

Mrs B Kneafsey

Valley View Care Home

Inspection report

Hatchet Hall
Moor End Road
Halifax
HX2 0RX

Tel: 01422 353314
Website: None

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Valley View Care Home on 27 October 2015 and the visit was unannounced.

Our last inspection took place on 12 May 2014 and, at that time, we found the regulations we looked at were being met.

Valley View is a privately owned care home registered to provide accommodation and personal care for up to 18 older people. Nursing Care is not provided. The house, a converted property, is situated in the Pellon district of Halifax and can be easily reached by public transport

from the town centre. The lounge and dining room are on the ground floor and single and double bedrooms on the ground and first floor. There is a stair lift between the two floors. At the time of our visit there were 13 people using the service, an additional person returned to their own home after a period of respite care.

There is a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

Recruitment processes were robust and thorough checks were always completed before staff started work to make sure they were safe and suitable to work in the care sector. Staff told us they felt supported by the proprietor and registered manager and that training opportunities were good. People and relatives we spoke with told us they liked the staff

There were enough staff on duty to make sure people's care needs were met and activities were on offer to keep people occupied and stimulated. We saw people enjoying a craft session and karaoke and dancing in the afternoon.

The home was well maintained and homely. People's bedrooms were personalised and we found everywhere was clean and tidy.

We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met. The medication system was well managed and people received their medicines at the right times.

On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service. Staff demonstrated they knew people's individual preferences and what they needed to do to meet people's care needs.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Visitors told us they were always made to feel welcome and if they had any concerns or complaints they would feel able to take these up with the proprietor or the registered manager.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address the shortfalls. People using the service were asked for their views and the proprietor and registered manager responded to their requests.

Summary of findings

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. Staff were being recruited safely and there were enough staff to meet people's needs and to keep the home clean.

Staff understood how to keep people safe and the premises were clean and well maintained.

People's medicines were handled and managed safely.

Good



Is the service effective?

The service was effective. We saw from the records staff had a programme of training and were trained to care and support people who used the service. The service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People told us meals at the home were good and we saw mealtimes were a pleasant, social occasion.

Records showed people had regular access to healthcare professionals, such as GPs, opticians, district nurses and podiatrists.

Good



Is the service caring?

The service was caring. People using the services told us they liked the staff and found them patient and kind. We saw staff treating people in a dignified and compassionate way.

Care plans were easy to follow and contained information about people's life histories and personal preferences. This information was used by staff to provide person centred care.

Relatives told us they were made to feel welcome and could visit at any time.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual care plans were in place to ensure people received the care and support they needed.

Activities were on offer which were enjoyed and of interest to the people using the service.

A complaints procedure was in place and people told us the provider or registered manager would respond to concerns if they had any.

Good



Is the service well-led?

The service was well-led. People using the service, visitors and staff told us the proprietor and registered manager always put people using the service first.

Audits were carried out to make sure the systems that were in place were working as they should be. People using the service, relatives, staff and visiting professionals were asked for their views about the service and for any improvements they thought could be made.

Good



Valley View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 October 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help

us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included five people's care records, five staff recruitment records and records relating to the management of the service.

On the day of our inspection we spoke with eight people who lived at Valley View Care Home, three visitors, four care workers, one chef, the housekeeper, the registered manager, the proprietor and a district nurse.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all information we held about the provider.

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "I feel safe here, they never make you feel a nuisance."

Another person, when asked what made them feel safe, said "Being here, (name) the boss is always around," and a third person said, "I feel so safe because there is always someone here for me."

We saw there were safeguarding policies and procedures in place. We saw people using the service responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both staff were able to tell us about different types of abuse and both said they knew how to raise an alert if they needed to. Staff told us the contact numbers for making alerts were in the home's safeguarding policy. When we gave a scenario of a person being shouted and sworn at by another person, one of the members of staff we spoke with did not immediately recognise this as a safeguarding issue but said they would report any such incidents to the manager or provider.

We looked at the training matrix and saw staff training in relation to safeguarding was up to date. We spoke with the proprietor and registered manager who demonstrated a clear understanding of safeguarding procedures. We also saw safeguarding was discussed at staff meetings to ensure staff understood and would recognise safeguarding issues. This meant staff understood how to keep people safe.

Both members of staff we spoke with said they would not hesitate to use the whistleblowing procedure to report any concerns they had about colleagues practice, even if it was a senior colleague.

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form, detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining

references and ensuring an interview was held. This meant checks were being made to make sure staff were suitable and safe to work with the people living at Valley View Care home.

