Ashmere Care Group

Valley Lodge Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

We inspected Valley Lodge Care Home on 15 December 2015.This was an unannounced inspection. The service was registered to provide personal and nursing care for up to 64 older people, with a range of age related conditions, including arthritis, mobility issues and dementia. The Extra Care Unit (ECU) provided specialist care and support for up to 12 people living with dementia. On the day of our inspection there were 52 people living in the home, who required varying levels of support, of whom eight were living on the ECU. Our last inspection took place on 17 January 2014 and at that time we found the provider was meeting the regulations we looked at.

A registered manager was in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

There was not always sufficient staff on duty to meet people's identified care and support needs. People received care from staff who were appropriately trained and confident to meet their individual needs. They were supported to access health, social and medical care, as required.

People's needs were assessed and their care plans provided staff with guidance about how they wanted their individual needs to be met. Care plans we looked at were centred around the individual and contained the necessary risk assessments. These were regularly reviewed and amended to ensure they reflected people's changing support needs.

Policies and procedures were in place to help ensure people's safety. Staff told us they had completed training in safe working practices. We saw staff supported people with patience, consideration and kindness and their privacy and dignity was respected.

People were protected by thorough recruitment procedures and appropriate pre-employment checks had been made to help protect people and ensure the suitability of staff who were employed.

People received their medicines in a timely way. Medicines were stored and administered safely and handled by staff who had received the necessary training.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals.

Staff received training to make sure they knew how to protect people's rights. The registered manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates.

There was a complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

The quality of the service was assessed and monitored through regular audits. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders. Staff were encouraged to question practice and changes had taken place as a result.

Summary of findings

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.

There was not always sufficient staff on duty to meet people's identified care and support needs. .People were protected by appropriate risk assessments and thorough recruitment practices, which helped ensure their safety. Staff could identify signs of abuse and were aware of appropriate safeguarding procedures to follow. Medicines were stored and administered safely and accurate records were maintained.

Requires improvement

Is the service effective?
The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. The service had close links to a number of visiting professionals and people were able to access external health care services.

Good

Is the service caring?
The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good

Is the service responsive?
The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care plans were personalised and detailed how people wished to be supported and their care reflected their current needs, preferences and choices. People and, where appropriate, their relatives were involved in the planning and reviewing of their personalised care. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns. They were also confident they would be listened to and any issues raised would be taken seriously and acted upon.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Staff felt valued and supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. The management regularly checked and audited the quality of service provided to help drive improvement and ensure people were satisfied with the service and support they received.

Valley Lodge Care Home with Nursing

Detailed findings

Background to this inspection

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

The inspection took place on 15 December 2015 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor, with specific experience of nursing and dementia care.

We looked information we held about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also spoke with local authority contracts department, responsible for commissioning services at Valley Lodge to gain their views. On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with nine people who used the service, two relatives, seven care workers, the activities coordinator and the chef. We also spoke with the deputy manager, area manager and the registered manager. Throughout the day, we observed care practice, including the lunchtime experience the administration of medicines as well as general interactions between people and staff.

We looked at documentation, including five people's care and support plans, their health records, risk assessments and daily progress notes. We also looked at three staff files and records relating to the management of the service, including various audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Requires improvement

Is the service safe?

Our findings

There was not always sufficient staff on duty to keep people safe. One person told us they felt staffing levels were insufficient. They said, "It takes forever to get us up in the morning. You just have to wait for them [staff] to get you up. There's nowhere near enough staff. This morning I didn't get up until 10.30, far too late for me." We asked a relative about staffing levels. They said staff were, "Always very busy" and their family member often had to wait for support. They told us, "The staff are lovely, all of them. I put my utmost trust in them and I believe they are skilled at what they do. It does get very busy around mealtimes and I think there are times they could do with extra help."

We saw people had to wait for help and support and call bells were not always answered in a timely manner. Staff said they had to prioritise who they attended to and consequently some people would need to wait for assistance. One member of staff told us, "We seem to be constantly short-staffed. Today I didn't get a break again. The main problem is that lots of people now need two to one support, so if two people need help at the same time, that can leave just one of us free for everyone else." This was supported by three members of staff we spoke with who also said mealtimes could be "Very rushed." This demonstrated that staffing levels were inconsistent and there were not always enough staff available to meet people's needs and ensure their safety. We considered this to be an area that required improvement.

There were risk assessments in place and they were regularly reviewed. For example, people's weights were monitored monthly. We looked at the records and logs of accidents and incidents in the home for the previous twelve months. We saw that a falls analysis took place each month, which helped the manager to track people at risk of harm from reduced mobility. Where risks had been identified, appropriate action had been taken. For example, a dementia assessment had been arranged for a person who staff had considered to be confused after a fall. We were also shown incident reports and analyses and saw that staff included people in the investigations of accidents and considered their wishes when responding. For example, one person who had fallen talked with staff about their mobility and did not want to have a crash mat or other support aid in their bedroom. Staff had respected the person's wishes and instead increased their monitoring of the person during the night.

