

Ashmere Derbyshire Limited

Valley Lodge Care Home with Nursing

Inspection report

Bakewell Road
Matlock
Derbyshire
DE4 3BN

Tel: 01629583447
Website: www.ashmere.co.uk

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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

Valley Lodge Care Home with Nursing is a residential care home providing personal and nursing care to up to a maximum of 64 people. The service provides support to older and younger adults, people living with dementia and people with physical disabilities. At the time of our inspection there were 58 people using the service. Accommodation is provided in three areas of one adapted building. All areas have a range of communal facilities such as space to eat and socialise and bathrooms and toilets.

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

People liked the ongoing refurbishment of the home and told us the changes were good.

People told us they felt safe and thought there were usually enough staff on duty to meet their needs. We found staff were recruited safely and assessed to be competent to care for people. People received support to have their medicines as prescribed.

Staff supported people to make choices and be independent. People understood who to raise any concerns to and were confident these would be addressed.

People and their families had the opportunity to meet the manager and be involved in a thorough assessment of their health and wellbeing needs prior to admission to the home. Referrals to specialist professionals for advice and support were made in response to people's needs.

People were supported by kind, caring staff who respected their privacy and dignity. People were involved in planning and reviewing their care and their feedback was listened to. People were able to talk to the registered manager when they wished to and thought the home to be well led.

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.

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 good (published 27 April 2018).

Why we inspected

The inspection was prompted in part due to concerns received about keeping people safe. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe section of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Valley Lodge Care Home with Nursing

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector at the location and 1 Expert by Experience who made calls to people's relatives. 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

Valley Lodge Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Valley Lodge Care Home with Nursing is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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 commissioners who are involved with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 11 relatives of people who used the service about their experiences of care at the home. We spoke with 12 members of staff including the registered manager, members of the local and provider management team, members of the housekeeping team and care staff. We reviewed a range of records; this included 5 care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. After the inspection we looked at a variety of records relating to the management of the service, training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported to keep safe.
- People were involved in managing their risks. Staff provided people with support to make choices to ensure they had as much control and independence as possible.
- The provider implemented systems to ensure risks, including environmental risks, were consistently managed. Staff understood how to use these systems and were confident any concerns or issues they identified would be addressed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at Valley Lodge Care Home. One relative told us, "My [relative] is safe, happy, and well attended to. At times they might not have enough staff, but I have no concerns with them looking after [relative]."
- People or their relatives, understood how to raise any concerns they might have and felt comfortable to do so if needed. One relative told us, "I speak to staff if I am worried, if it's a greater concern I would speak to the [registered] manager."
- Staff had completed training on how to recognise and report concerns and understood how to protect people from abuse.

Staffing and recruitment

- People were supported by safely recruited staff. The provider followed safe recruitment guidelines, including DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider implemented a section in the staff yearly appraisal to help them identify if a new DBS check was required.
- People or their relatives told us the service was sometimes short staffed. Some staff told us more staff available on shift would be of benefit to ensure consistent person-centred care. The provider was confident the dependency tool accurately identified the number of care hours required to meet people's needs and hours in excess of these were provided. This was regularly reviewed by the provider. There were sufficient staff available on the day of inspection to meet people's needs.
- Staff completed suitable training to meet people's needs. Staff competency was assessed, and staff felt confident to care for people safely. One member of staff told us, "I definitely get enough training to do my job."

Using medicines safely

- People received the support they needed from competent staff to manage their prescribed medicines safely.
- The provider implemented an electronic system to help manage people's medicines. One member of staff told us, "I like the system, it is effective and easy to use."
- People, or their representatives were involved in managing their medicines. One relative told us, "They [staff] have sorted their [relative] medication, which was a nightmare before. They [relative] see a GP who comes in." Another relative told us, "I have no worries about medication, they [relative] get their pain killers as prescribed."

Preventing and controlling infection

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People received visitors in the home and attended events and outings without restriction, in line with current government guidance.

Learning lessons when things go wrong

- The provider had systems in place to manage and monitor people's safety. Staff understood how to record and report incidents.
- The registered manager identified opportunities for improvements in the service and actioned these.
- Staff were informed of improvement plans. One member of staff told us, "I am not involved in reviewing incidents. I know about improvements from staff meetings and new training."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in a thorough assessment of their care and support needs prior to admission to the home. This assessment included how people preferred to be supported.
- Staff were aware of changes to people's care and support needs. One member of staff told us, "We may not have time to read the whole care plan, but the front page is kept up to date, and we receive updates at handover."
- Nationally recognised tools were used to assess and monitor people's health and wellbeing. This included assessment of people's pressure sore risk and nutritional needs.

