Dr & Mrs P P Jana

Valley View Nursing 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on the 13 October 2015, it was unannounced.

Valley View is a nursing home providing accommodation for up to 33 people, some of whom are living with dementia and require nursing and personal care. The accommodation is provided over two floors and is purpose built to cater for people who use wheelchairs and have difficulty moving around. There is a passenger lift to all floors. The home is located in a residential area of Rochester, Kent. At the time of the inspection, 29 people lived at the service.

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

There were sufficient numbers of staff to meet people's needs. Staff were available throughout the day, and responded quickly to people's requests for help. Staff had the knowledge and skills to meet people's needs, and

Summary of findings

attended regular training courses. Staff were supported by the registered manager and felt able to raise any concerns they had or to make suggestions to improve the service for people.

People demonstrated that they were happy at the service by smiling and chatting with staff who were supporting them and greeting the manager warmly. Staff interacted well with people, and supported them when they needed it.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs. They met with the supervisor and discussed their work performance at one to one meetings and during annual appraisal, so they were supported to carry out their roles.

People were protected against the risk of abuse. People told us they felt safe. Staff recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Nursing staff carried out on-going checks of people's health needs, and contacted other health and social care professionals for support and advice.

Nursing staff managed and administered medicines for people. Medicines were administered, stored, and disposed of safely. People received their medicines as prescribed.

People were provided with a diet that met their needs and wishes. Menus offered variety and choice. People said they liked the food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

The providers and the registered manager investigated and responded to people's complaints. People knew how to raise any concerns and relatives were confident that the registered manager dealt with them appropriately and resolved them where possible.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the registered manager and staff.

The providers and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the Commission.

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.

People received their medicines as required and prescribed.

People told us that they felt safe living in the service, and that staff cared for them well.

Staff were recruited safely.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Good

Is the service effective?
The service was effective.

People said that staff understood their individual needs and staff were trained to meet those needs.

The menus offered variety and choice and provided people with enough to eat and drink to maintain their health and wellbeing.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good

Is the service responsive?
The service was responsive.

People were given information on how to make a complaint in a format that met their communication needs.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People were supported to maintain their own interests and hobbies. Visitors were always made welcome.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

Valley View Nursing 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 checked 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 the 13 October 2015, it was unannounced. The inspection team consisted of an inspection manager, an inspector and an expert by experience who spoke with people using the service. Our expert had experience of working with older people and people living with dementia.

The registered manager was available and supported the inspection process. We spoke with 19 people, and three relatives. We looked at personal care records and support plans for four people. We looked at the medicine records; activity records; and four staff recruitment records. We spoke with the registered manager, two nurses and four care staff, and observed the care interaction and staff carrying out their duties, such as giving people support at lunchtime.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. We sought the views of health and social care professionals who visited the home.

Before the inspection we examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

At the previous inspection on 22 July 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. People who were able to commented, "It is safe here, the security is good", "I feel very safe, I asked if I could have my door shut at night. They do now, but leave it partly open if I am not well, so they can check on me", and "I have a nice room, a good bed and I'm comfortable. It is so good here, I cannot find fault at all."

Relatives felt that their loved ones were safe, one said, "Totally safe, yes". Another relative said, Oh yes, no doubts there". A health care professional told us, "There is a very caring nature among the staff and all people seem to feel safe and comfortable".

There were enough staff to care for people safely and meet their needs. People said, "Yes, I can get assistance when I need it", and another said, "There are always staff around". The registered manager showed us the staff duty rotas and explained how nurses and care staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. The registered manager told us if a person telephones in sick, the person in charge would ring around the other members of staff to find cover. Agency staff were used as necessary to make sure that there were sufficient staff on duty to meet people's needs. This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing new staff. Staff recruitment records were clear and complete. This enabled the registered manager to easily see whether any further checks or documents were needed for each employee. Staff told us they did not start work until the required checks had been carried out. These included proof of identity checks; satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. Nurses were required to confirm that their nursing 'PIN' number was up to date, and provide confirmation of their qualifications. These processes help employers make safer recruitment decisions and helped prevent unsuitable staff from working with people who use care and support services. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Staff were aware that people living with dementia may not always be able to recognise risk or communicate their needs. Staff told us that they had received safeguarding training at induction and records showed that staff had completed safeguarding training. Any concerns raised were recorded and the registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. A Contracts Administrator from Medway Council, confirmed that there had been no safeguarding issues since December 2012. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

There were reliable systems in place to prevent people from having financial abuse. Records were maintained by management of any monies handled by them on behalf of the people. Small amounts of pocket monies were stored safely, so that people's money was not left unattended in the home. Receipts were kept for items such as hairdressing, and chiropody. A record was kept of all debits and credits, and the individual accounts could be checked by people's relatives or representatives at any time.

