

United Health Group 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Valleys Care Home is a nursing home providing personal and nursing care to 84 people, including people living with dementia, mental health needs, physical disabilities. The service was supporting 73 people at the time of our inspection.

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

People did not always receive safe care and medicines were not managed safely. Discrepancies in stocks of medicines had been identified meaning some people had not received the correct medication.

Information about risks and safety were not always identified or up to date. There were limited systems in place to record, manage and report concerns about risks. Accidents and incidents were not always investigated. Lessons were not always learned or shared with staff.

Safeguarding policies and procedures were not fully embedded, and the service was not always fully engaged with local safeguarding systems. Staff understood their role in safeguarding people from abuse. We recommend the provider reviews their systems and processes for reporting of safeguarding incidents.

People received the care and support they needed to be safe, but staff did not always have the time or availability to be flexible to people's changing needs. We recommend the provider reviews their staffing levels to meet the needs of individuals.

The provider recruitment process ensured suitable staff supported people. However, the service did not have a consistent approach to support staff to maintain their professional skills and knowledge. We recommend the provider has a system in place to ensure staff receive the appropriate support to carry out their duties.

People were not always supported to engage in person centred activities to help them maintain hobbies and interests. We recommend the provider reviews how activities are provided to allow all people to have access to them.

Staff have access to and followed clear policies and procedures on infection control that meet current and relevant national guidance.

People were able to access choice and had enough food and drink throughout the day. People and relatives spoke positively about the dining experience and meals on offer. People had access to healthcare professionals when required.

People were supported and treated with dignity and respect and were involved in their care. People and their relatives told us staff were kind and caring, people's independence was encouraged, and they received

person centred care that met their needs and preferences.

Complaints were responded to in an open and clear way. People were supported to make decisions about their choices for end of life care.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 03 April 2019).

This service was registered with us on 26 June 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines, the safety and quality of the service and the overall leadership and management of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not 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. 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 carried out by two inspectors, a medicines inspector, and an Expert by Experience.. An Expert by Experience also spoke to relatives by telephone. 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

The Valleys is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. The Valleys is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent to us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvement they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who use the service and 13 relatives to ask about their experience of the care provided. We also spoke with the registered manager, the deputy manager, the operations manager, two senior carers, four care workers, the cook, an activities coordinator, housekeeping staff and three professionals. We looked at 12 care files along with a range of medication administration records (MAR). We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff did not always manage people's medicines in a safe way. Medication audits were not effective and did not identify errors.
- We could not be sure people had received their medications as prescribed. The balances of medicines stocks did not always tally with people's MAR charts. Three people who were prescribed anticoagulants (blood thinners) had incorrect balances.
- Staff had not recorded the administration of thickening agents (medicines used to thicken food or fluids for people with swallowing difficulties) on people's MAR charts despite this being highlighted by an external pharmacy audit the previous week.
- Staff did not have guidance for administering 'when required' medicines (PRN). We found no evidence that people had been harmed, however the failure to ensure the safe management of medicines is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014

The provider responded immediately after the inspection and developed an action plan to address our concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care had not always been managed effectively.
- Risk assessments for people at risk of developing pressure sores did not include clear guidance for staff about how frequently to support people to change position and some records were incomplete.
- Care records were not kept up to date to reflect people's current needs. Some people's care plans did not include what action staff should take to mitigate risks and other care plans contained conflicting information. For example, staff did not monitor the weights of people at risk of malnutrition. For One's person risk assessment identified two staff were required to support them in communal areas, however their care plan stated the persons was cared for in bed.
- Personal Emergency Evacuation Plans (PEEPS) did not provide staff with the correct information and guidance to evacuate people safely in an emergency.

The failure to robustly manage the risks relating to the health safety and welfare of people is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014

The provider responded immediately after the inspection and developed an action plan to address our concerns, including updating risk assessments.

Systems and processes to safeguard people from the risk of abuse

- The registered manager did not always follow appropriate processes to protect people from the risk of abuse. They had not followed local safeguarding procedures to report concerns to the local authority safeguarding team or CQC.

We recommend the provider reviews their systems and processes for reporting safeguarding concerns and updates their practices accordingly.

- Staff had completed safeguarding training and told us they would report any concerns to senior staff members or registered manager.
- People told us they felt safe at the service. One person said, "they (staff) make sure I am safe, knowing someone is around makes me feel safe."
- The provider had a whistleblowing policy in place and staff were aware they could follow this to raise concerns.

Staffing and recruitment

- The registered manager did not take a systematic approach to determining appropriate staffing to meet people's needs.

People told us staff did not have enough time to provide support. We received comments including, "they (staff) don't have time, I don't want to bother them" and "call answering depends on the time of day and how busy people are." Professionals visiting the service told us they had found it difficult to find staff to speak to.

We recommend the provider reviews its systems and processes for calculating staffing levels in line with best practice guidance and reviews its practices accordingly.

- People were supported by a consistent staff team and staff turnover was low.
- Staff were recruited safely; appropriate checks were carried out to protect people. Records were in place to ensure nursing staff were registered with the Nursing and Midwifery Council (NMC).

Learning lessons when things go wrong

- There was limited evidence of learning from accidents or incidents and any action taken to improve safety.
- The provider was responsive to our feedback during the inspection and began making improvements in this area

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some light switch pull cords could not be cleaned thoroughly some doors and walls required painting and the flooring in one bathroom needed to be repaired.

- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider had systems in place to support people to have visits from family and friends. This included providing PPE and a booking system.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not supported to keep up to date with best practice. Supervisions and appraisals were not consistent and did not meet the needs of staff.
- Staff told us they received an induction and on-going training however, records showed staff training was not kept up to date.
- Despite our findings regarding staff training, staff had the skills and experience to meet people's needs. Relatives told us "the staff are well trained and very good with [name] and "the staff know what they are doing."

