

United Health Group Limited

The Valleys Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Valleys Care Home is a residential care home providing personal care to up to 84 people, including people living with dementia, mental health needs and physical disabilities. The service was supporting 69 people at the time of our inspection.

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

Systems were in place to record, store and receive medicines, However, information to support staff to safely administer medicines was not always available. We have made a recommendation about the safe management of medicines. Staff were trained and supported in their role to administer medicines.

People received the care and support they needed to be safe, however, staff were stretched at busy times of the day. We have made a recommendation the provider continues to monitor staffing levels within the service.

People had access to enough food and drink throughout the day. However, due to mealtimes occurring at the same time across all 4 units, people did not always receive support in a timely manner. We have made a recommendation about the deployment of staff at mealtimes.

The service was well managed and led. Audits and checks were used to monitor the service provided and support continuous improvements. The registered manager was aware of the inconsistencies of daily recording by staff and plans were in place to improve this. We have made a recommendation the provider continues to embed governance systems.

Recruitment systems were robust and ensured the right staff were recruited to keep people safe. The service had effective safeguarding systems in place and concerns were managed promptly.

Risk assessments were person centred and contained enough information to guide staff in their practice. There was a culture of learning from accidents and incidents.

Infection prevention and control was managed well. Some areas of the home required decorating; however, the provider had an action plan in place outlining timescales for further re-furbishment and minor repairs.

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.

The provider and the registered manager were passionate and enthusiastic about promoting person-centred care. They had an improvement plan in place to monitor quality. The culture of the service was positive, and staff felt supported. Feedback from people and relatives was positive.

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 30 May 2022) 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.

At our last inspection we recommended the provider reviews their systems and processes for reporting safeguarding concerns, calculating staffing levels and staff training and supervision. We also recommended the provider reviewed how activities were provided to ensure there was equality for all people using the service. At this inspection we found the provider had acted on our recommendations and made improvements.

Why we inspected

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 carried out an unannounced inspection of this service on 13 and 20 April 2022. 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. At this inspection, we found some improvements had been made and the provider was no longer in breach of safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive 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 The Valleys 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

The Valleys Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 3 inspectors 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 Care Home 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. The Valleys 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 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 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 8 people who use the service and 11 relatives to ask about their experience of the care provided. We also spoke with the registered manager, the deputy manager, the operations manager, 2 senior carers, 6 care workers, the cook, an activities coordinator, housekeeping staff and 1 healthcare professional. We looked at 7 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.

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.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(2).

- Peoples medicines were administered safely. Some information to support staff to safely administer medicines was not available.
- Individual fire risk assessments were not always in place for people who were prescribed paraffin-based skin products.
- Thickeners used to thicken fluids for people with swallowing problems were not recorded when they had been used.

We recommend the provider review good practice guidance relating to the safe management of medicines.

- Staff were trained and supported in their role to administer medicines.
- The registered manager was responsive to our feedback and took immediate action to begin addressing the concerns identified.

Staffing and recruitment

At our last inspection we recommended the provider reviewed their systems and processes for calculating staffing levels in line with guidance. The provider had made improvements.

- We found staffing levels were safe, although recognised the availability of staff sometimes impacted on people's experiences.
- People and relatives gave mixed feedback about staffing levels. People told us staff responded to call bells in a timely manner. However, comments from relatives included, "I only have 1 concern and that is around staffing, there is not enough" and "Staff do their best, but there is not enough of them, they are always rushing around, they don't have time to speak to anyone."

We recommend the provider continues to develop their approach to monitoring staffing levels.

- The registered manager used a dependency tool to determine the number of staff required across the service to meet people's needs. The registered manager told us this was reviewed regularly, and staffing was adjusted if required.
- Safe recruitment and selection processes were followed.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to robustly manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1).

- Risks to people's safety and welfare were assessed appropriately.
- Risks associated with people's care had been identified and plans were in place to minimise risk occurring. Staff told us they contained enough information to care for someone safely.
- Personal emergency evacuation plans were in place; they were informative and gave staff guidance in evacuating people from the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider reviews their systems and processes for reporting safeguarding concerns and update their practice. The provider had made improvements.

- The provider had an effective safeguarding system in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People and relatives told us the service was safe. Comments included, "I feel safe here and the staff look after me" and "They [Staff] keep [Person's name] very safe, the way staff care for people is wonderful."
- The provider had a whistle blowing policy in place and staff were aware they could follow this to raise any concerns.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. The environment required some minor repair and decorating work to be carried out. An on-going action plan was in place to monitor work being carried out. A relative said, "The home is clean and tidy but a bit rough around the edges, a lick of paint is needed in some areas, but it is very welcoming."
- 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 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.

The provider supported people to have visits from family and friends. Relatives told us they could visit the home whenever they wanted, and staff were very supportive of visits.

Learning lessons when things go wrong

- Any accidents or incidents that had occurred were recorded and analysed to help make sure appropriate action had been taken to keep people safe.
- The provider responded to accidents and incidents appropriately and lessons were learnt to drive improvements in the service.

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.

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

- People were not always effectively supported during mealtimes. Mealtimes in all areas occurred at the same time which meant staff could not always be deployed to meet the needs of all people.

We recommend the provider reviews mealtimes across the service and ensures there are enough staff to support people.