Risks were minimised and safe working practices were followed by staff. Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity risk and falls risk assessments were in place for staff to refer to and act on. In relation to maintaining people's safety, the slips, trips

and falls assessments instructed staff to make sure that the person used their walking aid, and to ensure that there were no hazards in their way. We observed that staff used appropriate moving and handling transfers to ensure people were supported safely.

Incidents and accidents were checked and investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. We saw there were risk assessments and guidelines for the use of bedrails which were reviewed on a regular basis.

People were protected from the risks associated with the management of medicines. Medicines were kept safe and secure at all times, and were disposed of in a timely and safe manner. A policy was in place to guide staff from the point of ordering, administering, storing and disposal, and we observed this was followed by the staff. A number of checks were conducted by both the registered manager and their deputy to ensure medicines were ordered and no excess stock was kept by the home. Daily checks were made of the medicine room to ensure the temperature did not exceed normal room temperatures. The medicines fridge was also checked daily and records maintained to ensure the medicines remained within normal range. The registered manager conducted a monthly audit of the medicine used. This indicated that the registered manager had an effective governance system in place to ensure medicines were managed and handled safely.

People were given their medicines by trained nurses who ensured they were administered on time and as prescribed. Appropriate assessments had been undertaken for people around their ability to take their medicines and whether they had the capacity.

Some of the records we reviewed contained a detailed care plan for the administration of medicines that were for 'as required' or homely medicines. This gave staff details of why certain medicines such as paracetamol were given. For example one person had been prescribed paracetamol for arthritis pain. These records had been reviewed within the last year by the person's GP, to ensure they were still required by people and that they remained relevant.

People who had been prescribed topical creams had their plan of care reviewed on a regular basis. Each person's chart we viewed had a separate MAR for their topical creams. The nurses had a clear guide as to what the cream was used for, where to apply the cream and a chart to record when it had been applied. The trained nurses delegated the application of some creams to the care staff. They told us how they assessed the support workers ability to apply the creams to ensure it was administered safely. This involved informal training and observations. We found that the staff followed these plans to ensure their topical creams were applied as prescribed by their GP and maintain their skins integrity.

Nurses who administered medicines received regular training and yearly updates. The registered manager said that she was currently updating the medicine assessments of competence for all nurses. Staff had a good understanding of the medicines systems in place.

People were cared for in a safe environment. The premises had been maintained and suited people's individual needs, as they included communal rooms and single and double bedrooms. These were personalised to people's tastes. Equipment was serviced and staff were trained how to use it. The premises were designed for people's needs, with signage that was easy to understand. The premises were maintained to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping. There was also wheelchair access from outside the premises to inside. Equipment was provided for those who could not weight bear so that they could be moved safely. Change of position records were in place which demonstrated people were receiving regular checks and having their position changed if nursed in bed.

The cleanliness of the premises was commented on by many. One person said, "We get the cleaner in every day. They change the bed, make it up, everything". Another said, "I do think the rooms are kept nice". A man said, "Every day, they clean up and down, even Saturdays and Sundays". Two ladies in the lounge agreed, "It is always clean and always looks nice". One member of staff spoken with showed understanding of the care people needed to maintain their safety, and this included the importance of cleanliness.

Emergency procedures in the event of a fire were in place and understood by staff. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Good

Is the service safe?

Evacuation information was available in each person's care plan. These included details of the support they would need if they had to be evacuated. These were kept in an accessible place and readily available in the event of an emergency. The staff knew how to respond in the event of an emergency, who to contact and how to protect people.

Good

Is the service effective?

Our findings

People told us that staff looked after them well. People said, "On the whole the staff are very good", and "The staff are helpful".

One relative gave an example of how good the staff were with his relative. He said, "They get close to her, because of her sight and they talk to her by name". Another relative said "Extremely happy with the competence of all the staff".