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

- People assessed as being at risk of malnutrition and dehydration were monitored and encouraged to eat and drink sufficient amounts to keep well. Records identified hydration goals and restrictions for people where required. The provider implemented a protocol of seven hydration rounds each day to mitigate the risk of dehydration.
- Records of fluids offered and taken identified variances for some people. There was no record of these variances being identified or addressed. The registered manager explained the electronic care plan system did identify these variances and how they were addressed by verbally prompting staff to encourage fluids. The provider took action to ensure the actions taken in response to all variances was recorded.
- Referrals were made to professional specialists for assessment and support, for example in relation to swallowing difficulties.
- People were able to choose what, when and where they ate. There were enough staff to offer support where required.
- People gave consistently positive feedback about their food and drink experiences. One person told us, "The food is very good here. The staff in the kitchen know what I like and ask me what I want." A relative told us, "My [relative] likes the food, and it looks good to me. There are always plenty of snacks and tea around and a jug of water or juice in their room. Staff monitor what they drink as they are not keen on drinking. [Relative] eats in their room sometimes and [staff encourage them] to go to the dining room."

Staff support: induction, training, skills and experience

- People were supported by staff who were competent to carry out their roles.
- Staff completed an induction and mandatory training as well as specific training for them to be able to meet people's needs effectively.
- Staff felt supported in their roles and to maintain their professional development and registration, where appropriate.

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

- The provider implemented clear systems and processes for making referrals to external professionals for advice and support.
- Feedback from visiting professionals was mainly positive in respect of the professional approach of the staff members employed and the effective systems implemented by the provider. Some feedback identified development opportunities for the service in respect of record keeping and staff training. The registered manager was aware of and had taken action in response to this feedback. Improved access to the electronic care system for visiting professionals and additional dementia awareness training for staff had been introduced.
- People accessed healthcare provision as needed. People were registered with local GPs, one of which made regular visits to the home. One relative told us, "Staff get in touch with the doctor if they need to."

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

- People gave positive feedback regarding the ongoing extensive refurbishment of the home. One relative told us, "The new furniture and decoration have made it all look lovely."
- People were able to personalise their rooms with their own furniture, soft furnishings, pictures, and personal items. One relative told us, "[My relative] has all their own bedding and clothes. They [provider] put shelves up for their pictures, it's cosy in there and they feel at home."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed appropriate legal authorisations, or the applications for, were in place to deprive a person of their liberty.
- People were supported to make their own decisions and helped to do so if needed. One relative told us, "[Relative] makes all her own choices."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 well treated and supported by staff who respected people's individuality and differences. One relative told us, "The staff are very good and caring. They [staff] are lovely, very kind".
- People gave consistently positive feedback about the care staff. One relative told us, "The staff are all good. They are all very approachable. They understand my [relative] and know how to look after them".
- Respectful, friendly interactions were observed between people and the staff supporting them. One relative told us, "Staff have friendly conversations with [relative] and [relative] likes having a joke with staff".

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

- Activity coordinator staff employed at the service worked with people to identify what was important to them, so their goals and wishes were known and worked towards.
- People were involved in making decisions about their care. One relative told us, "The staff always come and talk to [relative]. They [relative] get on well with the staff and staff know what they like. Staff smile and ask if they want anything, [relative] has a good relationship with them."
- People were involved in regular meetings where they had the opportunity to give feedback and share their ideas with the provider.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy and dignity. One relative told us, "Staff treat [relative] with dignity and respect, staff always knock on the door and ask if it's ok to do things."
- People were supported to be as independent as they wanted to be. Staff understood people's preferences and supported them in the way they chose.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and contained detail of their individual preferences. One person told us, "Staff know how to look after me and how I like things done."
- Staff demonstrated their understanding of delivering person centred care and respected people's choices. One relative told us, "Staff know [relative] well. They get on well with [staff] and [staff] know what they like." Another relative told us, "They [relative] choose when to get up and go to bed. Staff here are flexible with what they want."
- People were involved in the review of their care. Senior staff facilitated care plan reviews every three months with people and their relatives to ensure people's preferences and support needs were up to date and accurately recorded.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed, and their preferences and support needs detailed in their care plan.
- The provider was able to source information in a variety of different formats and languages where required.