We saw disciplinary processes had been instigated where poor practice had been identified to help keep people safe.

We asked people using the service if they thought there were enough staff to care for them. One person told us, "We don't have to wait if someone wants to go to the toilet, they are taken. If I need a member of staff I just ring the bell they gave me or wave at them." A visitor said, "There are always staff around when we visit. We asked two members of staff if they thought the staffing numbers at the home were sufficient to meet people's needs. Both said they did and said they had never had any concerns about staffing levels.

We discussed staffing levels with the provider and they told us that the required number and skill mix of staff was determined by the needs of the people living in the home. The provider told us staffing numbers would be increased if people's needs changed or if more people moved into the service. The registered manager confirmed this was their usual practice.

Our inspection took place during the day and the staffing in place matched that documented within the staffing rotas. The provider, registered manager and care staff were supported by a housekeeper and a chef.

We saw that staff were available throughout our visit and people's needs were attended to promptly. People told us that staff responded quickly when they required assistance. This meant there were enough staff on duty to meet people's needs.

People we spoke with and visitors all told us the home was kept clean and tidy. We saw there were infection prevention procedures in place. Following an audit by the local authority infection prevention and control team, the provider had implemented the improvements they had identified. We looked around the building and found all areas clean, tidy and fresh smelling. We spoke the housekeeper who demonstrated a commitment to, and a pride in their work. We saw there were disposable aprons and gloves readily available for staff and these were being used appropriately. This meant staff were following infection prevention and control measures to make sure people were safe.

Is the service safe?

We saw the food standards agency had inspected the kitchen in June 2015 and had awarded them 5* for hygiene. This is the highest award that can be made. This meant food was being prepared and stored safely.

We found the building was well maintained and nicely decorated. We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. Lifting equipment, water temperatures and bed rails. A system was in place for staff to report building to ensure they were promptly repaired. This meant the environment was kept in a good state of repair.

Procedures were in place to act in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people using the service.

We looked at the systems in place for the receipt, storage and administration of medicines in the home. We saw that medicines were supplied to the home in either a monitored dose system (MDS) or where that was not appropriate, in bottles and boxes. We saw that each person had a medication file which included a photograph of the person

and information about any allergies to medicines the person may have. The files also contained records of all medicines received into the home, how they were received and the signature of the member of staff recording the receipt of the medicine. Medication administration record sheets (MARs) were also included in the file. We checked a sample of people's medicines to see if the amounts available tallied with the amounts recorded as received and administered. All were correct. We saw that where people were prescribed one or two tablets, the amounts administered had been recorded.

We discussed with the provider and manager about including a protocol for 'as required' (PRN) medicines. The provider recognised this as something that would be useful and said they would introduce that immediately.

We saw there was an up to date British National Formulary (BNF) for staff to refer to for information about medicines. Monitoring of the temperatures of storage of medicines was in place and we saw storage arrangements to be safe.

The provider told us that a recent medication audit carried out by a pharmacist had resulted in a 100% score for the service.

Is the service effective?

Our findings

We asked people who lived at the home if they thought the staff had received the training they needed to do their jobs. One person said “They do everything they think of to make you feel well, it is right they have been taught how to do it. Another person said “These girls have been taught well how to look after us.”

We spoke with two members of staff about the training they received. Both said they were very happy with the training they were offered. One person told us they had received training in the new ‘telecom’ system for assessing and managing people’s healthcare needs in conjunction with healthcare professionals and was now the home’s ‘champion’ for this. They said they had learned how to use the equipment included in the system for taking people’s blood pressure, pulse and temperature.

Staff also told us about the ‘Dementia Matters’ course they were currently undertaking. Both staff undertaking this were enthusiastic about their learning and had introduced new activities and ways to help staff understand and support people who may be living with dementia or cognitive impairment. They said they shared their learning with all of the staff at the home and felt this would have a very positive effect on the way they supported people.

We saw the provider had a training matrix in place which identified any training staff needed to update. Any updates required were arranged using Social Care TV (an on line training resource) or face to face training. This meant staff training was kept up to date and staff were being offered training that was relevant to their role.

Staff we spoke with told us they had “almost too much supervision” and felt very well supported by the manager and provider. Both members of staff told us how much they enjoyed their work. One said “I wouldn’t change anything, I love my job.”

We saw from records that staff received three supervisions in relation to their practice every year. In addition to this they received an annual appraisal and a one to one support session. This meant good systems were in place to support and develop individual staff members skills.

