

Your Care Provider Ltd

# Valley Park Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

Valley Park Care Home is a residential home that was providing accommodation and personal care to 42 people at the time of the inspection. Some people who used the service were living with dementia.

People's experience of using this service:

The service had significantly improved since the previous inspection and almost all feedback had been robustly addressed before we came to inspect. The provider had appointed a new manager, who was experienced and committed in continuing to raise standards at the service. Staff told us the new manager was approachable and organised. People and their visitors recognised the service had improved.

People told us there were sufficient numbers of staff to keep people safe but staff were sometimes rushed providing support. The manager responded to feedback and by day two of the inspection they had increased the staffing provision at the service. We have made a recommendation about considering the views of people, visitors and staff, when making decisions about the service.

People told us they received safe, caring support at the service. People received their medicines when they needed them, and there were systems in place to ensure people were protected against the risk of abuse. We identified minor improvements were required to ensure people's medicines were always stored under optimal conditions, which was feedback to the manager. The premises were clean and there was good infection control practice in place. There was a friendly atmosphere at Valley Park Care Home, and we saw people looked well cared for.

People's needs were assessed, and care was planned and delivered in a person-centred way, in line with legislation and guidance. Staff knew people and their needs well, and we saw caring interventions and conversations throughout our inspection, albeit these were sometimes task-led. People said they enjoyed their meals and their dietary needs and preferences were met.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make their own decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

The manager conducted audits and checks to further ensure the quality of care and support provided to people. Some quality assurance processes were either new or in development, so the effectiveness of these checks was relatively untested and needed more time to embed. Complaints and concerns were well managed, and the manager took prompt action to address any minor issues we raised during the inspection.

Rating at last inspection: Requires Improvement (report published in November 2018). The service had

improved at this inspection. The key areas of 'effective' and 'responsive' improved from requires improvement to good; the key area 'well-led' improved from inadequate to requires improvement.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we are scheduled to return. We inspect according to a schedule based on the current rating, however may inspect sooner if we receive information of concern.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 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 responsive

Details are in our Responsive 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** ●

# Valley Park 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:

This inspection was carried out by two adult social care 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:** Valley Park Care Home is a care home without nursing. This means it provides people with accommodation and personal care. 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, but they were not registered with the Care Quality Commission. They told us it was their intention to register. 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:** Our inspection was unannounced. The second day of the inspection was announced.

#### What we did:

Before the inspection we reviewed information we had received from the service including notifications about incidents in the home that the registered manager is required to make and the Provider Information Return (PIR). The PIR is a form we send to providers to ask about their service including how they plan to continually improve the care and support they provide. We also asked the local authority, safeguarding teams and other professionals who have contact with the home for any information they could share about the service. We did not receive any information of concern.

During the inspection we spoke with the registered manager, the deputy manager, nine members of staff including the cook, maintenance person, activities coordinator, 12 people who used the service and four visiting relatives. We looked at three people's care records and other records including those connected with recruitment and training, premises maintenance, medicines administration and quality monitoring.

We observed staff providing support to people in the communal areas of the service. By observing we could judge whether people were comfortable and happy with the support they received.

# 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.

### Staffing and recruitment

- During the last inspection we identified there were not enough competent, skilled and experienced staff deployed to meet people's care and support needs. The provider had also failed to effectively operate their system for calculating safe staffing levels at the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.
- At this inspection we found the service had made sufficient improvements to meet the requirements of regulation 18. However, feedback from people, visitors and staff confirmed further improvements were required in this area. People who used the service commented, "I think they are short staffed. There's just too much for them to do" "Staff are very caring and respectful but there's just not enough. I feel awful if I have to buzz for help. They do make time for you as soon as they can but I'm reluctant to buzz because I don't want to be a nuisance" and "I don't think there's enough staff around to help."
- The provider had significantly improved their process for calculating safe staffing levels at the service. Staffing levels were based on the dependency of the people who used the service and reviewed by the manager as and when needed.
- After the inspection the manager told us as a result of people's feedback they had increased the service's staffing provision by one full-time care worker. We visited the service a second day to verify this change was implemented, which it had.
- We recommend the service continues to consider the views of people, visitors and staff as part of their process for determining staffing numbers at the service.
- The service employed a stable workforce and people received support from the same group of staff, which promoted good continuity of care.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

### Using medicines safely

- We found medicines were managed in a safe way and people received their medicines as prescribed.
- Staff completed records to confirm what medicine people had received and when. Staff were trained in medicines management and their competency to administer medicines safely had been checked.
- We observed staff administering medicines to be patient and respectful when providing support to people to take their medicines. People commented, "I don't know what it is they give me, but I trust them. They bring my tablets and a little drink of water. The person [staff] who brings them always has those thin gloves on and writes everything down. I think it's so they know what I've had" and "They [staff] are very good. They bring my tablets and a drink of water."
- The service had arrangements in place for the safe storage and disposal of medicines. We found medicine temperature checks were not always recorded in the upstairs and downstairs clinic rooms. The manager assured us they will start consistently checking medicine temperatures.

