Care Quality Commission

Camellia Care (Chandler's Ford) Ltd

# Valley Lodge Care Home

## Inspection report

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## Ratings

| Overall rating for this service | |
|---|---|
| Is the service safe? | |
| Is the service effective? | |
| Is the service caring? | |
| Is the service responsive? | |
| Is the service well-led? | |

## Overall summary

This inspection was unannounced and took place on 23 November 2015. It was carried out by two inspectors. A further visit by two inspectors took place on 25 November 2015 to complete the inspection.

The previous inspection took place in February 2014 when we found the service complied with all essential standards of quality and care we reviewed.

Valley Lodge is a care home without nursing which can provide care support and accommodation for up to 30 people. At the time of our visit 24 people were living there, most of whom were living with dementia.

The service had recently extended to provide accommodation for up to 47 people. The owner had applied to CQC to vary their registration in this respect and following our visit this was agreed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe and said they received a consistently good standard of care and support. Staff had a good understanding of how to protect people from

# Summary of findings

avoidable harm such as from potential abuse. Some incidents of potential abuse should have been reported to Hampshire County Council under local safeguarding protocols and to CQC, but had not been. Risks to people's health or wellbeing was assessed and actions were taken to minimise them. Staff recruitment processes were robust and staff were employed in sufficient numbers to meet peoples' needs. Where staff assisted people with their medicines this was managed consistently and safely.

There was appropriate training and support to ensure staff could effectively meet people's needs and preferences. People were always asked to give consent to their care and support. Staff ensured they acted in people's best interest when they lacked capacity to consent to aspects of their care and support, although the assessment of this could at times be made clearer for some specific decisions. People's health care needs were discussed with them and staff liaised effectively with health care professionals on people's behalf.

Staff had developed trusting relationships with people who used the service and they cared about their wellbeing. Staff were kind and caring. They responded quickly to people's distress. Staff communicated effectively using their knowledge about people's background and interests to engage people's interest.

The building had recently undergone substantial building works to accommodate an additional 17 people. Whilst this was being completed, everyone's bedrooms and bathroom facilities, where possible, were also upgraded. Fixtures and fittings installed throughout the building had been carefully considered to assist people to remain as independent as possible.

People's care needs were assessed and their preferences recorded and understood by staff. People's plans of care provided staff with further relevant and up to date information to help them to support people appropriately. There were some activities provided, which were flexible to suit people's wishes and preferences. There was a robust complaints procedure and changes had been made to improve the service as a result of comments made.

The service had a positive culture Managers and senior staff were available for guidance and support. Quality assurance arrangements were robust.

# 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?**<br>The service was safe.<br>People were protected from abuse although some incidents had not been reported to Hampshire County Council or CQC. Risks to people's wellbeing were identified and acted upon.<br>The service followed safe recruitment procedures and there were sufficient numbers of staff to meet people's needs.<br>There were clear procedures which were followed for managing medicines safely. | **Requires improvement** |
| **Is the service effective?**<br>The service was effective.<br>Staff had effective support and training to help them to meet people's needs.<br>Consent to care was sought in line with legislation.<br>Staff ensured people's day to day health care needs were being met and<br>people were supported to maintain a balanced and appropriate diet. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Staff had developed positive, caring relationships with people using the<br>service.<br>Staff communicated effectively and provided thoughtful care.<br>People's privacy and dignity was respected. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>People received person centred care and support in line with their needs and wishes.<br>People were supported to take part in social activities and there had been<br>some adaptations to the environment to help them to remain as independent as possible.<br>There was a robust complaints procedure which was followed. | **Good** |
| **Is the service well-led?**<br>The service was well led. | **Good** |

# Summary of findings

There was a positive and open culture within the service and leadership was good.

There were effective quality monitoring systems in place to drive improvements.

People, their relatives and involved professionals were encouraged to give their views about the service and suggestions about how to improve were welcomed.