Staff we spoke with had undergone training in safeguarding and were able to explain to us what they would do if they suspected abuse. One member of staff told us, "This meant the staff had the knowledge needed to act appropriately if a person was at risk of avoidable harm.

A new fire detection and alarm system had been installed that was based on a zone system and enabled staff to immediately identify the location of a fire. Most of the staff we spoke with told us that the new system had been discussed in supervisions and they felt it was a significant improvement on the previous system. Managers told us that training on the new system was being rolled out across the whole team and the senior staff on each shift had all received new training to help them manage the system during an emergency. We saw from looking at fire safety records that staff had been provided with training in the use of evacuation sheets, evacuating people with restricted mobility and the use of safe zones in the building. Monthly fire drills had taken place and notes from the senior member of staff in charge indicated that additional training was required to improve staff response. We saw that an evacuation sheet was in place at the top of each set of stairs. Evacuation sheets are used to rapidly evacuate people who have reduced or no mobility in an emergency situation. The provider may wish to note that some of the staff we spoke with said they would benefit from practical fire extinguisher training.

Each person had a red, amber, green ('RAG') rating for staff to identify who would need the most assistance in an emergency or where the building needed to be evacuated. This was displayed through a colour-coded sign on each person's bedroom door. The manager held a central file that could be given to emergency services. This meant that staff had the information needed to help ensure people could be helped in an emergency.

We observed a lunchtime medicine round with a senior member of care staff. We saw that the member of staff spoke to each person with respect and reminded them what their medicine was and remained with them while the person took it. Documentation relating to medication was

Requires improvement

Is the service safe?

completed only once the member of staff had witnessed the person take the medicine. There was a policy in place for as-needed (PRN) medicine and we observed staff following this appropriately.

We saw that staff responsible for administering medicines had been assessed as competent using a practical assessment tool. Assessment records we looked at included feedback, such as in relation to staff response when a person refused their medicine.

We looked at the management of medicines, including the provider's policies and procedures. We observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show when people had received 'when required' medicines. The deputy manager confirmed that people had annual medicine reviews. These were carried out in consultation with the local GP and ensured people's prescribed medicines were appropriate for their current condition.

The provider operated a safe recruitment procedure and we looked at three staff files, including recruitment records. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work.

Good

Is the service effective?

Our findings

People and relatives spoke positively about the service and told us they had no concerns about the care and support provided. One person told us, "They [staff] look after us. Nothing is too much trouble." One relative told us, "The staff here are very good and very patient. They understand my [relative's] routines and how they can get distressed if they are not followed. They're really good like that." They added, "I have recommended this place to some neighbours."

One person told us, "It's marvellous here." Another person said "They treat you as part of their family." A visitor, whose relative had passed away in the home five years ago, said they continued visiting "I come in to help with activities and chat to the residents." They told us, "I just think it's wonderful here, the staff are so dedicated and I really enjoy spending time with the residents."

Staff said they had received an effective induction programme, and shadowed more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. One member of staff told us "We were encouraged to spend time getting to know people, and that was so important." Another member of staff told us "They are all individuals, with their own personalities and their own needs. The training we get means we can meet those needs."

Staff confirmed they had received necessary training and had also received training specific to people's individual condition and care needs. This was supported by training records we were shown. Staff also told us that communication within the home was effective, with comprehensive handovers between shifts and regular staff meetings. They said they felt listened to and valued and their views or any concerns were "taken on board." Staff confirmed they received regular supervision and an annual appraisal to monitor their progress and identify any training needs. They described the manager and deputy manager as being "approachable" and "very supportive."

There were two members of staff on the ECU who were designated as dementia support workers (DSW). They told us they had received specific training on dementia care and awareness. The training also included sessions on physical health conditions and how this can increase confusion. The two DSWs told us the training helped ensure they had the appropriate skills, knowledge and confidence to carry out their role effectively. We saw staff interacted sensitively and effectively with people, using verbal and non-verbal communication.

We observed staff showed patience and kindness during the lunch service Several people did not want the hot food that was served. One person told a member of staff they didn't like the look of the meal and was told, "Do you want another option? Hold on, I'll go and find out what it is." People were offered alternatives where they did not want the main hot option and we saw that staff had a good awareness of who was struggling to eat so that help could be given. Before staff took away each person's plate, they asked if they were finished and asked if they had enjoyed their meal before offering them dessert. Staff were aware of the importance of good hydration and during the inspection we observed people were offered and had access to a range of hot and cold drinks. Tea and coffee was provided regularly throughout the day, to help ensure people were kept appropriately hydrated.

