

United Health Limited

The Valleys Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Valleys Care Home is registered to provide nursing and personal care to 84 older people, including people living with dementia. The service was supporting 63 people at the time of our inspection.

People's experience of using this service: People did not always receive a service that provided them with safe care. The management of some people's medicine was not safe. Staff did not consistently follow good infection prevention and control practices to maintain adequate standards of hygiene.

The provider used a range of audits to check quality and safety. There had not been consistent oversight to ensure all improvements were identified and made to the quality of the service people received. We recommend the provider implement a reliable and effective quality monitoring system.

Staff were safely recruited and enough staff were deployed to meet people's needs. Staff had been trained to respond to safeguarding concerns. The registered manager was proactive investigating and responding to concerns to keep people safe. The service had taken action to address recommendations made.

A new electronic recording system for accidents and incidents had been put in place which showed action was taken to reduce risk when issues occurred. The management team were analysing the information to look for trends and patterns and there had been a reduction in the number of falls in recent months.

Care was planned around people's choices and preferred routines. People and their relatives were supported to receive information in an accessible way to enable them to be involved in their care and support.

Staff were trained and their skills and knowledge checked through competency assessments. Staff worked closely with healthcare professionals and sought their advice, guidance and support on how to best meet people's needs.

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

People told us they felt safe and well cared for and staff afforded them respect and dignity. People were supported to maintain their independence and they accessed local facilities and activities.

Recent changes to the management of the home had been positive and resulted in better and consistent care being provided. Staff told us the registered manager was supportive and approachable. People knew the registered manager and told us they trusted them.

People and relatives had the opportunity to provide feedback about the service and there was a system to

respond to any complaints.

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

Rating at last inspection: At the last inspection the service was rated Good (report published 8 February 2017).

Why we inspected: This inspection was brought forward in response to incidents that had occurred in the service and concerns that had been raised about the safety and management of the service. At the time of the inspection we were aware of incidents being investigated by another agency.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe care and treatment. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Valleys 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They specialised in dementia care.

Service and service type: This service 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 CQC. 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: The inspection was unannounced.

What we did: Before the inspection we checked information we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding, commissioning and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share. We used this information to help plan our inspection.

Some people who used the service were unable to tell us about their experiences. 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. During the inspection, we spoke with 15 people who used the service and 10 relatives to ask about their experience of the care provided. We also spoke with the registered manager, the deputy manager, a registered manager from another of the provider's services, a

nurse, a nursing assistant, two senior and two care workers, the cook, activity person, housekeeping staff and two visiting professionals.

We looked at a range of documentation such as care files and medication records for 20 people. We looked at other records for the management of the service such as recruitment, staff training, surveys and systems for monitoring quality.

Following the inspection, we received confirmation from the provider's representative they had created and implemented a record for staff to document communications with the dispensing pharmacy in relation to out of stock medicines.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe. There was an increased risk people could be harmed.

Using medicines safely; Preventing and controlling infection.

- Medicines were not managed safely. There were times when people had not received their medicines due to a medicine error; they had been asleep or had refused with no follow up by staff. Two people were left without pain relief when they needed this.
- Three people had also not received their medicines due to stock control issues and recently a shortfall had resulted in changes to one person's health and admission to hospital for assessment of their condition.
- One person had not received the correct dose of a medicine or within the correct frequency as directed on their medication administration record (MAR).
- The information on some people's MARs was not clear and accurate and left them at risk of harm. For example, staff did not always sign when administering medicines and the information on the MAR did not always match the information on the prn (as required) protocol for one person.
- Staff did not consistently follow good infection prevention and control practices. Areas in the laundry room, two sluice rooms, three toilets, an equipment storage room and a kitchen servery were unclean. Numerous items of moving and handling equipment, two bed pans, a raised toilet seat, numerous wheelchairs, two cleaning trolleys and items of crockery and cutlery in one kitchen servery were not clean.
- Robust systems were not in place to maintain adequate standards of hygiene. The cleaning schedules were completed and infection control audits had not identified the shortfalls. The registered manager told us they were in the process of recruiting a new housekeeping supervisor to oversee the housekeeping team and improve the cleanliness of the service.
- Not ensuring safe systems to prevent the spread of infections and the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Staff understood how to recognise and respond to safeguarding concerns. They were confident the registered manager would investigate any concerns they raised.
- The registered manager worked closely with the local authority to investigate safeguarding concerns and to prevent abuse happening.
- Where shortfalls had been identified and recommendations made in safeguarding investigation reports, the service had taken action to address these. For example, they had provided additional staff training and supervision and improved the quality of care records.
- Improvements had been made to the incident recording systems. All accidents and incidents were recorded including any concerns identified in relation to unexplained bruising. Staff responses were monitored to ensure appropriate action was taken to prevent similar incidents.
- People told us they felt safe. Their comments included, "Yes I do think I'm safe here. There's always lots of people about and they're quick to deal with things" and "I feel safe and comfortable here. There's never anything off in the way staff are with me." A relative said, "Yes, my [family member] is well looked after and

safe."