### Preventing and controlling infection

- The service was very clean and well-maintained.
- There were systems in place to reduce the risk of the spread of infections. We saw personal protective equipment (PPE), such as plastic gloves and aprons were readily available to staff and worn appropriately throughout the inspection.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from any form of abuse or poor treatment.
- The manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.
- Staff were clear on the service's whistleblowing policy and procedures and felt confident raising concerns should they need to.

### Assessing risk, safety monitoring and management

- Risks to people were identified by individual risk assessments and appropriate risk management plans were incorporated in to care plans. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible.
- People who used the service all said they felt safe living at Valley Park Care Home. Comments included, "I love it here. I am well looked after, and they do everything to keep me safe" "I need a bit of help to walk. I can't manage on my own and I am a bit wobbly and they [staff] are very good about helping me." and "This is a safe place. I don't want to be anywhere else." A relative told us, "I come two or three times a week. The staff are very good and rush to people if they see them struggling to get up."
- Staff were familiar with and followed the risk management plans.
- The service had systems in place to ensure people were evacuated safely in the event of a fire. Everyone living at the service had a personal emergency evacuation plan (PEEP) in place, which identified what support they required to evacuate them safely.



# 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.

Staff support: induction, training, skills and experience

- During the last inspection we identified the provider had failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively. This was a further breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.
- At this inspection we found the service had made sufficient improvements and was no longer in breach of Regulation 18.
- Staff were trained to be able to provide effective care.
- New staff received a structured induction programme and completed a period of shadowing with an experienced care worker before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.
- Staff had received regular supervision, appraisal and observations of their care and support practice. This helped ensure effective care.
- People were confident in the abilities of the staff. One person said, "They are lovely, all of them and I'm sure they know what they are doing."

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

- People's care files contained information about their food likes, dislikes and any foods which should be avoided. The chef had detailed information about people's different dietary requirements. For example, who needed a pureed or diabetic diet. The chef told us, "I do two options at lunchtime but if people don't want either, I can offer alternatives like jacket potatoes, sandwiches, soup; that sort of thing. I do have picture menus, but I prefer to show people the two options on plates because they can pick better when they see the actual meal. For people on pureed diets I use moulds so I can form things like chicken and vegetables to make it look nice and tempting."
- The service had systems in place to monitor people who were at risk of weight loss and in need of extra support with nutrition and hydration.
- People were offered a choice of meals and all the food was homemade. Feedback on the quality of food was generally positive. People commented, 'I like the food. It's alright' "The food is nice. I look forward to my meals" and "The food is brilliant. I've put weight on since I've been here."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together as a team to provide consistent care to people. They had regular opportunities to discuss people's care at handover meetings. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people.

- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.

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

- People were positive about the care they received at Valley Park Care Home.
- People's needs were assessed and care plans developed to provide guidance to staff, detailing what support people required with different aspects of their care.

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

- Our checks of the environment showed there was a suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. Technology and equipment was used effectively to meet people's care and support needs.
- Corridors were wide and well lit, hand rails were visible and accessible. We saw clear signage displayed around the service to help orientate people to key areas, such as bedrooms or bathrooms.
- The service considered people's individual needs when decorating the service. For example, the provider installed a fish tank in the lounge as this had a calming effect on a person living at the home.

Supporting people to live healthier lives, access healthcare services and support

The service worked and communicated with other agencies and staff to enable effective care and support.

- Staff involved people and where appropriate their relatives, to ensure people received effective health care support.
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met. People told us that they had access to a doctor if needed.

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

The Mental Capacity Act (MCA) 2005 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).