One member of staff described mealtimes as, "A social experience." This was evident during our observations, for example we saw people were offered the chance to sit with their friends and staff reassured them with a warm and kind manner. This succeeded in visibly reducing the anxiety of a person who couldn't decide where to sit and a member of staff said, "Don't worry just stay with me, you're safe with me, we'll have dinner together." While people were being seated and getting comfortable, staff offered everyone juice and talked with people socially. Staff addressed people by name and most staff were demonstrably working to make sure people enjoyed their lunch. For instance, staff checked on the seating position of each person and helped them to move if they looked uncomfortable.

We spoke with the head chef of the home, who understood people's individual preferences. They told us, there were a number of people living in the home with 'diet controlled' diabetes but no other special dietary needs, such as Kosher, Halal or vegan. The head chef told us that they did not routinely have contact with dieticians or the speech and language therapy team and instead would meet with a senior care worker to ensure that people with needs around the consistency and fortification of food had these met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

Good

Is the service effective?

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw, where people lacked capacity, MCA assessments were in place in individual care plans. Staff described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent and we heard one member of staff say to a person, "It's lunchtime time now, would you like me to help you to the table."

They registered manage told us that following individual assessments, they had recently made DoLS applications to the Local Authority, for 10 people and were awaiting decisions. Although not all staff had received training on the MCA and DoLS, the staff we spoke with had an understanding of the importance of acting in a person's best interests. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves.

Care plans we looked at demonstrated that whenever necessary, referrals had been made to appropriate health professionals. Staff confirmed that, should someone's condition deteriorate, they would immediately inform the manager or person in charge. We saw that, where appropriate, people were supported to attend health appointments in the community. Individual care plans contained records of all such appointments as well as any visits healthcare professionals. This meant people had regular access to healthcare professionals, as necessary.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the caring environment and the helpful and friendly attitude of the staff. They told us they had the opportunity to be involved in individual care planning and staff treated them with compassion, kindness, dignity and respect. One person told us "The staff are excellent, so kind and caring." Another person told us, "People look after you well here, they are all friendly."

A member of staff who had recently joined the care team said, "The care delivery here is fantastic, you couldn't get any better care than you do here." This was supported by a relative who told us, "Staff here are lovely. The managers are always around and are really approachable."

We observed positive and respectful interaction between people and members of staff, and saw people were happy and relaxed with staff and comfortable in their surroundings. Throughout the inspection we saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. All the staff communicated with people effectively and, as necessary, used different ways of enhancing that communication. For example staff used touch, ensured they were at eye level with those individuals who were seated and altered the tone of their voice appropriately. We saw and heard staff dealing sensitively and discreetly when people needed assistance. They reassured people who were anxious and distressed and responded promptly, calmly and sensitively.

We saw that people were comfortable with and responded positively to staff and enjoyed appropriate and good natured banter. On the day of our inspection, one member of care staff visited the home. They spent time with people, chatted with them, then stayed and helped with the lunch time meal. People who used the service recognised them and were animated and clearly very happy to see them. This demonstrated the compassionate nature of the staff.

People told us that staff were caring and respected their privacy and dignity. Staff understood the principles of privacy and dignity and had received relevant training. We observed staff speaking respectfully with people calling them by their preferred names. They also checked that the person had heard and understood what they were saying. We saw staff knocking on people's doors and waiting before entering. We saw that people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity. We observed personal hygiene needs were supported. For example, people's fingernails were trimmed and clean, men (who chose to be) were clean shaven and people's hair was clean and groomed.

The registered manager told us people were treated as individuals and supported and enabled to be 'as independent as they wanted to be.' A member of staff told us that people were encouraged and supported to make decisions and choices about all aspects of daily living and these choices were respected.

Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved people, as far as possible, in making decisions about their care, treatment and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited.

Staff we spoke with said they had received relevant training, they were aware of the equality and diversity policy and demonstrated an understanding of equality and diversity issues. For example, we saw people's personal wishes regarding their religious and cultural needs were respected by staff who supported them.

Good

Is the service responsive?

Our findings

People told us they felt listened to and spoke of the staff knowing them well and being aware of their preferences and how they liked things to be done. A relative we spoke with told us how staff had been responsive to the needs of their family member. They said, "Nothing is ever too much trouble. They're really very welcoming here. I can stay with [my relative] as they have a double room and staff are very accommodating. It helps to reduce their anxiety to have me here. I can't tell you what it means that staff have helped me to do this." We saw the staff worked closely with individuals to help ensure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences.