People confirmed that staff sought their consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. There were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

The registered manager and staff we spoke with told us that people had capacity to make decisions but recognised that in the future this may not be the case, so they and the staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with understood the principles of the MCA, deprivation of liberty and 'best interest' decisions.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS). There were procedures in place and guidance in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). A DoLS ensures a person is only deprived of their liberty in a safe and correct way, and is only done when it is in the best interests of the person and there is no other way to look after them. A 'best interest' meeting took place for one of the people during the day of our inspection visit. Staff supported people without any form of restrictions of their liberty. There were currently eight people who lived in home for whom a DoLS application had been applied for, and granted. For example, one person was restricted from leaving the premises, in order to maintain their safety.

Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. The provider was reviewing the induction programme to make sure that it was compatible with the new care certificate training. They said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until assessed as competent to do so. Nursing staff received a twelve week induction programme that included working shadow shifts. They were signed off by the registered managed when assessed as competent.

All care staff had or were completing vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This training helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia. One member of staff spoken with was happy with the training that she had received and felt that it was sufficient to both do her job and meet people's needs, both as the activities coordinator and a carer.

Staff were supported through individual one to one meetings and appraisals. Nurses received clinical supervision and support from the registered manager. They were responsible for keeping up to date with training. For example, a nurse had recently completed a twelve week medication training update, another nurse had just finished an equality and diversity course, and two nurses had completed an end of life care course. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. Staff were aware that the registered manager was available for staff to talk to at any time. Staff were

positive about this and felt able to discuss areas of concerns within this system. Staff received an annual appraisal and felt these were beneficial to identify what they wished to do within the service and their career. All of the staff we talked to told us "Staff worked well as a team", and this was evident in the way the staff related to each other and to people they were caring for.

People were supported to have a balanced diet. People's dietary needs were discussed before admission and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. There was a menu in place that gave people a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. People were offered choices of what they wanted to eat and records showed what they had chosen. Comments from people included, "The food is excellent, I've put on weight since I came here", "I think the food is good. It is hot. It's fresh food", and 'It is just how you would cook it yourself at home". One of the relatives was pleased to call it 'proper home cooking'. Another person mentioned with approval the 'frequent salads in the summer', and another person said 'plenty of vegetables every day'. One staff member spoken with noted the importance of fresh fruit, and explained how she took the 'fruit wagon' to all rooms, and said that the fruit bowl was always available. We observed people eating their meal in the dining room downstairs. All seemed to be enjoying their food, and the atmosphere was convivial. The food looked and smelled appetising. Plate guards were seen in use to aid to people to maintain their independence.

Care plans included eating and drinking assessments and gave clear instructions to staff on how to assist people with eating. People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed food and fluid intake was monitored and recorded. Some people needed to have their food fortified to increase their calorie intake if they had low weights. People were weighed regularly and their weight was recorded in their care plan. Staff informed the registered manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. All people spoken with felt that there was enough to drink. Everyone seen in their rooms and most of the others had drinks within reach, often both hot and cold. This meant that people's nutritional needs were met.

The registered manager had procedures in place to monitor people's health. Nursing staff carried out on-going checks for people's health needs, and contacted other health and social care professionals, such as GP's for support and advice. Blood glucose testing was performed on a weekly basis for people who were diet or tablet controlled, and more frequently if required for one person who was on insulin. Nurses held responsibility for different areas of health care, such as wound care, medicines and continence care. This enabled them to concentrate on specific aspects of the work and to inform other nurses of updates and changes in their given subjects. One person said, I see the nurse every week for dressings and look how neat they are". Another person said, "If we need a doctor, they come". Referrals were made to health professionals including doctors and dentists as needed. People told us that the doctor regularly visited and if they wanted to see the doctor the staff would make an appointment. One person said, "The manager knows I need a hearing aid, and I am waiting for an appointment". Another person told us that they had had several blood tests taken. Blood pressure monitoring along with temperature, pulse and respirations were performed by the nurses.

Where necessary the nurses referred people to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. A health care professional told us that an audit had recently been carried out and the results were favourable. They confirmed that people had complete assessments, turning charts, nutritional and hydration charts and where appropriate pressure relieving equipment used correctly. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

The premises were purpose built to care for people who use wheelchairs or have difficulty moving around. Some adaptations to the environment had been made to meet people's physical needs. For example, a range of

Good

Is the service effective?

equipment for transferring people, from their bed to a chair. When talking to one person about the equipment used to transfer them, they said, “They use it well”. Toilets had raised toilet seats, and grab bars which provided support for people to enable them to retain their independence.

Good

Is the service caring?