- We found the service was working within the principles of the MCA and the manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to such authorisations and when they were due to expire. The manager also made sure the service complied with any conditions attached to the authorisations.
- Where relatives had the appropriate legal authority they had been involved in the decision making process. Where this authority had not been in place the best interest decision making process had been used.
- People living at Valley Park Care Home told us they made their own decisions and were in control of their care. We observed staff ask for people's consent before providing them with care. One person said, "They are always asking me if it's okay what they want to do."

# Is the service caring?

## Our findings

Caring – this means 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:

- There was a caring culture amongst all staff. Staff took time to listen to people and interact with them so they received the support they needed. One staff member said, "I think the home and care staff are fantastic. The carers work hard. They are here for the people."
- Everyone we spoke with said the staff were kind and caring. Comments included, 'They're [staff] all very nice with us' and "I can't praise staff enough. They are absolutely smashing" "I like all the staff" "The staff are very kind" and "They [staff] are lovely people."
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were involved in making decisions about their care. People's representatives were invited to be involved in review meetings to monitor that the care provided met their expectations and wishes.
- People's choices in relation to their daily routines were listened to and respected by staff. One person said, "I tell them exactly what I want or don't want."
- People and relatives were supported to give feedback about the service.

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

- Staff were respectful of people's privacy. They knocked on doors and called out before they entered people's bedrooms.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- Throughout the inspection we observed staff treated people with dignity and respect.

# Is the service responsive?

## Our findings

Responsive – this means 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

- During the last inspection we found the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person living at Valley Park Care Home. This was because the quality of people's care records was inconsistent and did not contain details of people's communication needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.
- At this inspection the service had made sufficient improvements and is no longer in breach of this regulation.
- The quality of people's care records had significantly improved and included information on their likes, dislikes and what was important to them. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. Care records were reviewed regularly or if people's needs changed.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.
- The service provided a stimulating programme of activities, entertainment and outings to keep people occupied. During the inspection we saw people participated in games and quizzes to aid reminiscence. Staff knew about people's histories and their interactions with people were warm and friendly, albeit these interactions were sometimes task-led.
- The service employed a full-time activities coordinator who was passionate about providing personalised activities to people at the home. They told us they talk to people and the staff to understand their interests and hobbies; this information was then used to plan future activities.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the manager or provider.
- The provider had systems in place to make sure any concerns or complaints were brought to their attention.

End of life care and support

- The service worked in partnership with people's GPs, community based resources and palliative outreach teams to ensure people's health needs were met.
- People had end of life care plans in place. This is a key means of improving care for people and improves the likelihood of these wishes being known and respected at the end of their life.
- Checks to people's care records showed discussions were held about their end of life preferences or priorities for care were recorded and their next of kin and other significant people had been involved as appropriate.

# 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 was inconsistent.

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

- During the last inspection we found the processes in place to assess, monitor and improve the quality and safety of the services provided were not always operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance. We found the service had made sufficient improvements to no longer be in breach of regulation 17.
- The manager had revised and expanded the existing quality assurance processes to ensure quality and safety checks were robust. With the exception of staffing levels and clinical room temperature checks, the quality assurance systems were generally effective and any issues in regard to quality or safety were identified and acted on before we came to inspect.
- Some quality assurance processes were newly implemented, such as checks to the mealtime experience, staff recruitment files and the environment. As these were newly implemented we need to see these processes tested over time.
- There were clear signs of improvement at the service, which was reflected in feedback from people, visitors and staff. Staff said they had confidence in the new manager and the support they received had improved.
- Since we last inspected the service there had been a change in manager. The new manager had joined the service in March 2019 and had previous experience as a registered manager at another care service. They were open and honest about the challenges they had managed since they joined the service and those still ahead.

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

- We made a recommendation in the key area of safe, to consider the views of people, visitors and staff, when making decisions about the service. Had the service had a more robust approach to gathering and listening to feedback, issues such as staffing, were more likely to be addressed before we came to inspect.
- The manager was aware resident and relative meetings had lapsed in 2018 and showed us evidence that meetings had re-commenced and all meetings were being planned in.
- The manager had re-commenced their process of obtaining stakeholder feedback about the service and the results from the most recent quality survey were due to be published. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services.
- Staff felt communication had improved and they were able to obtain updates and share their views via regular team meetings.

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

- The manager understood their legal responsibilities and told us it was their intention to register with the CQC.
- There was an open and transparent culture in the home and staff told us the new manager and provider were approachable and supportive.

#### Working in partnership with others

- The manager had made good links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.
- The service complied with visits from the Clinical Commissioning Group (CCG) and local authority.