

M Atwill and Miss S Haswell

Vale Lodge Residential Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Vale Lodge is a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 20 people. Accommodation is provided over two floors. There is a communal lounge, a communal dining room and garden.

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

People were safe living at Vale Lodge. Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Care plans were detailed, person centred and evidenced that people and their relatives were consulted about their care preferences.

People were supported to take their medicines as prescribed and other risks to their health and wellbeing were managed safely. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

People benefitted from suitably trained, competent and skilled staff. This meant their healthcare and nutritional needs were met. External professionals were complimentary about how the service worked in partnership with them.

Vale Lodge provided a person-centred service. The management team and staff used activity and mental stimulation to reduce people's anxiety and depression and maintain cognitive functioning. This reduced the need for medication because people were settled and occupied. The service had an ethos of involving relatives, many of whom played an active role in supporting their family member and others at Vale Lodge.

Staff were caring and kind and had developed positive and meaningful relationships with people. People were respected, included in decisions and their privacy and independence promoted. The care provided was sensitive to people's diverse needs. The registered manager sought to include them in all aspects of the service, for example training and governance processes. All information was provided in an accessible format, which meant people could make a meaningful contribution to their community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider's quality assurance systems were effective. The registered manager was well supported by a team of staff with clearly defined roles and responsibilities. There was an open, transparent and positive culture at the service. An 'open and honest' board in a communal area displayed recent audits of accidents and incidents, medication and infection control, as well as the homes values and training programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Requires Improvement (published 8 June 2018) and there were two breaches of regulation. 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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Vale Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Vale Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the Provider Information Return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service, four relatives and one friend about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, and the chef. We also spoke with four health professionals who regularly visited people at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at documentation related to innovation and best practice, meetings and governance processes.

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.

Staffing and recruitment

- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. This included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. They also checked regular visitors to the home who had access to vulnerable people, such as entertainers.
- There were enough staff on duty to meet people's needs. The registered manager chose not to use agency staff, in order to provide familiar and consistent support to the people living at Vale Lodge. One person said, "I always see lots of staff around." A relative confirmed, "I visit different days and times and there's always plenty of staff around."

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Vale Lodge. Their comments included: "We are safe and happy living here" and, "I'm safe because staff are always there for me". A relative told us, "(Family member) is very safe here which is reassuring for us."
- There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook training in how to recognise and report abuse. They said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.
- Information about safeguarding was displayed in communal areas around the home. People and their relatives told us they would talk to the manager or staff if they had any concerns.

Assessing risk, safety monitoring and management

- A range of risk assessments were in place with clear guidance for staff to ensure people received safe care and support. For example, to minimise the risk of choking the person should be, "sat upright and ideally sat out in chair, and alert when eating and drinking." Identified risks included malnutrition, falls, moving and handling, the environment and outings and activities.
- The service was safe because staff understood people's risks and how to reduce them. A relative told us how their family member, living with dementia, became distressed when the relative left after a visit. The relative said staff knew how to support the person commenting, "An hour later they will send me photos of her sitting calmly and having a cup of tea."
- Plans were in place to ensure people were supported in the event of an emergency.
- The registered manager and provider were available 24/7 to support people and staff.

- There were a range of checks on the environment and equipment to ensure they were safe.

Using medicines safely

- There were effective systems to ensure medicines were ordered, stored, administered and monitored safely. There was a robust system of audit and review in place.
- The service ensured staff were trained and competent before allowing them to administer medication, and their skills and knowledge were maintained.
- There was a person-centred approach to medicines administration. People told us they got the right medicine at the time they needed it. Staff administering medicines explained what they were doing and what the medicine was for, for example "I have your lunchtime tablet. Its calcium for your bones."

Preventing and controlling infection

- Staff had received training on infection prevention, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection. Staff wore personal protective equipment when supporting people.
- People and relatives told us the home was clean. Comments included, "Our room is nice and clean" and, "(Family member's) room is kept lovely and clean as are their clothes – laundry doesn't get lost here."

