Vallance Organisation Limited

Vallance Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Vallance Residential Care Home is a residential care home providing personal care to people aged 65 and over. The service can support up to 19 people. There were 15 people living at the home on the day of the inspection. Some people were living with dementia. The building was originally two houses which have been adapted to make one large home.

People's experience of using this service and what we found
Management systems were not being used consistently to support the governance and oversight of the service. This meant the registered manager could not be assured that risks were always identified and managed and that the quality of the service was maintained. Some safeguarding incidents had not been recognised and reported in line with safeguarding procedures. This meant that some people had felt unsafe at times.

Staff were aware of their responsibilities to keep people safe. Care plans and risk assessments were holistic and guided staff to provide care safely. People received their prescribed medicines when they needed them and they were protected by the prevention and control of infection. There were enough staff to care for people safely. People said they were happy living at Vallance Care Home. One person told us, "I couldn't cope at home, so it was the best decision coming in here"

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 had confidence in the staff. Staff told us they felt well supported in their roles. Staff had received training that was relevant to people's needs. People were supported to have enough to eat and drink and to access health care services when they needed to.

People were supported by staff who knew them well and with whom they had developed positive relationships. One person told us, "On the whole, I do like it here and staff are very pleasant and helpful." Staff supported people to be involved in decisions about their care and support and to remain as independent as possible. People's privacy and dignity was respected.

People were receiving a personalised service because staff knew them well. People were supported to maintain relationships that were important to them and they told us they enjoyed the activities on offer at the home. People and relatives felt comfortable to raise any complaints and staff dealt with concerns as they arose. Staff understood how to support people with end of life care and people's needs, preferences and wishes were recorded.

People and staff spoke positively about how the home was run and described a warm family atmosphere.

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 good (published 14 January 2017).

Why we inspected This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vallance Care Home on our website at www.cqc.org.uk.

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?

Requires Improvement

The service was not always 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?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings

Vallance Residential Care Home

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 Care Act 2014.

Inspection team
The inspection team consisted of one inspector 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.

Service and service type
Vallance 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 service had a manager registered with the Care Quality Commission. 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with eight people who lived at the home and two relatives about their experience of the care provided. We spoke with four members of staff including the deputy manager, two care workers, and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

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 now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● People were not consistently protected from abuse or risks of abuse. Incidents had been recorded in daily records describing how a person who was living with dementia had distressed behaviour that was challenging to others. This had an impact on people living at the home who had not always been protected from abuse and risks of harm. Staff described that some people had felt unsafe and were frightened by the person's unpredictable behaviour.

●Systems were in place to record incidents and accidents. Monitoring and analysis of incidents had not always identified safeguarding events. This meant that safeguarding alerts had not been consistently submitted to the local authority in line with local safeguarding arrangements. The deputy manager explained that there had been other contact with health and social care professionals to access support for the person. This showed that safeguarding procedures were not fully embedded within practice and people were not always protected from harassment or abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

● Risks to people were assessed and managed. Care plans were in place to guide staff in how to provide care safely. For example, a person who had a history of falling had been assessed as being at high risk of falls. They were at risk of falling at night and their care plan identified that they sometimes forgot to use their call bell for staff assistance at night. An electronic sensor mat had been introduced, with the person's consent, to alert staff when they moved around at night. This had reduced the risk of falling, with only one fall recorded. They told us they felt safe and said, "I feel free to move about here."

● Environmental risks were assessed and managed. For example, people had personal emergency evacuation plans (PEEPS) in place and regular checks were recorded for fire safety equipment.

Using medicines safely

● People were receiving their medicines safely. Staff had received training and were assessed as competent to administer people's medicines. People's medicines were stored safely in locked cabinets in their bedrooms. One person told us, "They are good at giving me my medication," and, "If I asked for pain killers, I would get them."

● Systems for ordering medicines were effective and staff told us that people always had the medicines they needed. Staff were knowledgeable about people's individual needs and the medicines they were prescribed. Some people needed to have medicines at a specific time. Records confirmed administration was consistent and staff we spoke with were aware of the need and the reason for the time specific medicine.

