

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Valley Lodge Care Home

3 & 5 Valley Road, Chandlers Ford, Eastleigh,
SO53 1GQ

Tel: 02380254034

Date of Inspection: 11 January 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Camellia Care (Chandlers Ford) Limited
Registered Manager	Mrs. Carolyn Moody
Overview of the service	<p>Valley Lodge is a privately owned and managed registered care home offering care and support for up to 30 residents some of whom may have dementia.</p> <p>The home is situated in a quiet residential area in Chandlers Ford, not far from shops and local public facilities.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 11 January 2013 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During this inspection we spoke with four people who used the service, with four staff and with the manager. People were happy with the service provided and we saw that staff interacted well with people in their care and talked positively about their work. People were, as far as they were able to do so, involved in making decisions about their care and support.

People's needs were continually assessed and care was delivered in line with their care plans. There were policies and procedures in place to ensure that the safety and suitability of the premises was maintained, these were understood and followed by staff.

Staff were well supported by management and were provided with appropriate training to help them understand and meet the needs of the people who use the service.

There was an effective system in place to deal appropriately with comments and complaints made by people, or persons acting on their behalf. People living at the home had been given information about procedures to make comments and complaints and staff were trained to listen and act appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at personal care plans that had been introduced and developed by the service to cover this regulation. There was a specific section that planned and reviewed the wishes of each person. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

In this section there were consent forms with explanations of consent, these forms had been signed by the person and, after regular assessments, any changes in wishes were recorded and again signed. Where the person was unable to sign we saw that relatives were consulted about decisions and had signed the forms. Through out the care plan consent was addressed in relation to the care and treatment provided for the person and regularly assessed and updated.

We spoke with staff who told us that they were keyworkers for a number of people living at the home. They had responsibility to review each of the people's care plans and review all sections each month. They had been given the relevant training and discussed with people their wishes, where required the care plans were reviewed with relatives. Staff were confident that they understood and protected peoples rights. They were supported by the service provider, an example of this was that at the supervision meetings each month, consent was always discussed and their knowledge reviewed.

The people we spoke with told us that they were able to talk to the staff and tell them their wishes, this was confirmed by the entries in the care plans we looked at.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the personal care plans of five people using the service, spoke with four people and several of the staff.

People told us that they were happy living at the service and were well cared for. They said staff were friendly and helped and supported them to meet their individual needs. One person told us "If I had to stay in a home, I'm glad that it's this one".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw daily care profiles with clear guidelines for staff, an example of this being bathing requirements with specific assistance details. We were able to see that these guidelines were followed, as they were documented in shift hand over documents and daily care logs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Monthly risk assessments, using detailed and well developed "in house" tools supported staff to ensure that people received care centred on them. An example was seen in the night time directives in a care plan. The directive was to offer a drink to the person and check them regularly, as the person liked to have a drink by the bedside. Where risks had been identified there were detailed actions shown to reduce the impact of those risks.

We observed that people were taking part in social interaction in the lounge areas. They were sitting, chatting and involved in activities being offered by the activities coordinator and assisted by members of staff. We later saw the care plans being up dated by the coordinator with the activities that had taken place and were told about other activities such as exercises and games that were organised.

We saw interactions between staff and people using the service and that staff had good knowledge of how to manage the people's mental health needs. We saw interaction between staff and relatives, who were very much included in the care and wanted to spend time with their relatives outside the home. Staff members ensured that the person's independence and wishes were supported, but were professional in completing records and notifying other members of staff that the person had left the premises and when they

would be returning.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The building appeared clean and comfortable, we were able to move around easily, there was enough space for people to be together for communal activities or, if they wished, to be in private to see visitors.

The individual bedrooms were warm and contained good quality furniture that took into account the needs of the people, for example wardrobe doors opened extra wide and there were no sharp edges to tables and surfaces.

Within the personal care plans we saw comprehensive bedroom risk assessments, these had been reviewed each month. They covered fire risks, windows and doors, safety inside the room and call points, with details of what was an example of a risk, what action had to be taken if found and when they had to be referred to the manager.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw detailed personal emergency evacuation plans for people, these were reviewed regularly and gave details of priority of evacuation and the care and needs of the person. An example being any equipment needed to transfer, and if taking medication which may cause drowsiness.

Staff told us that they had induction training for all emergency procedures and had good knowledge of what they did in various circumstances, for example fire drills and evacuation. The manager told us about unannounced fire drills and the assessment and evaluation of these drills to improve the efficiency of the staff and safety of the people.

The home employed a part time maintenance staff and we saw that maintenance logs were kept. Requests for work were dealt with quickly and efficiently. We saw contracts with main services for emergencies that could not be dealt with by the maintenance staff and policies to cover buildings and continual assessments of maintenance issues. For example the upgrading of fencing around to property and a new procedure to ensure that all doors with magnetic locks were inspected every month to ensure that batteries had not gone flat.

Night staff have been trained to make sure that the premises were secure at night and security lights around the exterior of the building illuminated the grounds.

People told us that they were happy living at the home and that it was kept warm, clean and tidy.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The manager told us that all new members of staff go through a company induction program followed by a supervised probation period. The induction programme involved: personal reading, practical demonstrations, watching video/DVD's and answering questions. This included subjects specific to the needs of the people they supported.

Having completed probation, one to one supervision sessions took place for all staff. Agendas for supervision meetings included: safeguarding awareness, complaints procedures, consent, key-working, care planning and philosophy of care, training and career development needs. Staff said that these meetings worked well and that they were able to discuss relevant issues with the manager. Along with staff meetings it was, "a good time to talk about things".

The manager said that she enjoyed training staff and wanted to make sure that their knowledge and skills were at the high standard, needed to complete all their work tasks. We saw staff training records detailing various courses that staff had attended and were required to attend. The manager had recently made enquiries to organise future government backed training packages including food hygiene and safety.

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications. We saw personal development plans. Six members of staff were studying for level three diplomas and one member of staff was studying for level two diploma.

Staff told us that the service supported them in their training needs and there was protected time when assessors attended the service to speak with them. This ensured that staff were properly trained, supervised and appraised and enabled staff to acquire further skills and qualifications that were relevant to the work they undertake.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that the service had robust procedures in place to deal with complaints. Details of procedures for making comments and complaints were supplied to people using the service in large print and different languages. There were also visual prompts posted around the service on notice boards. Complaints procedure information was also placed in bedrooms of people.

The manager confirmed that there had not been a formal complaint received for several years. The service had numbered complaint forms that set out the route any complaint had to follow to a proper conclusion. This was monitored by the provider.

The staff members we spoke with had a good knowledge of the complaints procedures and told us that they had been given extensive training on the subject and were confident to deal with a formal complaint. They told us that there were copies of the procedures in each of the rooms, but in some cases they would have to explain the procedures to people. This ensured that people were made aware of the complaints system and that it was provided in a format that met their needs.

All minor complaints were dealt with straight away and the staff said that they were able to take any of these to the manager, knowing that the person would not be in trouble for making the complaint. People were given support by the provider to make comment or complaint where they needed assistance without the fear that they would be discriminated against for making a complaint.

The staff told us about training on 'whistleblowing' and there were 'essential knowledge' cards displayed on this subject with concise information about what to do for, anybody to read. There were also feedback cards available for people to complete and there was a suggestions box by the front door.

People using the service told us that they were able to tell the staff of any problems in the home and that they were usually resolved quickly.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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