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded, investigated and analysed to find out why things had gone wrong and ensure appropriate action was taken to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider had failed to ensure care and treatment of people was only provided with the consent of the relevant person. Where people were unable to consent, there was little evidence of the Mental Capacity Act 2005 being followed. This was a breach of Regulation 11 (Need for consent) 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 11.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had taken decisive action to ensure staff had a clear understanding of the MCA and easy access to resources and guidance. They had organised training in MCA and provided staff with a pocket book and key ring with prompts to reinforce their knowledge. Information was displayed in communal areas and in the medication room about the principles of the MCA and DoLS.
- Staff asked for people's consent before supporting them. One person made the decision to refuse their medicines, which put them at risk. The registered manager sought clarity from external health professionals that the person had the capacity to make this decision and understood the potential impact. Guidance to minimise the risks while still respecting the person's decision was documented in the care plan, "Staff still to encourage me to take my medication daily to maintain my health."
- A person without capacity to make a decision about where they should live had been supported by a formal best interest process. This ensured their representatives and health professionals had been fully

consulted and the decisions made were in the person's best interest.

- The registered manager had referred people for an assessment under DoLS as required.

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

- The registered manager completed a detailed assessment of people's needs before they came to live at Vale Lodge. This included gaining an understanding of how they wanted their support to be provided and any protected characteristics under the Equality Act 2010. People and their families were invited to spend time at the home, to help them decide if it was right for them. This process had taken two months for one person who was extremely anxious about moving. They got to know people and staff well, joined trips out and stayed the night. This minimised their anxiety and helped them to settle more quickly.
- People's needs were regularly reviewed. The service had worked closely with health and social care professionals to ensure the support provided adapted and responded effectively when people's needs changed.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained and competent. Comments included, "They do a good job looking after me" and, "The staff at Vale Lodge do plenty of training courses".
- Staff completed an induction to prepare them for their role. This incorporated the Care Certificate, a nationally recognised, work-based award, for those new to working in the care sector. New staff also shadowed experienced staff and had their competence checked before being allowed to work more independently.
- People were supported by trained staff who spoke highly of the training they received. This was delivered on line and face to face and refreshed regularly to ensure staff skills and knowledge remained up to date. The provider's mandatory training included moving and handling, basic life support, medication administration, the MCA, safeguarding and nutrition.
- The registered manager ran workshops for staff on a range of topics, and invited people and their relatives to attend. Information from recent workshops was displayed in the dining room and included an introduction to the services new LGBTQ policy (lesbian, gay, bisexual, transgendered, queer or questioning) and the CQC's key lines of enquiry.
- Staff had ongoing support through supervision and appraisals and ad hoc support from the registered manager when they needed it.

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

- People's nutritional needs were met. Food and fluid intake, and people's weights were monitored to ensure this was maintained. Care plans held information about their dietary needs, including likes and dislikes, and these were well known by the cook. Referrals had been made to external health professionals such as the dietician and speech and language team (SALT) if there were concerns about weight loss or choking. Their guidance was followed.
- People were offered a choice of menu on a daily basis. Weekly and daily menus contained photographs of the dishes to help people choose what they wanted.
- The registered manager had considered how to promote independence with eating for people with sight loss or dementia, providing contrasting table mats and plates which they could distinguish more easily.
- We observed people having lunch in the dining room. Staff were attentive to people's needs, showing them choices and supporting them to eat and drink if required. They went at the persons pace, offering encouragement and explaining what was on the plate.
- People spoke highly of the food. Comments included, "All the food is good" and, "I enjoy the meals especially the roasts and puddings."

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

- Staff had a good understanding of people's health needs, which resulted in positive outcomes for them.
- Staff worked with a range of community professionals to maintain and promote people's health, and supported people to attend appointments where required. Visiting health professionals spoke highly of the quality and safety of the support provided, saying "[Manager's name] is outstanding. She knows people well and has a good understanding of their needs. She contacts us appropriately and follows our guidance. She supports some complex people. "
- People were supported to attend routine medical, dental, eye checks and other important appointments where required.
- The service used the NHS 'red bag' scheme which benefitted people when they were being admitted to hospital. The red bag contained the person's required paperwork, medication, clothing and other personal items and aimed to facilitate the transition between care home, ambulance and hospital.
- Several residents were being given their new glasses by the Registered Manager. They had taken photographs of each pair and put this, with a description, in the persons file so they could be easily identified and avoid confusion.

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

- Signs with pictures enabled people to find their way around the home independently. There were names on people's bedroom doors with their past and present photograph, as people may not recognise themselves as they are now. This meant they were able to identify which was their room.
- Information and photographs from ten years of weekly trips was displayed. Staff used this to prompt discussions and promote reminiscence which people enjoyed.
- People were encouraged to take their own possessions when they moved into the home. This was reflected in rooms having a personal, homely feel, with family photographs and memorabilia.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them with patience, kindness and understanding. Staff described Vale Lodge as a homely service, and the people who lived and worked there as family. One member of staff said, "We are family orientated. This is my family. I've got hundreds of grandmas and grandads." This view was shared by a relative who said, "It's not an institution it's a house, a home."
- Staff were constantly interacting with people, reassuring those who were anxious by sitting next to them, talking with them and holding their hands. People and their relatives commented, "It's nice here, people are kind" and, "The staff are very caring, and (family member) is happy here."
- Staff had received training on human rights, equality and diversity and understood the importance of treating every person with respect.