Care Quality Commission

# Valley Lodge Care Home

**Detailed findings**

## Background to this inspection

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

The inspection took place on 23 November 2015 and was unannounced. A further visit took place on 25 November to complete the inspection. The inspection team consisted of two inspectors.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe the lunch time meal experience in one of the communal dining areas. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. Before the inspection, the provider completed 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. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with six people who lived at Valley Lodge and with five visitors. We also spoke with one health care professional. We spoke with the registered manager, the owner and with seven staff. We reviewed the care records of six people, and looked at other records relating to the management of the service such as staff files, audits, policies and staff rotas.

Requires improvement

# Is the service safe?

## Our findings

People who were able to speak with us said they felt safe at Valley Lodge.

Staff were trained in safeguarding adults and could describe what action they needed to take if any safeguarding concerns were raised. We saw there had been occasional incidents when people living at the service had been subject to behaviours by other residents which could intimidate them . No physical harm had been caused, staff had informed relatives when this had occurred and they had taken action to reduce the possibility of this reoccurring. However, staff had not reported these occasional incidents to Hampshire County Council under locally agreed safeguarding protocols. This is important as it acts as an additional check that all possible action had been taken to reduce the risk in the future. They had also not reported them to CQC which is a requirement under law. We discussed this with the registered manager as this was one area the service could improve upon. The registered manager assured us that Hampshire County Council and CQC would be informed if any further such episodes occurred in the future.

Staff told us they were aware of the whistle-blowing procedures and were clear they could raise any concerns with the manager of the home, but were also aware of other organisations with which they could share concerns about poor practice or abuse. Staff were confident any concerns raised would be listened to and responded to appropriately by the registered manager.

Risks to people's health and welfare was assessed and action was taken to reduce the risk of people's health and wellbeing deteriorating further. For example where people had been identified as being at high risk of falling, staff ensured they had well-fitting footwear and kept the environment as clear as possible from obstructions. People at risk of developing pressure ulcers had been provided with pressure relieving equipment.

There was a record kept of any incidents and accidents. If people had fallen, their health was closely monitored for three days following their fall. This helped to ensure any injuries they may have sustained were identified and acted upon. People had accessible call bells. We observed during our visit these were responded to in a timely way.

Environmental risks had been reduced where possible. The building had recently been upgraded. People's safety had been considered as part of the improvements made. For example there was sensor lighting in corridors and there was a flat walkway around the home which was also illuminated after dark so people could walk outside safely.

People said there were enough staff on duty to meet needs. A visiting health care professional said there was always someone around to help when they needed information about people. Staff said they generally had enough time to care for people. Staff rotas showed there were five care staff on duty in the mornings and three staff on duty each afternoon. There were two waking night staff. The service also employed a laundry staff, a cleaner, a cook and an activity coordinator. The registered manager said she was recruiting more staff to support an increase in the number of people accommodated and to reflect the larger building. At the time of our visits she was in the process of recruiting a kitchen assistant and an extra activity coordinator.

We reviewed staff recruitment records and found safe and effective recruitment practices were followed to ensure that staff did not start work until satisfactory employment checks had been completed.

We looked at the way the provider managed people's medicines. There was an appropriate system in place for the receipt and safe return of people's medicines. Medicines were stored safely and medicines that required refrigeration were kept in a designated medicines fridge and appropriate recording of the refrigeration temperature had been recorded.

Medicines administered had been recorded and signed for. Each person's medicines folder was accompanied by their photograph and a record of any allergies they may have. This supported staff to ensure that people received their medicines as prescribed. There was also a record of medicines that had been destroyed or returned to the pharmacy when they were no longer needed. This meant that all medicines could be safely accounted for.

For medicines prescribed 'as and when required' (PRN) or those offered by variable dose, protocols which described how and when these should be given were in place and these were generally followed. We noticed on one occasion PRN medication had not been recorded properly on a person's medicine administration record (MAR). This had

Requires improvement

# Is the service safe?

occurred due to a change in the medication ordering system from the pharmacy. When this was brought to the attention of the provider they took immediate steps to rectify this.

