no clear plans in place for how and when the environment would be updated.
- The provider and registered manager had not been meeting all regulatory requirements as outlined in the safe section of the report. They had not implemented safe recruitment practices to ensure staff had up to date DBS in line with their own policies.
- The registered manager did not have robust governance systems in place to ensure they were meeting regulatory requirements and driving improvements.

We found no evidence people had been harmed. However, systems and processes were not robust enough to demonstrate safety and quality were effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had sourced a consultant to work with them to address issues at the service and was working with the local authority to identify how they would make improvements.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Management understood their legal responsibility relating to being honest and open with people if something went wrong.

- People were involved with regular meetings with staff on the running of their service and had individual meetings with their keyworkers to discuss support needs.
- The registered manager worked with people to get their feedback on care.
- The service supported people to access healthcare professionals and attend appointments with GPs, district nurses and mental health professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always identified or mitigated against.</p> <p>There was not clear guidance in place to support people's health needs safely.</p> <p>There was not a robust system in place for fire evacuation.</p> <p>Medicine documentation needed more detail and staff competency to support medicines checked.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance systems needed to effectively monitor and improve care delivery.</p>