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

- People were offered the opportunity to join in with a variety of planned activities both in and out of the home. One relative told us, "[Relative] does do activities and there is always something [happening]. They [staff] get them to do things and they enjoy them when they do them." Another relative told us, "There is a big range of activities, and we get emails about them."
- People were supported to attend opportunities to engage with others. One relative told us, "[Relative] has made friends and is involved with activities they are interested in. If they do not want to join in, they will go along to join other people".
- The registered manager facilitated volunteers and local groups to come into the home, including a local artist to facilitate art sessions, as well as gardeners and school groups. This provided opportunities for more social interaction and occupation for people. One relative told us, "I suggested they ask families if any would

volunteer. The [registered manager] did take it up and now see more volunteers. Residents like seeing people coming in."

Improving care quality in response to complaints or concerns

- The provider implemented systems to process any concerns and complaints and learn from these.
- People, their relatives, and staff knew how to raise a concern or complaint. One relative told us, "I did make a complaint once, when [relative] first went in. I rang the [registered] manager who said they would look into it. It was sorted and doesn't happen again."

End of life care and support

- The provider implemented a care plan which provided guidance for planning individual support to people and their families when end of life care was needed.
- Professional specialist input was sought to ensure best practice was implemented in providing end of life care. One professional told us the home had accepted guidance and training to improve people's end of life experiences. One staff member told us they provided care to people fully considering how the person wanted it to be.
- People and relatives gave positive feedback regarding their experiences of end of life care at Valley Lodge Care Home with nursing. One relative told us, "My [relative] did not want to die alone at home. Staff were as lovely as could be. Staff treated [relative] with dignity." Another relative told us, "[Relative] has horse riding on their bucket list. We were talking about a care plan for funeral and end of life, and it has been organised for them to go horse riding."

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 our last inspection we rated this key question good. Rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were involved in the planning and delivery of their care to ensure good outcomes were achieved for them.
- The registered manager took actions to improve outcomes for people in response to feedback from visiting professionals and from the inspector during the inspection.
- Feedback about the registered manager from staff, people and their relatives was consistently positive. One person told us, "The [registered] manager is lovely, they are always willing to help. They are one of the best." A relative told us, "The home is very well managed. [Registered manager] is everything one could wish for in a manager. They think about us [relatives], about [the people who live here] and about the staff. They find time for you." One member of staff told us, "I love the improvements [registered manager] has made. It is the environment, food, choices for people, caring for staff. The [registered] manager is excellent."

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 understood their responsibility to keep people informed when incidents happened in line with the duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff were clear about their roles and responsibilities and felt valued and supported.

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

- The provider had systems in place to review the quality of the care and support people received. A range of audits were carried out by the management team providing oversight of the service.
- Records did not accurately capture some actions taken in response to variances in care records, for example, fluid intake and repositioning. The provider took action following the inspection to ensure the systems were used effectively at the home to consistently record the actions taken to meet people's needs.
- It was noticed one care plan did not contain the most up to date support in relation to a person's repositioning needs. The provider took immediate action to implement a procedure to ensure care plan information was updated within 2 hours of readmission

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

characteristics; Continuous learning and improving care

- The provider implemented systems to gain feedback from people, their relatives, staff and professionals. Responses were reviewed by the registered manager and acted on to make improvements to the service.
- People, their relatives and staff all described the registered manager as being accessible. One person told us, "[Registered manager] is lovely, they are always willing to see me." A relative told us, "[Registered manager] has been smashing, really approachable, always makes themselves available or you can phone or email." A member of staff told us, "[Registered manager] is excellent. They care for the residents and staff. Welfare is important [to them]."

Working in partnership with others

- The provider worked in partnership with professionals such as the GP, palliative care nurse and local health teams to identify people's healthcare and specialist support needs.
- Feedback from visiting professionals was mainly positive. One professional told us, "Valley lodge in my opinion is one of the best homes I go into, they know when service users require our support, implement plans quickly and always will contact us for support if they require any advice between visits." Another professional told us, "I am pleased to say that I have no concerns about Valley Lodge. I find them very knowledgeable, attentive, and caring towards residents. I feel we have a very good working relationship and I enjoy working with the team."
- Where feedback from visiting specialist professionals had identified issues and areas for improvement, this was taken on board by the registered manager. For example, additional dementia training was arranged for staff in response to suggestions from specialist professionals.