We saw that Mental Capacity assessments had been completed and where appropriate DoLS had been applied for and put in place. We saw from the care records of one

person who had a DoLS in place that staff had considered this when their consent was needed. For example, when the person had needed dental treatment, the person’s consent had been sought and recorded. The Dentist had also been informed of the DoLS.

We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. This showed staff were making sure people were in agreement before any care was delivered.

People we spoke with told us meals at the home were good. We saw people were offered a choice of meals at breakfast and at lunchtime. Tables were set with tablecloths, napkins and place names. At lunchtime gravy boats were available so people could help themselves. We saw mealtimes were a social and pleasant experience for people.

We saw one person say they were hungry during the morning, staff immediately responded and asked what they would like. The person asked for toast. This was made immediately for them. At lunchtime we saw one person did not want a cooked dinner staff asked them what they would like and subsequently brought them two different sorts of cakes to tempt them.

We spoke with the chef who told us about the different diets they catered for, for example, diabetic and vegetarian. They told us they got information about people’s individual preferences and were kept informed if people were losing weight so they provide additional fortification to their diet.

Valley View Care Home was taking part in an initiative called ‘Quest for Quality.’ This is a service provided by Calderdale and Kirklees NHS Foundation Trust to provide an increased level of support to people living in care homes. Care workers have been provided with new technology and training so they can, for example, take people’s blood pressures. The results are sent automatically to a clinical team and if anything untoward is identified a healthcare professional would be alerted.

In the four care plans we looked at we saw people had been seen by a range of health care professionals, including, community matrons, GPs, district nurses, opticians, dentists and podiatrists. We noted one of the senior care workers was concerned about one person’s health and the community matron was contacted during our visit. This meant staff were vigilant and noticed any

Is the service effective?

changes in people's health care needs. We spoke with a visiting community nurse who said the staff at the home were very good and said in their opinion the home was, "One of the best."

Is the service caring?

Our findings

People using the service told us, "It's very good here, staff are always nice to me." "I'm quite happy here, everyone is very kind." "I like it here. I have been here quite a long while, the staff are very kind." "I love it here, much better than being at home on my own" A relative said, "People are well cared for and staff are patient and kind."

We also saw a framed certificate of appreciation on display which had been made and awarded to the staff team by the family of a person who had lived at the home.

We looked at the care files for four people who used the service. They all contained life histories and information about people's likes and dislikes and personal preferences. Staff we spoke with knew people well and understood how they liked to be cared for.

We spoke with one of the staff who was following the 'Dementia Matters' course. They told us about how they wanted to improve on the life story work staff did with people who lived at the home and their family and friends. They showed us an example of one person's life story before and after the extra work had been done. We saw the new story gave much more detail and the member of staff told us how it helped them, and other staff, to talk with people about what was important to them and their life experiences.

One person told us, "They (staff) make sure I look clean and tidy and look after my laundry." We saw that people looked well cared for, clean and well groomed. We saw people wearing jewellery, matching clothing and wearing clean spectacles. We saw one person tell the housekeeper they thought they would like something around their neck. The housekeeper went to their room and came back with a scarf and said, I should have taken more notice of what colours you had on before I chose a scarf, but you are wearing black so this one should be alright." This indicated that staff had taken time to support people with their personal care in a way which would promote their dignity.

We saw one person leaving to go home after a period of respite care. Staff said they were sad to see them go and had enjoyed caring for them. We could see staff had built a good relationship with this person and although they were pleased they were going home they told us they would miss them.

There was a calm atmosphere in the home and we witnessed some very warm and good humoured interactions between people living in the home, relatives and staff. A visitor told us; "We are always made to feel welcome. There is a nice atmosphere here and good humoured relationships between people living here and the staff."

We met two visitors who were looking for a home for their relative. One told us they had been involved with Valley View Care Home some years ago and had been impressed with the professionalism and caring attitudes of the staff and so had come to look around, unannounced, to see if it would be suitable. We saw they were greeted by staff, shown around the home by the proprietor and given information about the service before they left. They told us they would not be looking at any other service as they had been very impressed with Valley View Care Home.

We saw that people's bedrooms were neat and tidy and that personal effects such as photographs and ornaments were on display and had been looked after. We spoke with the housekeeper who told us when people brought a lot of ornaments and pictures with them they would rotate the ones on display so the person could enjoy all of their personal possessions. This showed staff respected people's belongings.

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. We saw staff were kind, caring and compassionate.

We saw staff were attentive to people's needs and requests. For example, just before lunch one person held up the soft toy they were holding and said, "This person wants a banana." The registered manager got a banana from the fruit bowl and with the person's permission, left it on the table in the lounge, with the soft toy, so the person could eat it after lunch.

