

Ark Care Homes Limited

Valley View

Inspection report

298 Fort Austin Avenue
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Plymouth
Devon
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Website: www.arknursing.co.uk/arkcarehomes/elderly-homes/valley-view/

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Valley View is a care home providing residential care in one adapted building for 20 people aged 65 and over. At the time of the inspection the service was supporting 16 people. Nursing care was provided by the community nursing team.

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

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.

Since our last inspection improvements had been made in how risks to people were assessed, monitored and managed. The registered manager successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivered good care for people.

The provider, registered manager and staff were clear about their roles and responsibilities. Quality assurance checks were in place to monitor the quality of the service provided.

Medicines were managed safely, and people received their medicines as prescribed. People were supported to maintain good health and to meet their nutritional needs.

People living at Valley View told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 August 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an inspection of this service on 16 June 2021. Breaches of legal requirements were found.

The provider completed an action plan after the last inspection to show what they would do and by when to improve risk management, medicines management and governance arrangements.

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.

We undertook this focused inspection to check they had followed their action plan and to confirm they met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and

Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Valley View

Detailed findings

Background to this inspection

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.

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 completed by one inspector and one assistant inspector.

Service and service type

Valley View 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 View is a care home without 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 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 six people who used the service. We spoke with four members of staff, the registered manager, the provider, clinical lead and the operations manager. We observed how staff interacted with people. We reviewed a range of records. This included five people's care records and medicine administration records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including audits were reviewed.

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 Requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection in August 2021, the provider failed to ensure safe risk assessment processes and medicine systems were operating effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement and was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- People who were at increased risk of harm due to their ongoing medical conditions were supported by staff who understood these risks by managing them and monitoring them in a consistent way which was based on nationally recognised good practice.
- People living with long term health conditions such as diabetes and epilepsy had specific risks assessed and care plans in place to guide staff on how to keep people safe and when to seek medical advice. Staff we spoke with were aware and followed this guidance.
- The registered manager regularly assessed and reviewed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.

Using medicines safely

- People received their medicines as prescribed. People's medicine administration records were accurate and reflected their prescribed medicines.
- People who received 'as required' medicines had protocols in place to guide staff to administer medicines effectively and in line with people's individual needs.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff had been trained in administering medicines and their competence regularly checked.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "They look after me here, I couldn't be in a safer place. They are amazing people".
- People were protected from the risk of abuse and avoidable harm because staff knew how to identify and respond to allegations of abuse. One staff member told us, "I would speak to (registered manager) and obviously if my manager was not taking it seriously, I would go to CQC and whistle blow. We have the information to contact them if we ever wanted to speak to safeguarding ourselves".
- The provider had safeguarding policies in place and the registered manager and staff reported concerns accordingly.

Staffing and recruitment

- We observed, and staffing rotas showed that planned staffing levels were being achieved. One person told us "There's plenty of staff. There's always someone if you need help".
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- People were protected against the employment of unsuitable staff because the provider followed safe recruitment practices

Learning lessons when things go wrong

- There was a strong emphasis within the service on learning when things went wrong. The registered manager and provider had reflected on the findings from our last inspection and taken robust action to reduce the risk of reoccurrence.
- Accidents and incidents were recorded and reviewed by the registered manager and provider to identify any learning which may help to prevent a reoccurrence.
- Learning from accidents and incidents was shared with all staff on an individual basis and as a team.

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 supporting people living at the service to minimise the spread of 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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 told us they were involved in the assessment and care planning process. One person we spoke with told us, "They involve you in everything".
- People were positive about their care. People's care plans demonstrated how people's current needs and choices had been assessed.
- Care interventions were carried out consistently and in line with nationally recognised best practice. Staff used nationally recognised tools to assess risks of pressure ulcers and nutritional risks.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. People we spoke with told us they felt staff had the necessary training.
- The services training records showed staff had received training in a variety of subjects such as, safeguarding, infection control, moving and handling and medicines.
- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance.

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

- Without exception everyone we spoke with told us they really enjoyed the food at Valley View. Comments included, "The food is fantastic here", "The food is amazing and if you want more, then you can have more" and "I really look forward to the meals".
- There were enough staff to support and meet people's nutritional needs. We saw people were supported with meals in a dignified way.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available, if and when people changed their minds or requested an alternative meal.

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

- Valley View had systems and processes for referring people to external healthcare services. These were applied consistently and there was a clear strategy to maintain continuity of care and support.
- There were systems for effective information sharing and continuity of care. Where healthcare referrals were needed, this was done in a timely manner.

- People were supported to live healthier lives through regular access to health care professionals such as their GP's and opticians.

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.

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.

- People were supported to have maximum choice and control of their lives.
- Where the service supported some people to make decisions about different aspects of their care there were mental capacity assessments to show these decisions had been made in a person's best interests or with appropriate consent.
- People's records consistently showed that best interest processes had been followed. This indicated the service was working in line with the principles of the MCA.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in August 2021, the provider failed to ensure the leadership and governance arrangements were robust. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement and was no longer in breach of regulation 17.

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

- The registered manager and staff understood their roles and responsibilities and strived to ensure care was delivered in the way people needed and wanted it.
- There were effective communication systems in place along with clear lines of responsibility and accountability across the management and staff team.
- The service had governance arrangements in place. Both the registered manager and provider recognised the importance of keeping these systems under continuous review to ensure people received an effective quality service.

Continuous learning and improving care

- Regular audits were carried out by the registered manager and the provider. These included audits of care plans, risk assessments, medication and the day to day running of the service. Findings from audits were analysed and actions were taken to drive continuous improvement.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider and staff were enthusiastic and committed to further improving the service for the benefit of people using the service.
- The registered manager promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

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

- People were given opportunities to contribute feedback and ideas regarding the running of the service. People and staff told us the leadership team got involved in the day to day running of the service.
- Without exception staff were extremely complimentary of the support they received from the registered manager. One staff member told us, "(Registered manager) knows when to tell (staff) off but shows people a lot of respect. I like the way (Registered manager) speaks to people and she is just brilliant at what she does. Yes, morale is really good and people do feel well supported and we all get on like a team and we all pull

together".

- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience. People told us the service was well run.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager and provider understood their responsibilities.

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

- Staff morale was very good, and they told us that they were involved in the development of the service, through discussions at staff meetings and handovers.
- People and their relatives had opportunities to provide feedback through surveys, people and their relatives had opportunities to attend meetings and raise any comments via an open door policy at any time.
- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.
- The home was managed in a transparent way, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.