Assessing risk, safety monitoring and management.

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These were individualised and provided staff with a clear description of any risks and guidance on the support people needed. Staff understood to promote people's independence, yet minimise the risks.
- Where accidents and incidents had occurred, staff had completed associated paperwork. Actions were implemented. For example, a 24-hour close observation record was routinely implemented to monitor the person's health and wellbeing and to keep people safe from further incidents such as when they had fallen. However, a member of staff had not put this in place for a recent incident and the registered manager was following up this issue.
- Staff were assisting people with transfers and using mobility equipment competently in most cases. However, we observed poor moving and handling support on one occasion for one person which we reported to the registered manager to address and follow up.
- Staff understood how to support people to manage behaviours that may present a risk to themselves or others. Staff were aware of situations which may trigger those behaviours and supported people to avoid experiencing them.

Staffing and recruitment.

- New staff had been safely recruited.
- All nurses employed had an active professional registration to practice.
- The registered manager monitored staffing levels and sufficient staff were deployed to meet people's needs.

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.

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; Staff support: induction, training, skills and experience.

- Assessments of people's needs were completed and care and support regularly reviewed.
- Staff were aware of good practice guidelines and used them to support the delivery of care.
- Staff received appropriate training and their skills and understanding were checked through knowledge and practical tests. Any outstanding refresher training had been scheduled.
- Overall, people and their relatives were positive about the skills and experience of the staff. A relative felt some staff were not confident in managing their family member's hearing aid and this was passed to the registered manager to consider and address.
- Staff were supported through supervisions of their performance; any issues with their learning or practice were addressed. A new appraisal programme was being delivered.

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

- Staff offered choices at mealtimes and prompted and supported people with their meals and drinks.
- Most people told us they enjoyed their meals and they received a balanced diet. Comments included, "The meals are nice and there's always a choice" and "I get plenty to eat and drink; I do like the puddings and I'm putting on weight." One person felt the vegetarian menu lacked imagination and we passed this on to the registered manager to look into.
- People's nutritional needs were assessed and risk assessments were in place when required. Where people were at risk of poor nutrition or choking healthcare professionals were involved.

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

- The service worked well with other organisations to make sure people received the care they needed. Their advice had been incorporated into people's plans of care.
- A health professional said, "Staff are incisive and provide positive support in meeting people's dementia needs. They work well with our team to find the right treatment for individuals."
- Information was shared well across the service through communication records, handover meetings held at the start and end of staff shifts and daily '11 at 11' meetings with the heads of each department.

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

- The building had been designed to meet people's needs and a redecoration and refurbishment programme was underway. This included the provision of more adaptations to promote the orientation and well-being of people with living dementia.
- People's bedrooms were furnished and decorated as they wished. They told us the home was comfortable

and well maintained.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the need to ensure people gave consent before care tasks were carried out and gave examples of how they managed to gain consent. Staff had completed training in MCA.
- Any restrictions, such as bed rails and covert medicines, had been discussed with relevant people and decisions about them recorded and made in people's best interest. We found this process had not been completed for the use of sensor equipment for one person and a mitten one person wore at times, to prevent them from pulling out their medical equipment. This was passed to the registered manager to address.
- Where required appropriate applications had been made to deprive people of their liberty within the law.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People appeared comfortable and well looked after. Staff demonstrated a friendly approach which showed consideration for their individual needs. They sat with people and held their hands if they looked upset.
- Staff communicated with people in a caring and compassionate way. They listened and gave time for people to respond. Staff talked with people about their relatives and the things they were interested in.
- There were positive comments about the kind and caring approach of staff. People who used the service said, "Yes, staff are caring. We have a laugh and a joke; you're not just a number" and "If I feel a bit low, they come and say we're here if you want a chat." A relative said, "I've got to say most of the staff are pretty good, they try hard and are very caring."
- People were supported to maintain relationships with those close to them. Relatives told us they felt welcomed and comfortable when they visited their family member.
- People's equality, diversity and human rights were respected. Care and support was delivered in a non-discriminatory way; people were supported to follow their faith and live their lives the way they wanted to.

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives.
- People's care plans guided the staff on how best to communicate with them and share information in an accessible way. A relative told us how staff had provided their family member with a white board to help them communicate as they had significant hearing loss. They said this had been successful.
- Staff supported people to access advocacy services if required.