We spoke with one member of staff who was completing the "Dementia Care Matters" course told us they had provided one person with a doll, as they felt they may benefit from this. We saw the person holding, talking,

Is the service caring?

kissing and smiling at the dolls face. It was clear the doll had a very positive effect on the individual's sense of well-being. It also provided a point of conversation from the person sitting next to them.

Is the service responsive?

Our findings

We looked at four care files and saw people had been assessed before they moved in to make sure staff could meet the person's care needs. We saw that care assessments included how people felt, what their personality was like and what their outlook on life was.

We found the four care files we looked at were easy to navigate and all followed a standardised format. All of the files contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking and continence. We also saw where the person liked to smoke cigarettes, a risk assessment was in place. The risk assessments had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk. For example, in the eating and drinking risk assessment where a person had been identified as losing weight, the person's eating and drinking had been monitored closely to identify any areas of concern.

We saw care plans were reviewed on a monthly basis to check if any change was needed to be made to the way people's care and support was being delivered. These reviews gave a good overview of how each individual had been the previous month.

One person told us, "When one of my hearing aids wasn't working properly the staff sorted it out."

We saw activities were on offer to keep people occupied. We saw that people's preferences with regard to their social and recreational needs and preferences had been recorded and were accurate. For example, we saw from one person's

records that they loved to sing and dance. When staff used the karaoke machine during the afternoon, we saw this person joined in immediately and their enjoyment was clear from their smiles and enthusiasm.

One person told us how much they enjoyed the craft activities and was keen to show us examples of their work. We saw this person engaging in craft work and noticed the positive effect this had on their wellbeing. We saw that vases made by people who lived at the home were used to decorate the dining tables.

One member of staff told us about how they worked with people to maintain normal contact with their family and friends. An example of this was when one person's relative had become ill; staff had worked with the person to make paper flowers and a card to send to their relative. We saw other greetings cards made by people who lived at the home.

We saw information about how to make a complaint was given to people in the home's brochure. We asked people if they were unhappy about anything who would they tell? One person said, "I would complain if I wasn't happy to the person in charge." Another person said, "I would complain, (name of proprietor) and (name of registered manager) always listen."

We saw there was a complaints book in the hall way where people sign in when they visit. We saw no one had expressed any concerns. There was a procedure in place, should a complaint be received, to respond to the complainant with the action taken to resolve any issues and the overall outcome.

Is the service well-led?

Our findings

People we spoke with knew the proprietor and registered manager and told us they were always present and worked in a very 'hands on way.' It was clear from staff meeting minutes the philosophy of the proprietor and registered manager was that 'the needs of people using the service always come first and any tasks can wait.'

We looked at the systems used to monitor the quality of the service. We saw resident's meetings were held approximately every six weeks. At these meetings people were asked about their satisfaction with their life at the home. Topics discussed included privacy, staff, menus and activities. People were also reminded at these meetings that if anyone had any concerns they should speak with the owner or manager. The meeting minutes showed people were satisfied with the service they were receiving.

The proprietor and registered manager were at the home nearly every day and spoke with people living in the home and relatives all of the time. People told us if they had any concerns they just mentioned them and any issues were quickly resolved.

We saw six surveys which had been returned from external professionals in June 2015. All were very complimentary about the service and these were the comments from six different people. "I would recommend it." "Very high standard/quality of care provided. Very clean." "Staff attentive to service users, district nurses and visiting professionals. Staff are organised and the home is clean

and inviting." "If I had to recommend a home I would put Valley View forward to be considered, as a home from home." "Their competence is very good I have seen cases where ladies have been restored to excellent health. I have seen the kind and wonderful care of the terminally ill." "Excellent care standards nothing is too much trouble for staff."

We saw the views of residents and relatives were also sought through satisfaction surveys. We saw the proprietor responded to any suggestions about how the service might be improved. For example, on one survey the response to a question about activities on offer was 'fair.' The Proprietor responded in writing to the individual informing them they had implemented a daily log of activities that each person participated in. This meant they could monitor the level of activity people were receiving.

We saw there were a range of audits taking place on a monthly basis. These included audits of the environment, infection prevention, medication and care plans. We saw when issues had been identified action had been taken to resolve them. For example, seven mattresses had recently been replaced.

We looked at the fire risk assessment which had been completed by an external company in August 2015. We saw a number of recommendations had been made, all of which had been addressed by the provider. This meant the provider responded quickly to ensure the necessary improvements were made.