Staffing and recruitment

● There were enough staff to care for people safely. People and their relatives told us there were enough staff. One person said, "Staff numbers are quite adequate. If I call for help, it comes quickly." Another person said, "There are enough staff, if I buzz, they respond quite quickly." We observed that staff were attentive to people and were able to respond to call bells when needed.

● Staff told us there were enough suitable staff. One staff member said, "We never need to use agency staff and if we are struggling the deputy manager is very hands on and will help where needed." Another staff member told us, "We do have enough staff, people rarely have to wait for care."

● New staff received an induction when they started work at the home. One staff member told us that there was formal training as well as support from experienced staff. They said, "It's a small home with a family atmosphere. New staff get a gentle introduction, shadowing staff until they get to know people and feel confident."

●Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people,

Preventing and controlling infection

● Staff were consistently following good practice for the prevention and control of infection. We observed that staff used personal protective equipment (PPE) when supporting people with personal care. PPE and hygiene products were readily available throughout the home. People spoke highly of the cleanliness of the home. One person said, "My room is cleaned regularly." A relative told us, "Cleanliness can't be faulted."

Good

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● People's needs, and choices had been assessed in a holistic way to take account of people's physical and mental health and their social needs. Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. For example, a person had swallowing difficulties and was a risk of choking. Advice from a Speech and Language Therapist (SALT) had been included within the person's care plan to guide staff in how to support the person with their needs. We observed that staff were following the care plan at meal time and the risks were being effectively managed.

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

● People were supported to have enough to eat and drink. People were offered choices and said they enjoyed their meals. One person told us, "The food and meals are very good. They do ask if there is anything (food) you don't like." Another person said, "I'm fussy with my food, but I get what I like, and they will give me something else." We observed that there was a planned menu for the day, but some people were choosing other options.

● Some people had risks associated with nutrition and hydration. Staff were knowledgeable about people's needs and preferences. We observed staff supporting people and encouraging them to eat and drink in line with guidance in their care plans. People told us they could choose where to eat their meals and some people had their meal served in their bedroom.

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

● People were supported to access the health and social care support they needed, and staff worked collaboratively to provide effective care. Staff described positive working relationships with health and social care professionals. For example, one staff member described how advice from the Parkinson's Nurse Specialist had improved one person's symptoms. They said, "We can always ring them if we are concerned."

● People told us they were supported with accessing health care services. One person said, "If you need a GP, you only need to ask, I do occasionally go out to medical appointments, you can get help if you need it." Another person said, "If I was unwell, I'm sure they would get the doctor in." Records showed that people were supported to maintain their health with regular routine appointments including with a chiropodist, dentist and district nurse.

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

● The home was adapted to suit people's needs. For example, a stair lift was in place for people who had limited mobility. We observed that people were able to use this independently to access the upper floors of

the building. People told us they were able to access the garden and enjoyed using the outdoor space.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff demonstrated a clear understanding of their responsibilities to comply with the MCA. Throughout the inspection we observed staff were seeking consent before providing care and treatment. Records confirmed that staff had considered issues of consent and that people were included in making decisions about their care and treatment. One person told us, "I am able to do as I please here."
● Staff described when it was appropriate to apply for DoLS. At the time of the inspection nobody was subject to DoLS but the deputy manager had made appropriate referrals previously and understood that any conditions applied to authorisations must be met.

Staff support: induction, training, skills and experience
● Staff had received the training and support they needed to care for people effectively. People told us they had confidence in the skills and knowledge of the staff. One person said, "I do feel the staff are well trained." Another person said, "Staff seem good at their work." A relative told us, "The staff get training, I've seen it, and all staff seem well trained".
● Staff told us they felt well supported and received regular supervision. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues.
● Records showed that staff had received training in subjects that were relevant to the needs of the people they were supporting, including Parkinson's disease, diabetes, Huntington's disease and epilepsy.

