

Sisters Of St Joseph Of The Apparition CIO

Lady of the Vale Care Home

Inspection report

Grange Road
Bowdon
Altrincham
Cheshire
WA14 3HA

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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? | Requires Improvement ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Lady of the Vale Care Home (previously known as Order of The Sisters of St Joseph of The Apparition) is a nursing home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

The home is located in the village of Bowdon Vale in Altrincham. Accommodation is over two floors accessible by two passenger lifts, one of which is suitable for wheelchairs and people have access to a chapel located within the home.

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

Staff were caring and kind and supported people in a respectful and dignified way. Staff understood how to protect people's privacy and individual choices.

Although there were some activities taking place, people did not always have access to a wide range of activities. A new activities co-ordinator had been recruited and was due to start. The new manager was keen to improve the homes overall approach to activities.

Care plans reflected people's care needs and health conditions. However, there was scope to make people's care plans more personalised, to capture people's individual characteristics, which would help staff get to know people better.

People were supported by staff with the necessary skills and knowledge to effectively meet their assessed needs. There had been a delay for new staff to complete the care certificate as part of their introduction into health and social care. The manager enrolled staff who had not completed the care certificate shortly after our inspection.

People were receiving their medicines safely. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent.

There were enough staff available to meet people's needs. However, some staff felt the staffing levels would vary from time to time. We were provided with evidence confirming the staffing levels were exceeding the staffing dependency tool and we observed no delays in care being provided.

People confirmed they were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives.

We observed a range of positive interactions between people and the staff team throughout the inspection, with staff responding appropriately and in a timely manner to changes in people's needs. There was a warm and homely environment, with people relaxed in the presence of staff.

People and their relatives told us they had been well supported throughout the COVID-19 pandemic and the provider worked in line with current guidelines to support safe visiting.

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. People had enough to eat and drink and were supported to maintain a healthy diet. People were referred to healthcare professionals when necessary.

People and their relatives were positive about the new manager and commented on the positive changes the manager was looking to introduce. People were cared for by a motivated staff team who felt valued and supported to carry out their duties.

The provider monitored the quality and safety of the service. There was a regular programme of auditing in place. People and their relatives were encouraged to provide feedback regarding their views and opinions of the service.

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 under the previous provider, Order of The Sisters of St Joseph of The Apparition, was good (published 27 August 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lady of the Vale Care 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.

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 was carried out by one 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

Lady of the Vale Care Home 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 12 April and ended on 19 April 2022.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority who work 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.

During the inspection

We spoke with eight people who used the service, and three visiting relatives. We observed the care and support provided to people in the communal areas across different parts of the day, including mealtimes and during activities.

We spoke with six staff members. This included the manager, regional manager, one senior care worker and three care workers.

We reviewed a range of records. This included three people's care and medicines records and two staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident reports, complaints, quality assurance checks, minutes of meetings and a range of health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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 the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There were comprehensive, personalised risk assessments which reflected individual circumstances. The assessment of each person identified any risks that could affect their care and support needs.
- Risks considered areas such as falls, skin integrity, nutrition and any behaviours that challenge were assessed.
- The provider had arrangements for the ongoing maintenance of the premises. The manager carried out environmental risk assessments and ensured equipment was safe and regularly serviced.

Using medicines safely

- Medicines were stored, administered and recorded appropriately.
- All registered nurses who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Thorough auditing processes were in place to ensure the providers medication policy was followed at all times.
- Staff followed guidance in place on managing 'as and when required' medicines which ensured people had access to pain relief and other medicines to support their health needs.

Staffing and recruitment.