We saw that body maps were used to ensure that staff knew where to apply people's creams. We observed the senior care worker administering medicines to two of the people using the service. A red 'do not disturb tabard' was worn to alert people and visitors that they were handling people's medicines and good hand hygiene was adhered to. Drinks were available for people when they were assisted to take their medicines.

Good

# Is the service effective?

## Our findings

Staff said they were provided with appropriate training which enabled them to do their job. New employees were provided with an induction which included training identified as necessary for the service and familiarisation with the registered provider's policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone. We spoke with one new staff who felt they had settled quickly with the support provided.

Regular training included safeguarding, first aid, moving and assisting, health and safety, infection control, fire safety, eating and nutrition, food hygiene, safe handling of medicines, deprivation of liberty, equality and diversity, confidentiality, data protection, and supporting people who were living with dementia. This helped to ensure staff had the skills and knowledge to support people effectively.

Staff was supported with regular supervision meetings where they discussed all aspects of their work practice and their training and development needs.

Staff discussed any changes in people's health or wellbeing during handover, which happened at the change of each shift. Action was taken quickly when there was any concern over people's health, for example, staff had observed one person was more unsettled than usual. This person was prone to urinary tract infections and staff tested to see if they had one. The manager said any agency staff had a handover sheet with people's pictures, names and room numbers on to help them to get to know people who lived at the home.

Staff described good relationships with health care professionals such as community mental health nurses, GPs and district nurses. A visiting health care professional said staff were well organised, they would call appropriately if they needed advice and they followed instructions given. Staff ensured people kept up with regular health checks such as appointments with opticians. They also ensured people were referred to health care professionals when this was needed, for example, they had liaised effectively with the community mental health team when a person's mental health had deteriorated.

Staff received training in the Mental Capacity Act (MCA) 2005 and we observed them giving people choices, for example, they respected people's wishes and preferences at mealtimes and in the activities they wanted to do. 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. Staff understood that when people lacked capacity to make informed decisions about their care and support any actions taken must be in the person's best interests. Some mental capacity assessments had been completed for example for the management of people's medicines. Where required, staff had worked with relatives and other professionals to reach 'best interests' decisions. Some mental capacity assessments needed to be clearer to demonstrate more clearly how staff had assessed people's mental capacity to make other specific decisions, such as when people had a sensor mat in place by their bed. The registered manager said these assessments would be reviewed and made more explicit where necessary.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority to protect the person from harm. The registered manager understood Deprivation of Liberty Safeguards (DoLS) and staff received training to support their understanding. Applications to deprive people of their liberty had been made to the local authority responsible for making these decisions.

People told us that they liked the food and they were always offered choices of what they would like to eat. One person said "It's always nice. I think we have a good chef here". Staff said if people wanted a lighter meal than the one provided they would be offered alternatives, such as an omelette or soup. Catering staff had a good understanding of people's nutritional needs and ensured they were given food in line with this. There was a choice of drinks available in the lounge. We observed people asking for drinks and staff assisting them to have one. When people needed specialist advice about their diet they had been referred to relevant health care professionals and staff were following the advice given. For example one person had been assessed as needing a soft diet and we saw this

# Is the service effective?

was provided. People were given adapted plates and cutlery to help them to eat as independently as possible.

Staff supported people to eat when they could not do this themselves and provided gentle encouragement to others which helped them to eat by themselves when this was needed.

Good

# Is the service caring?

## Our findings

Everyone we spoke with said staff were friendly and helpful. A representative comment was for example “the staff are kind and caring”. One person said all staff were nice and one in particular had a “heart of gold.” Another person described the staff as “smiley”. We saw a lot of cards complimenting the care and attention people received at Valley Lodge and praising the considerate and thoughtful care provided. A relative said “We had looked at several homes before deciding on this one and we made the right decision we are happy that the standard of care is good.” Staff described Valley Lodge as a “friendly" home where people were able to lead their lives how they wished to.