Good

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 the same. 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 continued to be treated with kindness and staff were caring. People were supported by staff who knew them well and they had developed positive relationships with them. One person told us, "Staff are very kind here," another person said, "The staff are like friends, they are all very helpful." Everyone we spoke with told us that they were happy living at Vallance Care Home.
- Staff spoke with warmth and compassion about the people they were supporting. One staff member said, "I really love the residents and I think they quite like me." Staff spoke of a small friendly environment and a homely atmosphere. One staff member said, "It's their home, we try and make it nice for them, it's important they feel comfortable and cared for here."
- We observed positive interactions between people and staff throughout the inspection. People appeared to be comfortable around the staff and there was a relaxed and friendly atmosphere. When one person showed signs of becoming upset a staff member noticed and provided gentle reassurance straight away.
- Staff understood what was important to people and respected their diverse needs. One staff member described the religious needs of one person and explained how staff supported them and respected their views. The person told us, "They respect my religious views and they respect my medical views as well."

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

- Staff supported people to be involved in making decisions. One person told us, "They discuss things with me." Another person said, "I do feel involved in decisions about myself." Where appropriate, staff involved people's relatives in decision making. One person told us they were happy for this to happen and said, "My relatives are communicated with about me."
- One staff member told us about strategies that they used to support one person who had communication difficulties. They explained, "They can't always communicate so it can be very frustrating for them, and they get tearful sometimes. We have developed strategies to support them, so we can communicate."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was protected, and staff understood the importance of supporting people to remain as independent as possible. One relative explained how important it was for their relation to maintain their appearance and said, "They are always clean and well dressed." Staff described how they helped people to make choices and to do as much as they could for themselves to retain their independence.
- We observed staff encouraging people to do things for themselves. For example, a person was struggling to get up from a chair, a staff member noticed this and gave verbal instructions and encouragement to support the person. This enabled them to move out of the chair without physical help from the staff

member.

● People's confidential information was stored securely, and staff were aware of the importance of respecting people's privacy. We observed staff were mindful to knock on doors and wait for a response before entering people's rooms. Staff spoke to people discreetly when they offered help with personal care to protect their dignity and privacy.

● People told us there were no restrictions on when their relatives or friends could visit. One person said, "Visitors can come anytime they like." A relative told us they were able to visit every day.

Good

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

● People were continuing to receive a personalised service. Staff were knowledgeable about people's needs, including their personal history, their preferences and their cultural and religious needs. One staff member told us, "This is a small home which means we can connect with people well." People's diverse needs were included within their assessment and care plan and staff demonstrated an awareness of, and sensitivity to, people's needs. For example, one staff member described how a person had books that were of importance to them and how they liked to spend time alone at certain times.

● We observed that people were receiving care in a personalised way. A staff member said, "We get to know people very well, we know their routines, what they prefer, how they like things done. Everyone is different." One staff member told us that a person liked to remain in bed late in the morning, their care plan reflected this choice and we observed that they were having a late breakfast. A staff member told us, "Nobody has to get up or go to bed unless they want to, it's very relaxed, it's their choice." Another staff member described how a person preferred a specific routine in the evening, they told us, "We all know that we need to be there at 7pm to help them, that's what they want and expect from us."

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 continued to be supported to maintain relationships that were important to them and to remain connected with the local community. One person told us that staff supported them to keep in touch with their family, saying, "The staff here do communicate with my family about me." A staff member described how use of an electronic tablet enabled a person to maintain contact with a family member who was overseas. Some people told us they were able to access local shops and facilities, one person said, "I do get out and one of the staff or my family takes me out."

● Organised social activities were available at the home and people said they were aware of them and joined in when they wanted to. One person said, "I enjoy the music they play here." Another person told us, "They offer for me to go to the activities, like bingo, but I choose to have my own company." People were supported to follow their own interests, staff told us one person loved to spend time in the garden, another person had renewed their interest in art and we observed staff supporting them with this individual activity. A person told us, "There's enough activities to occupy me."

● We noted that people had access to items of interest and tactile items around the home that could be stimulating for people who were living with dementia or who had sensory loss. Staff encouraged people to take part in activities, but some people were choosing to spend most of their time in their bedroom. Staff were regularly visiting people in their rooms to check on them and chat so that they retained social contact throughout the day. One person told us, "They pop in a lot, I don't feel lonely." A staff member described

being able to spend individual time with one person who was living with dementia. They spoke of the person's love of poetry and described reading with them and doing puzzles.