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

- Staff were committed to providing a person-centred service where people were treated as individuals and supported to make a choice. For example, one person had been extremely anxious when they moved to the service and unable to express their preferences. With the support and understanding of staff they were beginning to find their voice, telling them what foods they didn't like.
- Staff were proactive in providing opportunities for people to express their views about the quality and safety of the service. They were invited to participate in environmental checks, complete feedback questionnaires and participate in reviews of their care. Minutes of a 'residents meeting' documented people had been asked whether they felt safe and had any concerns they wanted to discuss.
- People were supported to maintain relationships with those most important to them, and relatives told us they were always made welcome when they visited the service.
- Staff recognised when people required the support of an independent advocate and had referred them for this support where required.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They were discreet and sensitive in the way they supported people, for example following an episode of incontinence, telling us, "We've got to remember how we would feel."
- Relatives commented, "Everyone is respectful to (family member)" and, "They care. They treat people as individuals. They know individuals needs and what they want. People are well dressed, everything matches.

Their hair is combed, the men are shaved. People always look nice. It's especially important for those that that can't do it for themselves." One person's care plan stated, "Our self-respect is often bound up with the way we look. Encourage them to take pride in appearance and compliment him on how he looks."

- People's independence was promoted. Care plans described what people could do for themselves and what they needed support with. The care plan of a person living with dementia stated, "Do things with rather than for him to help retain his independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery

At our last inspection the provider had failed to ensure care records accurately reflected people's care needs. 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.

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

- Care plans had been reviewed with people to ensure they accurately reflected their identified needs, routines, preferences and personal history. They contained clear guidance for staff to follow, for example if a person became distressed; "Staff need to let me get undressed and go to bed early to listen to music, read my books or watch tv."
- People 's needs were met in a personalised way. A relative, whose family member could no longer feed themselves at meal times, said, "The staff really know who (family member) is, they are very subtle with her and encourage her to be independent. They will put finger foods in her hand. She knows what to do with it."
- Care plans had been developed with input from the person, their friends and family, and were reviewed regularly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was a strong focus on using activity and mental stimulation to reduce anxiety and depression and maintain cognitive functioning. This meant people were settled and had been able to reduce their medication, in consultation with their GP. One person's medication had reduced significantly, and they had regained their mobility as a consequence.
- People told us they enjoyed lots of activities at Vale Lodge and weekly trips out in the minibus. Comments included, "I loved going out on the moors and to the hotel" and, "I like the keep fit and the sing-alongs. Some activities were spontaneous, responding to people's individual needs. A relative told us how a member of staff had taken their family member for a drive which helped to calm them after they had become distressed. Festivals such as Easter, Christmas and Halloween were celebrated, which helped orientate people to the time of year
- The service had an ethos of involving relatives in activities, so they could play an active part in supporting their family member and others to become involved. One relative told us, "Last year I took the week off work because there was so much going on here. I absolutely love it. It's my second home."

- A thorough risk assessment of each potential venue was carried out by the provider, to ensure it was suitable, looking at accessibility and toilets. People were asked for their feedback after each activity and this informed the continual development of the activity programme.
- Staff supported people were to work towards individual goals, whatever they were. This gave them a connection with the outside world, and an opportunity to develop their knowledge and interests. For example, one person wanted to be a heart surgeon, so staff had bought them an 'operation' game, books, courses and watched relevant documentaries with them. "Staff had supported a retired person from the armed forces to re-establish contact with friends from the service. They now enjoyed regular visits and participated in events, such as remembrance Sunday.
- A 'coffee' area had been created in a section of the lounge, with tables and chairs. This encouraged people to mobilise and socialise, rather than remain seated with their drinks brought to them by staff. We saw several people using this space, chatting and watching the birds in the garden through the big picture window.
- People were encouraged to play an active role in the home, laying the tables or changing the date on the calendar. They engaged in the local community as far as possible, for example visiting the barber and hairdresser rather than having a hairdresser come into the home and using the local library service and shops. Staff accompanied them on shopping trips if requested. There were also frequent visitors to Vale Lodge including the church, children from nearby schools, college and local choirs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Supporting people with communication was a focus of the support provided at Vale Lodge. This meant people were well informed and able to take an active role in their community. Information was displayed throughout the home in an accessible format, such as photographs, easy read pictures and large print. This included activities, menus and the CQC inspection report.
- Care plans included information about people's individual communication needs and how these should be met. They could be provided in large print or audio versions if required. One care plan contained pictures, large print and simple language, in line with the persons individual communication needs. It guided staff, "Visual support, for example photos, may help to support my understanding and complete tasks."