Interactions between staff and people who lived at Valley Lodge were kind and caring. For example, staff were quick to comfort people who were distressed. One person at lunchtime said they did not feel well. Staff asked them if they wanted any lunch. They said no and said they wanted to go to bed. Staff took them there without delay. Another person kissed staff on the hand to thank them for their help. Staff responded by leaning forward, smiling and gently rubbing the person’s back. We observed nearly all staff ensured they were on the same level as the person they were speaking with. This helped them communicate people in person centred and effective way.

Staff had talked to people and their relatives to find out information about their earlier lives, of their families, work interests and experiences. This was recorded in people’s records. Staff knew this information and they demonstrated a good knowledge of people’s family and interests when they were talking with them. This helped to ensure they could talk with people and engage them effectively.

Staff provided thoughtful care, for example, they knew one person was going out with their family and so they ensured they had warmer clothing on. People were provided with a homemade birthday cake which was themed to reflect their interests. When staff came into a room they greeted people by name and made positive comments, for example one staff said when they were passing someone “that’s a pretty skirt.” They smiled in response. Another staff said “I like your bracelet” to another person and again this evoked a positive response.

There had been recent changes to the home and an extension had been built to accommodate additional people. As part of the building works, the owner had upgraded rooms of people currently living at the home as well. They said it was important to them to ensure all people had the same standard of environment. This showed respect. The registered manager described how one person who was at the end of their life needed some special equipment to ensure they were cared for in as much comfort and dignity as possible. The owner responded immediately to ensure this was provided.

People’s privacy and dignity was respected. People were asked for their permission before staff discussed information about them with family members and health care professionals. Visitors were made welcome and people could meet with their relatives in private if this was their wish.

Good

# Is the service responsive?

## Our findings

People who were able to say felt they received the care and support they needed. One person said for example "Staff leave me to be independent but will offer help when I need it."; Another said "I think people are pretty happy here. You don't hear too many grumbles". Interactions between staff and people who lived at the home showed staff and residents were comfortable with each other. We observed a number of times, for example, when staff and people who lived at the home were laughing together.

Staff carried out an assessment of people's care and support needs before they moved in. This included information about their medical history, their care needs and their personal history and interests. This helped to determine whether the service offered would be appropriate for them. People were offered a trial period of four weeks at the service to further ensure it would suit their needs.

From the initial assessment staff drew up a plan of care. These helped to guide staff to care for people in appropriate and consistent ways. Care plans that reflected people could have different needs on different days. For example one person's records said the person had good days and bad days and prompted staff to ask the person every day if they needed assistance with washing and dressing. People's preferences were also recorded, for example whether they preferred to have a bath or shower and what sort of drink they preferred first thing in the morning and before bed. Care plans contained sufficient detail to help to ensure staff could care for people in the most effective way. For example one person's care plan said they should be seated in the lounge in a particular sort of chair which helped to ensure their safety and comfort We observed staff escorted them to this when they were helping them in the lounge.

People's care plans were reviewed every month to ensure they remained up to date. Staff said people were encouraged to be involved in the review of their care and people or family members had signed to indicate they were in agreement with the plan of care devised.

There had been considerate adaptations to the fixtures and fittings of the home to enable people to be as independent as possible. For example chairs in the dining room were fitted with small wheels on the front two legs. We observed this enabled some people to manoeuvre themselves towards the table to ensure they were in the most comfortable position to eat and then they manoeuvred themselves out of their chairs when they had finished. Some people did this without staff assistance and so this increased their independence. Doors to bedrooms were swing free. This removed the weight from the doors and whilst they still functioned as fire doors meant people could push them more easily. This also enabled people to be as independent as possible. Where it was possible people had their bathrooms refitted as a wet room to help them to shower as easily as possible. There were sensor lights in corridors which meant if people left their rooms during the night the lighting would come on gradually. The owner said they were aware sudden changes in light levels should be avoided. This is because when a person gets older, their eyes adapt slowly to changes in light levels

One person said they were lonely and did not get enough stimulation. We discussed this with the registered manager during our visit. They said they would ensure they discussed this further with the person concerned. Another person said "I think there is enough to do". There was a programme of activities and we observed groups of people throwing balls, playing quoits, knitting and dancing whilst we were visiting. The service employed an activity coordinator and was in the

process of employing a further one as the service increased in size. The activity co coordinator described a flexible approach to activities as the programme could and did change at times according to people's preferences and moods. This included some 1-1 support for people at times.