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.
● People's communication needs were assessed and recorded. Care plans identified any equipment used to support sensory loss and guided staff in ensuring it was available to the person. There was guidance for staff in how to support people with their communication needs. For example, one person had difficulty with verbal communication due to their disability, their care plan identified techniques for staff to use to support the person to express themselves.

Improving care quality in response to complaints or concerns
● The provider had a complaints system and people and their relatives told us they were aware of how to raise any concerns. People said they felt comfortable to complain, one person said they had, "No complaints at all, and I would say something, if I needed to." People said they were confident that any concerns would be listened to and acted upon. One person told us, "You can complain, and they would do something about it."
● There had been no recent complaints and the deputy manager told us that they dealt with any minor concerns as they arose.

End of life care and support
● People were supported to plan for care at the end of life. Their wishes were recorded including any cultural or religious needs or preferences. People were encouraged to think about what would be important to them and details were included in care plans, for example, having particular photographs nearby.
● Staff had received training in end of life care and were confident in how to support people and their families. One staff member described their experience of providing end of life care and spoke about how staff had worked in partnership with district nurses to ensure the person was comfortable. They told us that supporting the family of the person had been a priority at the time saying, "They knew us well, so we could support them and accommodate them to be as involved as they wanted to be."

Requires Improvement

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 good. At this inspection this key question has now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems for identifying and managing risks were not always effective and had not identified shortfalls found at this inspection. Incidents of potential abuse had been recorded but staff had not recognised these as safeguarding events and had not followed local safeguarding procedures. This meant that the registered manager could not be assured that people had been protected from abuse.
- Systems and processes for providing accountability and governance were not always effective. The deputy manager was in day to day charge of the home. Staff told us the registered manager visited the home regularly but left the running of the home to the deputy manager. Some audits were in place and were used by the deputy manager to identify shortfalls, to analyse patterns and to make improvements. However the registered manager did not complete any quality audits of their own to assure themselves that standards were maintained and procedures were followed. Polices were in place to guide staff but some were not up to date. For example, the provider's safeguarding policy did not reflect local safeguarding arrangements.
- People's weight was recorded regularly. When significant unplanned weight loss occurred the provider's policy was for staff to seek advice from a health care professional. One person's record showed they had a significant unplanned weight loss over five months. We spoke with the deputy manager who confirmed that they had not been aware of this and took immediate action to seek advice for this person. This showed that systems for reviewing care and reporting changes in people's needs were not always effective.

There was a lack of effective systems and processes to enable the registered manager to assess monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive, person centred culture at the home. People told us that they were happy with the care provided and spoke highly of the deputy manager and the registered manager. Their comments included, "The owner and the manager are good," and, "The manager is very good and you can always go to her with problems."
- People and relatives described the home as having a "family atmosphere" and staff were committed to ensuring that people felt comfortable. One staff member said, "There is a really nice homely atmosphere

and everyone gets on well. It is a happy place."
● The deputy manager was aware of the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff, people and their relatives were included in developments at the home. One relative told us, "There are meetings for relatives. I feel I can say what I think, and I will." Staff told us they were able to contribute their ideas and that their views were welcomed. One staff member said, "We have regular staff meetings and discuss any training needs, the way things are run and make sure things are getting done."
● The deputy manager described how they sought the views of people and relatives about the home to ensure everyone was included. For example, people had been spoken with individually as well as in a meeting, to plan the redecoration of the dining area, a mood board had been created and people were able to contribute their ideas and preferences for the colour scheme.

Working in partnership with others
● Staff had developed links with other agencies and local organisations. Staff described positive working relationships with health and social care professionals. For example, the deputy manager explained how staff had worked collaboratively with the Dementia In-reach Team to improve staff awareness and increase opportunities for meaningful communication with people who were living with dementia. They described the benefits this had for people living at the home.

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding procedures were not fully embedded within practice and people were not always protected from harassment or abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of effective systems and processes to enable the registered manager to assess, monitor and improve the quality and safety of the services provided.