We saw that staff had been responsive to the individual needs of people by providing subtle supportive strategies in the home. For instance, one person had brought their piano with them into the home. Staff had supported the person's wish that the piano be kept safe by displaying a discreet and polite notice that advised people to ask permission before they played it.

The home employed an activities coordinator who organised activities in a dedicated, well-resourced room. People were able to use one of three Internet-ready computers with staff support if they wished. Arts and crafts, competitions, games and bingo could all take place in the activities room, which we saw was busy and well used.

We saw that people's individual care records contained detailed personal life stories, significant events in people's lives including dates and also their family trees, identifying people that were important to them. The care records were indexed and the sections clearly divided making information easy to access. The records also contained details of the input and involvement of other health care professionals. People's care and support plans were personalised to reflect their identified wishes, preferences, goals and what was important to them. They contained details of people's interests, likes and dislikes and information for staff regarding how they wanted their personal care and support provided. Staff we spoke with were very clear that people were, "At the centre of everything we do," and they emphasised the importance of knowing and understanding people's individual care and support needs. This helped ensure staff could respond appropriately and meet people's needs in a consistent manner.

We saw that one person had chosen to have their door locked at night and did not want to be disturbed. This had been risk assessed and the family were involved in discussions about this. The detailed history available about this person enabled staff to understand why this was very important to them and they respected their wishes. However a member of staff assured us that this situation was closely monitored and the relevant risk assessment was regularly reviewed.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary and felt confident that any issues or concerns would be listened to, acted upon and dealt with appropriately. There was a complaints policy and procedure displayed in the main entrance to the home. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The deputy manager told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. A relative told us that they felt the service responded well to any issues they had raised. They said, "I've never had to complaint properly but sometimes little niggles come up. Staff have always been good at sorting it out, I'm really not worried about anything. I do get a survey from them every few months but it's a hassle to fill in, I'd rather talk to them in person to give feedback." This demonstrated the provider listened effectively and was responsive to people's needs and wishes.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and deputy manager and how the service was run. They confirmed they were asked for their views about the service and said they felt 'well informed.' Staff had confidence in the way the service was managed and described the registered manager as 'approachable' and 'very supportive.' One member of staff told us, "The management here are lovely, they do a good job and their door is always open." We observed the registered manager engaging in a relaxed and friendly manner with people, who were comfortable and open with them.

We discussed the culture and ethos of the service with the management team. The registered manager told us, "We are a good team here; people support one another, but everything we do - and the reason why we're here. - is for the residents." Staff were aware of their roles and responsibilities to the people they supported. They also spoke with us about the open culture and said they would have no hesitation in reporting any concerns they had. They were also confident that they would be listened to, and any issues would be acted upon.

The manager notified us of any significant events, as they are legally required to do. They also promoted relationships with stakeholders. For example, the registered manager told us they took part in reviews and best interest meetings with the local authority and health care professionals. This was confirmed by a health care professional we spoke with.

There were systems in place to record and monitor accidents and incidents. We reviewed these and found entries included details of the incident or accident, details of what happened and any injuries sustained. The manager told us they monitored and analysed incidents and accidents to look for any emerging trends or themes. Where actions arising had been identified, recording demonstrated where it was followed up and implemented. For example, following an accident we were able to see the actions that had been taken and how the on-going risk to this person was reduced.

Quality assurance systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and make improvements necessary. The deputy manager described the daily inspection audit that was undertaken throughout the premises, by themselves or the registered manager. They confirmed that in their absence, this audit would be carried out by one of the nurses on duty. The registered manager told us they were responsible for undertaking regular audits throughout the service. Records we looked at confirmed this. We saw that where shortfalls had been identified, actions were put in place including agreed timescales, ensuring any necessary improvements could be monitored effectively. In addition, a regular and comprehensive 'Quality Assurance and Assessment Audit' was carried out by the area manager. We saw that any shortfalls identified were incorporated in an action plan, which detailed the person responsible and agreed timescales.

Surveys of people and their relatives had taken place and six-monthly consultations had also taken place between managers, staff, people and their relatives. We saw that where concerns had been raised or requests made, staff had worked to ensure these were implemented. For example, one person had asked for more choice about where they could sit for lunch and during the day. From looking at the minutes of a subsequent staff meeting we found that staff had discussed strategies to better support the person with their request. Relatives had requested more tables in the lounge and a greater choice of food at tea time, both of which had been provided by staff.

We saw that care and attention had been paid to the layout of the communal areas in the home. For example, a lounge on the ground floor had been refurbished and reorganised, reflecting feedback obtained from staff and people regarding the layout. The lounge had a number of different seating areas that could be used for socialising and a TV area that did not impact the quiet areas. This demonstrated that the provider had not only listened to people and their relatives, they had acted on issues and concerns raised.