People said they had "no grumbles" and if they were unhappy or had any complaints they would talk with "one of the girls" They said if they did not know the answer, they would take the concern to a senior staff and they would give an answer. There was a procedure in place which explained how complaints would be answered and what people could do if they remained dissatisfied. This was also available in large print or audio if people needed this. A record had been kept of complaints made and we saw a formal complaint had been responded to in a timely way in line with the complaints procedure. The registered manager said she was reviewing some procedures as a result of the complaint made. The registered manager said some people were not always satisfied with the laundry

Good

# Is the service responsive?

arrangements within the home. This issue had been raised during resident and relative meetings. The registered manager said they had taken action to make improvements, for example they had purchased new trolleys which were clearly labelled with people's names to reduce the possibility of laundry becoming mixed up.

Good

# Is the service well-led?

## Our findings

People felt the home was well led with one person describing it as "well organised". There was good morale amongst staff. Staff said "we are a good team and we all help each other."

There was a registered manager who had been in the post for over eight years. They said, "I lead my team by example. I do not expect them to do anything I would not do myself". The registered manager worked shifts as a care staff one weekend in four. This was not because they needed to ensure staffing numbers were adequate but because this helped them to understand people's current needs and helped them to understand what care staff were experiencing on shift.

There was always a senior member of staff on duty during the day. This ensured there was always a clear line of management and junior staff were always able to consult with a more experienced staff member when the need arose. Staff said the registered manager also completed occasional night checks. Night staff said there was always a senior member of staff on call and they were encouraged to consult with them if they needed to. This helped to ensure the quality of care provided was consistent and the registered manager and senior staff could effectively monitor the quality of care provided.

Staff felt well supported. They said they worked in a good team, for example, they said "everyone chips in" and "the manager is very supportive." Staff said the manager encouraged them to go to them with any problems or issues. Staff said they would always discuss any problems or concerns they had with senior staff. They said they were confident senior staff and managers would support them if they told them of any mistakes made. The registered manager recognised and praised staff for any good work. This showed there was an open culture within the home.

People were informed about events and other developments concerning Valley Lodge in a regular newsletter. For example, The provider had increased the number of beds in the home and there had been considerable building and refurbishment work. People had been consulted at the beginning of the building works to ensure they were informed of all the proposed developments. The registered manager said they had not completed a quality assurance survey in 2014 but were about to send one out to relatives and other people involved with the service. This would help to gather information about people's views about the service and to find out whether they had any suggestions for improvements. Staff were kept informed about developments both during handovers and at regular staff meetings. We saw the minutes of the most recent staff meeting which had been held in November 2015. This discussed issues such as any training needed and new developments such as staff responsibilities under the duty of candour. The duty of candour is a new statutory duty introduced in 2015 for providers of adult social care and ensures the service is open and transparent and sets out requirements of what providers must do when things go wrong. This helped to ensure staff had a shared understanding of key challenges within the service.

There were resources and support available to develop the service. The registered manager subscribed to a magazine which provided information about caring and supporting people living with dementia. Staff were encouraged to read it and the registered manager said they found it informative and it had at times given them ideas about how to improve the service. The registered manager said the home had worked closely on a NHS pilot project. The aim of the project was to assist care homes in understanding relevant legislation and to review care practices. The registered manager said this had helped the service to develop their own policies and procedures, for example they had improved their knowledge and practice regarding DNACPR (Do not attempt resuscitation) documentation.

There were good quality assurance checks in place. Call bell responsiveness was monitored to ensure when people pressed their call bell staff answered in a timely way. Records we checked regarding this showed staff had generally answered within two to three minutes. There were also regular fire safety and other environmental checks in place. Regular audits took place to ensure staff were following procedures and that records were up to date.