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. A complaints 'flow chart' was displayed in the communal area, clearly explaining how to make a complaint. This included photographs of staff who people could approach should they wish to complain about the registered manager, provider or their family who also worked at the home.
- There had been no complaints since the last inspection. People and their relatives told us they felt able to talk to the registered manager at any time and were confident their concerns would be addressed. Comments included, "I take any concerns to the manager if I need to and they are taken seriously and get sorted" and, "I would talk to the manager if I needed to her door is always open".

End of life care and support

- People were supported to make decisions about their preferences for end of life care which were documented in care plans.
- The registered manager told us how they had held a 'light hearted meeting' where people had discussed their wishes for the end of their life. These had recorded on paper leaves, which were displayed on a cut-out

'tree of life' in the lounge.

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.

At our last inspection the provider had failed to ensure systems and processes were effective in ensuring the quality and safety of the service. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had reviewed and amended the quality assurance processes to ensure effective monitoring and accountability. A comprehensive programme of audits looked at all aspects of the support provided and identified where action was needed to improve. This information was added to a service improvement plan. In addition, the registered manager had developed links with other local homes, to provide and obtain objective feedback on the quality of their services.
- Following the previous inspection, the registered manager had taken steps to ensure the service would continue to run if they were absent for any reason. They had delegated some management tasks and given staff a clear understanding of the service. They had created a file of key information to support staff in this eventuality.
- The registered manager was highly visible working alongside staff and observing their practice. One member of staff told us, "The manager is brilliant. I take advice all the time when I need something. They are here to help me, and there all the time when I ask her something."
- Staff told us they were well supported. There were regular staff meetings which provided a forum for discussion. They were encouraged to continue their professional development, undertaking further vocational qualifications. The registered manager had supported them to develop their understanding of the regulatory requirements and quality assurance through a series of workshops looking at innovation and good practice. She had translated the CQC's key lines of enquiry, and the services values, into Romanian so they could be clearly understood by the whole staff team.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives spoke highly of the registered manager. Comments included, "[Managers name] is always in here and we speak with her" and "The manager is very approachable and flexible. Nothing is too much trouble".

- The registered manager and staff team were passionate about enabling the people at Vale Lodge to live active and fulfilled lives, playing an active role in their community and the running of the home. People and their relatives described the atmosphere in the home as, 'lovely', and 'one big family'.
- The registered manager promoted a culture of openness and transparency. Where incidents occurred, the service was transparent and open with the details of the events. There was an 'open and honest' board where people and their relatives could see recent audits of accidents and incidents, medication and infection control, as well as the homes values and training programme.

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

- The registered manager positively encouraged feedback, acting on it to continuously improve the service. This was sought in a variety of ways, for example through annual quality assurance questionnaires for people, relatives and visiting professionals. They involved people in environmental audits, interviewing new staff and training sessions. The registered manager had also asked people, their relatives and staff to evaluate their performance as a manager, helping them identify strengths and areas for improvement. They told us, "I'm happy to have the positive and the negative."
- People and their relatives were kept informed about developments at the service via a newsletter and at regular meetings. This also provided an opportunity for them to express their views about the service and share any concerns.

Continuous learning and improving care. Working in partnership with others

- The registered manager was proactive in seeking ways to gain and share knowledge of best practice. They had completed a leadership and management course and participated in trialling medication audit systems for the CCG (Clinical Commissioning group). They had carried out a community mapping exercise and shared their findings with other local providers. This identified resources in the community that people could access, such as puzzle clubs. They had also worked closely with the local authority quality improvement team and attended a range of forums with members of staff, including Dignity in Care, the outstanding managers network and care manager's network.
- The registered manager reached the semi-finals of care home manager of the year for Devon and Cornwall in 2019. Eight people from Vale Lodge accompanied her to the event, with four of their relatives. She was also featured in the 'Proud to Care' ambassadors' newsletter, encouraging people to join the care profession by describing how she became a registered manager.