

Vale House Oxford

Vale House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Vale House is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 40 people in one adapted building. The service supports older people and includes support for people living with dementia.

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

People living at Vale House received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place which incorporated their values.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed. The provider had made significant changes and ensured there were clear processes and procedures to manage all aspects of medicines safely.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The home was well-led by a registered manager who was committed to improving people's quality of life. We received positive feedback about the management of the home from people, relatives, staff and healthcare professionals. The provider and registered manager had made significant changes to improve people's care. They had invested in an electronic recording system and were developing a more effective quality assurance process. The registered manager now had hands on support from the board of trustees' members which allowed them better oversight of the service. The service had a clear management and staffing structure in place and staff worked well as a team. Staff worked well with external social and health care professionals.

Rating at last inspection and update

The last rating for this service was requires improvement (Published 16 March 2021) and there was a breach in relation to quality assurance systems. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced focused inspection of this service on 15 January 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they

would do and by when to improve their quality assurance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vale House 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Vale House

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.

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

Inspection team

The inspection team consisted of three inspectors 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

Vale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We looked at the service's last inspection report and reviewed the action plan the provider had submitted. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service as well as two relatives. Most people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We looked at five people's care records and four medicine administration records (MAR). We spoke with 10 members of staff including the registered manager, clinical lead, nurses, carers and domestic staff. We also spoke with one member of the Trustees board involved in running of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two healthcare professionals. We received further feedback from five relatives.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly manage medicines safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the previous inspection issues were found around the recording of prescribed topical medicines, such as creams and lotions. At this inspection, improvements had been made around the management of topical medicines and people received their medicines as prescribed.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Staff met good practice standards described in relevant national guidance and had been trained in administering medicines and their competence regularly checked.
- The provider had sought support from a local pharmacy around processes for safe management of medicines. A healthcare professional told us, "Improvements have been considered but I don't know the extent of actions taken in response to my recommendations. The care home has sought advice and help with staff training to ensure that medicines are managed safely."
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff followed correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, when medicines needed to be given without their knowledge or consent.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- At the previous inspection there were concerns regarding checks on people who lived on the first floor who remained in bed and were unable to use the call bell. At this inspection we found the provider had

introduced a new system where staff activated a 'QR code' in a person's room in order to record checks. This ensured staff completed the checks and the management team had oversight that this was being completed.

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks allowing personalised planning of care.
- People's risk assessments included areas such as nutrition, mobility and pressure area management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- The service had enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The registered manager regularly reviewed staffing levels and adapted them to people's changing needs. The registered manager told us they had reduced the use of agency staff and that recruitment was on-going.
- Relatives told us there were enough staff to meet their needs. They said, "Yes Vale House is adequately staffed, and indeed new staff appointments have recently been made, for example, around activities co-ordination" and "Relatives are informed of staff changes and I understand vacancies are filled quickly. I have never been aware of a lack of staff."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People were supported to isolate on arrival, and screening checks were in place.
- We were assured that the provider was using PPE effectively and safely. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. A visiting policy was in place and people had individual visiting risk assessments.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this

as an opportunity to improve the service for people and staff. Learning was shared across the organisation.

- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider's quality assurance systems were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The was a registered manager who had been in post since just before the last inspection. They were supported by a knowledgeable clinical manager and board of trustees. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The trustee members were more involved in the day to day running of the service and had the much needed oversight of the service. They completed regular audits around people's experience and used the outcomes to better care outcomes.
- The provider had introduced and was continuously developing an electronic recording system which had allowed a significant improvement around recording of people's care.
- The provider's quality assurance systems had significantly improved. Following the previous inspection, the registered manager had worked through an improvement plan which had included an overhaul of quality assurance systems and processes as well as the provider's policies.
- There was emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through real time audits via an electronic record system. This provided effective oversight of what was happening in the service and meant concerns were responded to in a timely way. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.

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

- It was clear the management of the home had significantly improved and there was a general sense of calm and pleasantness in the home. Staff looked happy.
- Relatives were complimentary of the way the home was managed and recognised the improvements since the registered manager came in post. They told us, "The new manager has had a very challenging time as she took over from the previous manager during the pandemic. She has made an effort to meet relatives

when she can and communicate with them when necessary" and "The new manager came into post last September and has made some significant changes. I feel confident that these changes will enhance the already good standard of care given at Vale House."

- Staff were complimentary of the support they received from the management team. Staff said, "This management listens to us. Very supportive. Manager supportive with childcare arrangements", "Very good manager. It's taken a while but a lot of good things are happening. There's more training and staff meetings" and "The manager and clinical lead nurse are very supportive and they are determined to make changes to improve the home."
- Healthcare professionals were equally complimentary of the way the home was managed. One healthcare professional commented, "Yes the home is well led. The team are actively seeking support and make the most of it. All members of the team I've met showed genuine interest and desire to provide excellent care and the credit goes to the management and how they support positive change."

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

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Relatives commented about the positive communication with the home. One relative said, "Contact with Vale House is excellent. I have not experienced difficulty in contacting by phone, and email provokes a very quick response. The Family Support team have been exceptional in terms of providing weekly updates to relatives throughout the pandemic." Another relative told us, "The primary contact is the Family Support team and they are always very responsive."
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working. The atmosphere was very pleasant.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people