- People were supported to access a choice of food and drink that met their dietary needs and wishes. Comments from people and relatives included, "I prefer to have a bacon sandwich at lunchtime instead of breakfast and the cook does this for me," and "[Person's name] likes the food, they even have seconds, full English breakfast and plenty of snacks available."

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider reviews its systems and processes for staff training, appraisals and supervision. The provider had made improvements.

- Staff received an induction, training, and competency assessments to ensure they had the skills for the job. A staff member said, "It was a really good induction, they [Staff], showed me how to do oral care, you can also learn on the job."
- Staff received supervision and appraisals to support them in their role.
- Staff knew people well and told us they felt supported by the registered manager. A staff member said, "We are provided with enough training and if we wanted to develop, we would be supported to do so."

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

- People had their needs assessed before they moved into the service. Care plans were person centred and reflected a good understanding of how to care for people and meet their current needs.
- Regular reviews helped make sure information about how best to support people was updated as their needs changed.
- A booklet was used for staff to record and monitor people's needs had been met. A staff member said, "We have booklets to record any care we deliver; it is not as consistent as it should be, but we are getting much better." We discussed with the registered manager to audit and address recording issues with this booklet to ensure it remained effective.

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

- Staff liaised with specialist community professionals to ensure they received detailed information about how to support people with their specific needs. A visiting professional said, "Staff are very good at picking up signs that someone is agitated or in pain and ringing it through to us straight away."
- People were supported to access health care services such as doctors and district nurses. A relative said, "Staff know [Person's name] well, their key nurse is wonderful, they keep me informed about their health and medication, they have access to GP, chiropodist, and a hairdresser."

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

- The decoration in parts of the building required updating. The provider was aware of this and an action plan was in place to address any maintenance issues.
- Bedrooms were personalised, and people had access to equipment to support them to move safely around the service.

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 authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations 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.
- Capacity assessments and best interest decisions were clearly recorded with the relevant people involved.
- Staff gained consent from people before providing any care and support.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we recommended the provider reviewed how activities were provided to ensure there was equality for everyone. The provider had made improvements.

- Staff supported people to maintain relationships and take part in activities. A relative said, "There are quite a lot of activities, we get invited and can have a meal."
- A programme of activities was in place to meet people's interests. Events were arranged such as a garden party for the King's coronation, animal therapy occurred monthly, and a singer visited regularly to entertain people.
- People and their relatives were supported to maintain their relationships. Relatives told us they could visit anytime, and the home had a friendly atmosphere.

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

- People were happy with the support they received. Comments from relatives were, "[Person's name] receives person centred care that is tailored around them," and "They [Staff] do offer person centred care, they go above and beyond to show compassion."
- People were encouraged to make their own decisions and choices. People chose when and how they wanted to spend their time.
- The provider explored different types of technology to ensure least restrictive options were used to meet people's needs. For example, one person had a sensor mat to alert staff when they left their room or moved from their chair, rather than increasing their observations.

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 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

- People and their relatives knew who to complain to if they had a complaint. One person said, "They are very good here, nothing is worrying me, and I cannot think of any improvements that are needed." A relative said, "I have complained once, it was acknowledged by the manager and dealt with straight away."
- A record of all complaints was maintained; these were investigated, and action taken where failures had been identified.

End of life care and support

- End of life wishes had been discussed with people and people had end of life care plans that described their wishes.
- Staff had received end of life training and understood what end of life care should involve.

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. The rating for this key question has remained 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

At our last inspection the provider had failed to ensure systems and processes were in place to demonstrate safety was effectively managed. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17(1).

- The service was well managed and led, however, we identified during the inspection where further improvements could be made. The registered manager was very responsive to feedback and continued to develop their approach to improving the service and ensuring people received person centred care. A professional visiting the service told us they found the registered manager responsive and approachable.
- Records were not always accurate and there were inconsistencies in recording of fluid and food intake. The auditing system in place had failed to recognise this. Staff told us they felt it needed to improve and had been working hard with the registered manager to improve this.

We recommend the provider continues to embed their governance systems to ensure they continue to improve the quality and safety of the service.

- Staff were able to explain their role in respect of individual people without having to refer to documentation. Relatives told us staff knew people well and were well trained.

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

- There was a positive culture within the service. Staff spoke highly of each other and felt supported. Comments from staff included, "Everyone is really supportive and lovely," and "This is the first time I have done care, and everyone has been so kind and supportive."
- People and their relatives knew who the registered manager was and found them approachable. Comments from relatives included, "The registered manager is approachable and friendly and will deal with any issues and action them," and "The environment is lovely, welcoming and a home from home."

- Throughout the inspection the provider and registered manager demonstrated their commitment to improving the service. Lessons learnt had been delivered to all staff either by the provider or the registered manager.

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 under the duty of candour.
- The registered manager was aware of their obligations for submitting notifications to CQC as required by law.

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

- The provider engaged and involved people using the service. Relatives told us communication was good and they received newsletters.
- Staff had regular team meetings and told us they could discuss issues that were important to them, they felt listened to.
- The service worked collaboratively with a range of different health services to help make sure people received the right support. A professional said, "I have found them [Staff] responsive to anything that we have requested, I have no concerns.