- There were enough staff to provide care safely.
- Observations throughout the inspection showed there were enough staff on duty to meet people's needs in a timely manner.
- Records showed the provider's assessed numbers of care staff, based on their dependency tool, had been exceeding the number required. Staffing levels were reviewed on a monthly basis and altered according to people's needs.
- People were supported by a team of nurses, care staff, and ancillary staff. Staffing levels were based upon people's care and support needs in key areas so appropriate numbers of staff were always on duty.
- Staff told us they felt there was enough support to meet people's needs. However, two staff members felt the staffing levels were not always enough. Comments from staff included, "At the moment staffing levels are fine, as long as they [provider] keep it at eight care workers during the day", "Staffing levels in the past have been hit or miss, but recently we have enough staff on duty" and "Staffing levels are fine for now, but we have been short staffed in the past."
- The provider had safe systems for the recruitment of staff. The provider carried out checks to ensure staff

were of good character before they were employed. This included checks on criminal records and references from previous employers.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service. These were discussed during daily handovers to ensure staff were aware of any action that had to be taken.
- Incident forms were completed, and records showed the provider took appropriate action. This included referrals to health and social care professionals, care records updated and discussions across the staff team, including group supervisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in relation to safeguarding and knew how to identify and respond to incidents of abuse.
- Systems were in place to protect people from the risk of harm or abuse. The manager was aware of their regulatory responsibility to raise safeguarding concerns and liaise with the local authority and CQC.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

- The service supported visits for people living in the home in line with current guidance.

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 good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff training was mostly provided to staff online. A system was used to monitor what training staff had completed. We checked records and saw staff were up to date with relevant training.
- Staff we spoke with said they had enough support and had completed an induction which included shadowing experienced members of staff. However, we found new staff had not always completed the care certificate within the recommended 12-week period. The manager informed us this was partly due to COVID-19 and changes in management. Assurances were provided by the manager that the care certificate would be considered a priority for new staff to complete. The care certificate; this is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The manager acknowledged that a small number of staff supervisions were behind, but actions were being progressed by the management team to ensure all supervisions, were brought up to date. The staff we spoke with felt supported. Staff informed us, "It's been a tough couple of years with COVID-19, but I do feel supported" and "I have regular catch up conversations with the senior management team, and I do feel the support is there."

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

- The environment was suitably maintained and adapted, where needed, to meet people's needs. There were accessible toilets and bathrooms throughout the home with handrails. There was appropriate dementia friendly signage and lift access to all floors.
- We found some parts of the building, including bedrooms would benefit with redecoration and new flooring. The manager was responsive to this feedback and ordered a new carpet for a person's bedroom which was overdue an update.
- People also had access to a chapel located within the home. The manager was hopeful daily mass would start again with restrictions to COVID-19 being eased.
- The home benefited from large well-maintained gardens that were accessible for wheelchair users and people with limited mobility.

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

- People's needs were assessed before the service started, to check whether the persons needs could be met safely and effectively.
- A care plan was created following the assessment process, so staff knew what care and support people needed when admitted.

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

- Staff supported people to eat and drink enough to maintain a balanced diet. Staff encouraged people to make choices around meals and supported people to prepare and cook meals independently.
- People's weight was monitored, and a healthcare professional confirmed that any concerns about this, or with people's nutritional intake, were discussed with them so these could be addressed.
- People were provided with the food and fluid they required to meet their needs. Food and drinks were fortified to provide additional calories for people who were at risk of malnutrition. People at risk of choking or who had swallowing difficulties, were provided with altered textured food and drink.
- People who were unable to eat independently due to cognitive or physical decline were provided with the help they needed at mealtimes and in-between.

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

- Staff monitored people's health and welfare and reported any concerns to the management team who made referrals to health care professionals where required.
- Several local GP practices continued to attend Lady of the Vale to see residents. One GP practice attended every week to see their patients at the 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were protected from unlawful restrictions and consent had been considered.
- If a person did not have capacity to make a specific decision, meetings had been held with their relatives or advocates and health and social care professionals to make decisions in the person's best interest. An advocate is an independent person who represents the best interest and views of the person they support.
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty.

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 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; Respecting and promoting people's privacy, dignity and independence

- The staff received equality and diversity training and we observed people being treated with kindness and respect.
- Staff told us they treated people like they would their own relatives. One person said, "I have worked as carer for many years here, the residents are my family."
- Relatives and people we spoke with were happy with the care and treatment received. One relative said, "The staff get my loved one to sing songs and encourage communication and are motivating."
- People were encouraged to maintain their independence where possible. Our observations showed staff promoted people's independence and provided appropriate encouragement to people to complete tasks for themselves.
- Staff ensured people's privacy and dignity was respected at all times, and where appropriate, interactions were discreet and respectful.