We recommend the provider reviews its systems and process for staff training, supervision and appraisals and reviews its practices accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to eat and drink enough to maintain a balanced diet

- There were limited risk assessments and care plans in place to support people at risk of malnutrition. Regular monitoring and reviews were not consistently carried out to provide staff with the correct information and ensure measures put in place were effective.
- People's dining experience of mealtimes was not consistent across all areas of the service. Some people received their meals late because staff were busy supporting other people whilst other people benefitted from a relaxed, sociable atmosphere and could chat to friends while eating their meals.
- People had access to hot and cold drinks and snacks freely throughout the day. People were offered a choice for each meal and people's choices were available for staff to refer to. Comments included, "the food is very good, I will ask for an omelette if I don't like something that is on the menu" and "the food is very nice, there is always plenty to drink."

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

- Care plans did not always reflect people's current needs. For example, two people who managed their diabetes through their diet did not have appropriate diabetic care plans in place.
- People had access to a range of health and social care professionals to achieve the best outcomes for them. Relatives told us "the optician and the chiropodist have been in to see them, the home organised it all" and "if there is any issues the home will get the GP and let us know, the chiropodist comes in every six weeks to see them."

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

- The environment was suitably adapted to meet people's needs. People had access to equipment to support them to move around the service. There was plenty of communal space and bedrooms were personalised.
- The decoration in parts of the environment required updating. The provider was aware of this, and a maintenance plan was in place.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

- Staff acted within the legal framework of the MCA. Staff had completed training in MCA and DoLS and understood the principles of the Act.
- Staff sought consent from people before they provided them with care.
- Where necessary, staff had assessed people's capacity to make certain decisions about their care and support. Where appropriate, best interest decisions were recorded in people's care records and relevant people had been involved in making those decisions.
- DoLS applications were appropriately submitted to the local authority. Where authorisations were granted or were made subject to conditions, people's care records were updated to reflect this.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff promoted equality and diversity. Staff had received training about equality and diversity and were able to explain what this meant for people.
- Staff considered people's protected characteristics as part of their initial assessment. People's cultural and religious needs were detailed in their care plans.
- People received kind and compassionate care. We observed warm interactions between people and staff. People and relatives told us staff were kind and caring. One person said, "they have all been very good, very kind". A relative told us "I am very happy with the care and the staff are wonderful."

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

- People were supported to access advocacy services or had support from their family when making decisions. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.
- Staff tailored how they communicated with people to involve them in day-to-day decisions about their care. For example, staff used a variety of tools to communicate with one person who did not communicate verbally.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy, dignity and independence.
- One staff member told us, "I ensure people's privacy during personal care by closing the door, drawing curtains and using a towel to cover their body so they are not unnecessarily exposed."

One person said, "the staff are really good, I'm quite independent and they let me get on and do things like tidy my room."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff did not always support people to follow their interests or encourage them to take part in meaningful activities.
- People's activity records did not always identify people's preferred activities or interests.
- Not all people could take part in the activities on offer. There was one activity timetable for the service, and it did not consider the different needs of people. One person said "there is not enough activities" and staff told us, "they would like to see more activities going on around the home."

We recommend the provider reviews how activities are provided to ensure there is equality for everyone using the service.

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

- People did not always receive person centred care. Care plans covered people's physical, social and emotional support needs; however, these were not always up to date and reviewed when people's needs changed.
- Despite our findings, people and their relatives told us staff communicated with them regularly and had been involved in developing care plans.

End of life care and support

- End of life wishes had been discussed with people and were recorded in people's care plans.
- Staff were aware of people's end of life wishes and ensured people had dignity, comfort and respect towards the end of their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff has assessed people's communication needs and recorded this within their care plans.
- Information was provided to people in a format most accessible to them.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people and their relatives told us they felt confident they could raise any concerns with the registered manager and they thought any issues would be dealt with quickly

- A record of all complaints was maintained; these were investigated, and action taken where failures had been identified.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance systems were not always effective. The registered manager's quality audits for medication and assessing risks had not identified the issues found during the inspection.
- Where audits had identified issues, actions required had been recorded but they had not been completed. For example, in a recent audit it had been identified that one person's risk assessments required updating. However, this action had not been completed and had not been followed up by the registered manager.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed action was being taken to address the quality of governance systems.

Continuous learning and improving care

- The governance framework did not promote continuous learning to improve the service.
- The registered manager was not able to show us how lessons had been learned from incidents and how investigations had been used to drive quality and improve outcomes for people.

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

- Care plans were not always person centred or reflective of people's current needs and the lack of management oversight meant care was not consistent, and person centred across every area.
- Staff were caring, kind and cared for people as individuals.
- Staff told us morale was very good, and they had found the registered manager helpful, fair and supportive. Relatives said, "the home is well managed" and "she [the registered manager] is always kind and helpful."

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 provider demonstrated an open and transparent approach and understood their responsibilities around the duty of candour. .

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

- The service did not always share information effectively with other agencies. Professionals were not always asked to contribute to care planning and were not always confident that recommendations had been followed by staff.
- The registered manager told us they had a good working relationships with the pharmacy, the local GP surgery and the district nurses.
- Systems were in place to gather feedback from people using the service. Completed questionnaires identified actions which were followed up by the registered manager.
- The registered manager acted on concerns raised in resident feedback questionnaires and produced action plans to address concerns.

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	Medicines were not administered safely and risks to people were not identified or appropriately managed
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	quality assurance systems were not in place to improve quality and service user care. Accident and incidents were not investigated or trends identified. Lessons learnt were not cascaded to staff.
Treatment of disease, disorder or injury	