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

- People's dignity was upheld. Their personal care needs were met; staff helped people to dress according to their wishes and preferences to maintain their dignity.
- Some staff were dignity champions. They carried out learning and observations around dignity and shared this good practice with other staff.
- People told us staff always respected their privacy. Comments included, "The staff always knock and ask if it's alright before they come in" and "They [staff] are careful about closing the door and curtains when helping me."
- Staff supported people to maintain their independence. Care plans were clear about the tasks people could manage themselves. Staff made sure people had access to walking aids.
- Information was securely stored to maintain people's confidentiality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The service had been working with other agencies to improve the quality of the care records. Staff had completed re-assessments of most people's needs. People's care plans had been rewritten and contained detailed and personalised information about their abilities; health and care needs. The registered manager had overseen this piece of work and all outstanding work was scheduled.
- Care plans were personalised to a good standard and took account of people's likes, dislikes and preferences for their care delivery. Staff had a good knowledge of people's individual needs and their preferred routines.
- Health professionals we spoke with were satisfied with the standards of care. One told us, "The staff are responsive to changes in people's presentation and keep us informed."
- People's feeling of wellbeing was enhanced by the staff promoting social events, access to the community and activities based on their preferences. The activity coordinator met each person when they moved in to discuss their hobbies and interests. Each morning they visited each person to provide one to one support.
- People told us they enjoyed the activities. Comments included, "Activities are pretty good; last week we had war time karaoke" and "At Christmas the singers came and stood singing at my door."

End of life care and support.

- People were supported to make decisions about their preferences for end of life care.
- One person was receiving 'end of life' care and support. They were comfortable and settled. They had received input from their GP and other healthcare professionals as needed.
- A relative we spoke with was very happy with their family member's end of life care. They said, "It's been very good here. We made a joint decision with the staff on how to care for [family member] and the staff have been doing all they can to make sure they are comfortable. We've been made welcome 24/7."

Improving care quality in response to complaints or concerns.

- The registered manager was responsive to feedback and had investigated and responded to complaints, as an opportunity to improve the service.
- People and their relatives told us they felt able to make complaints. Comments included, "We've never had a reason to complain" and "We'd not mess about if we had anything to complain about, we'd go straight to the manager."

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There had been three changes in registered manager over the past year and there had been a decline in some aspects of the management of the home prior to the appointment of the new registered manager.
- The new manager had been in post since October 2018 and registered with CQC two weeks before the inspection. They had identified a range of issues in areas such as staff conduct and practice, training, communication and recording systems and had tackled these with good results.
- The registered manager knew they needed to support staff at all levels to understand their roles and responsibilities. They understood they must hold staff to account for their performance where required.
- Staff told us there had been improvements with the culture and organisation of the home; staff morale was good and they felt able to raise concerns if required. One member of staff said, "The new manager gets things done. She listens to us and has made some good changes with the records and communication."
- The provider had a quality assurance system and a range of audits were regularly conducted to monitor the quality and safety of the service. However, these were not always effective. For example, the care plan audits had been successful in driving good improvements with the standard of recording in care plans, but there were shortfalls in some supplementary monitoring and wound care records. The medication and infection control audits had not identified the concerns raised during this inspection.

We recommend the review of the quality monitoring system to ensure this is reliable and effective.

- The provider had introduced a new electronic recording system for accidents and incidents; these were analysed and lessons learned to prevent reoccurrence. Records showed there had been a reduction in the number of accidents since the registered manager had been appointed.
- The management team had submitted notifications to CQC as required.

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

- The provider and registered manager were open about the shortfalls in care and mistakes that had been made since the last inspection.
- The registered manager had a visible presence in the home. They knew people, their needs and their relatives well.
- People and their relatives spoke positively about the management of the service. One person told us, "The manager comes round to see us and is very friendly." A relative told us, "We trust the manager; they are very open and helpful."
- Staff felt supported by the registered manager. Comments from staff included, "You can talk to her; I hope

she stays" and "The manager visits the units and initiates conversations with staff and residents. She is what we want in a manager."

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

- The service worked in partnership with other professionals and services to ensure people received a good service.
- Professionals gave positive feedback about the transparency, commitment and responsiveness of the registered manager and the changes they were making to improve the service.
- The registered manager met with people, their relatives and the staff team to gather feedback and share information about the running of the service.
- People also had the opportunity to provide feedback through surveys, which was used to improve the service. 'You said, we did' information was on display in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered persons had not ensured the safe management of medicines, nor ensured adequate standards of hygiene were maintained.
Treatment of disease, disorder or injury	