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

- Staff made sure people could make decisions about their care. When needed, people had support from relatives or advocacy services to help them gain control over their lives, make choices about what happened to them and to be as independent as possible.
- People were supported to express their spiritual needs and people's preferences, lifestyle choices and religious needs were discussed as part of the initial assessment and supported.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and supported with the procedures currently needed during the pandemic. A family member said, "Staff are really good about telling us what is going on."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR) to keep people's personal information private. GDPR is a legal framework that sets guidelines for the selection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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 good. At this inspection this key question has changed to requires improvement. This meant people's needs were not always met.

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

- At the last inspection we made a recommendation the provider explored credible sources of information around how to reduce social isolation. At this inspection we found further improvements to activities were required.
- Although the service helped people to avoid isolation and maintain contact with friends and relatives, it did not always support people to take part in a range of activities. The manager was open to this feedback and stated there had been issues in dealing with the COVID-19 pandemic which hampered development in this area, but they were keen to implement new ideas to improve activities across the home.
- People's care plans contained some information about how they liked to spend their time however, most people were cared for in bed, so spent time watching TV and listening to the radio if they could. We discussed this with the manager who told us as people were often poorly and near the end of their lives it was difficult to engage them in activities, but accepted activities needed further work.
- The provider and manager recognised activities within the home needed further improvements and recruited a new member of staff to fill this role and support people's wellbeing. This staff member had not yet started their role, but in the interim, a weekly activities planner was in place to maintain people's hobbies and interests or to keep active. We will review the progress of this at our next inspection.

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

- Care plans reflected people's care needs and health conditions. Care plans identified people's specific support needs and preferences. Staff were knowledgeable about people's needs and could explain how they supported people in line with this information.
- Care plans focused on the support people needed and were not always personalised capturing people's individual characteristics, to help staff get to know people better. The manager said plans would be reviewed to make them more person centred.
- Relatives told us people were getting good care, one person said, "Staff are approachable and on it, they are pleasant, polite and proficient in all they do."

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.

- The manager understood their responsibility to comply with the Accessible Information Standard (AIS).
- Information could be made available in different formats, including braille, large print, audio and alternate

languages if needed.

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death.
- Staff encouraged people to share their wishes and views, and to make decisions about their preferences for end of life care..
- Staff had received training in end of life care and knew how to support people.

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 good. At this inspection this key question has remained good. This meant the promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for the person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection, there was a new manager in post. During the inspection we found the manager was committed to improvement especially in respect to areas such as care planning and activities.
- Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service. The management team carried out regular audits which highlighted any concerns and areas for improvement to ensure the quality and safety of the service was maintained.
- The manager and other senior managers were visible within the service and made themselves available to speak with people, their relatives, visitors and the staff team. This meant they were aware of how the service was doing and how people were feeling.
- Staff were extremely complimentary about the new manager. Comments included, "[Manager's name] is very friendly and I can see positive changes already" and "I feel [manager's name] is approachable."
- The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with.
- The manager understood their responsibility to submit notifications to CQC and raise concerns with other organisations.

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

- In the short time the manager had been in post, we received positive feedback from people and staff that the manager had a visible presence at the service, and spent time to get to know people. One relative told us, "The new manager had made themselves known and had discussed how they intended to make improvements to the home by utilising the space and improving the entertainment."
- Staff spoke positively about the culture and values of the service. Comments included, "We do our best for the residents and I believe the culture at Lady of the Vale is good."
- The management team and provider fully complied with their duty of candour responsibility. Throughout the inspection the manager was honest and open with us. Where they saw improvements were needed, they had taken action and plans were in place to improve the homes activities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had identified alternative ways of gaining feedback, such as questionnaires. Visiting

professionals, family or others had been asked to provide feedback. The service used this feedback to improve the service.

- There were regular staff meetings in which improvements were discussed to support good practice and lessons learnt.
- The manager attended regular provider forums with the local authority and other care home providers in the local area. This was to provide advice and guidance for COVID-19 and discuss best practice across the local borough.
- The service worked well with any other health and social care professionals who were involved in people's care and support. The home also had positive links with the local authority.