Our findings

People told us that staff are all very good. People said, “We are well looked after here”, “We are all on first name terms here and I think everybody gets on very well together”, “They couldn’t do anymore for me”, and “I have always liked it here and I got better than I was when I was in the hospital because of the care”.

Relatives commented, “They (staff) all know me when I come in and I have got to know them all now”, and “They are very good to her, I couldn’t have put her in a better place. She knows that it is her home now and it is such good care”.

People told us that they were involved in discussions about their care needs. One relative told us he was pleased that “They get her out in to one of their special chairs in the lounge, which is great”. He also said, “They took time to settle her in, they changed her room to find one that suited her, they made it more appropriate for her, and this was very good”. He felt that she has made strong bonds with the staff already and said they were good at keeping her dignity, and they spend time with her too.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member’s likes and dislikes, and personal history. People said that staff knew them well and that they made choices throughout the day regarding the time they got up went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible. One person said, “I am a person here, not a number”, and another person said “You are not just a number, you get attention here”.

Caring interventions were observed, a member of staff willingly and patiently looked all through a person’s wardrobe at her request, to reassure her about her belongings. One member of staff took time to reassure a person waiting to return to their room that everything was being done to facilitate this as quickly as possible. She did this more than once, spending time as well making them as comfortable as she was able while they waited. Two ladies who had become friends were seen with staff, who helped one to go to the other’s room, so they could continue to chat. The staff spoken with showed that she knew the people well.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. We observed the staff knocking on the doors before entering rooms.

People said they were always treated with respect and dignity. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

During the inspection, we observed that the call bells were answered in a timely manner. People told us, “I’m kept waiting a bit, but on the whole not too bad’, “There’s not too long to wait, they are very good”, “If I ring, they might say, I’ll be back soon, and they do come back”, and “The night staff are usually very good and there’s not usually long to wait”.

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. None of the people we spoke with had made a complaint about their care, but told us if they had a problem they would speak with the manager. One person said, “If I wasn’t happy, I would see the manager of course”. Relatives commented, “If there are any issues they will phone me, anything at all”, and “They come to speak to me or they phone me”.

The management team carried out pre-admission assessments to make sure that they could meet the person’s needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People’s needs were assessed by the nursing staff and care and treatment was planned and recorded in people’s individual care plan. These care plans contained clear instructions for the staff to follow to meet individual care needs. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person’s ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. One person told us “I am very independent, but there is always help if you need it. I like the way that someone always comes in to see if there was anything I couldn’t manage”. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs. One health and social care professional told us that they were always welcomed and staff were open to support and advice. They said, “When giving advice for people they respond well and in a timely manner”.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

Staff were responsive to people’s needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person’s ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs. Staff work with a client group for three months at a time for consistency. This enabled them to get to know people and for people to know the staff caring for them.

Staff encouraged people to follow their individual interests and hobbies within the limits of their nursing needs. Some people remained in their bedrooms due to their medical conditions or as a preference. There were activities, both from outside companies and from the activities lady. An exercise group facilitated by the activities person was observed in the lounge in the afternoon of our visit, with at least six residents taking part, involving balls and music. The programme for the current week included, ‘games, sing-a-long and a shopping trip’. There were photos of people taking part in gardening, cooking and reminiscence, and it was mentioned that a man from the Guildhall Museum came sometimes with interesting objects to promote discussions. Several ladies talked about the regular ‘shop’ that came to the service, with catalogues to order from. One lady said, “I’m happy with my TV and DVD player”, and another noted, “They have activities, but I like to sleep in the afternoons”. Some people talked about the ‘bingo’ and another mentioned ‘knitting, reading and word searches”. The activities lady said, “I am trying to do more one to one sessions, and I do ask them what they would like to do”. She talked of the special events, including a ‘golden wedding’ do, and ‘tea at the Ritz’ and the cocktails’.

Good

Is the service responsive?

People said, “They do have things going on. I love the flowers”, and “They get people in, like the one bringing the strange animals in”. There were links with local services for example, local churches and local entertainers.

People’s family and friends were able to visit at any time. One relative told us “I feel welcome, and they make me tea as well when they come round”. No one mentioned any visiting restrictions at all and one relative stressed how welcome the staff made him feel.

Information about making a complaint was available on the information board at the entrance of the service. People were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they may have. All people spoken with said they would be confident about raising any concerns. One person commented, “I think we get a good chance to talk to you (meaning the manger) when you come round to see us”. Relatives and people who lived at the service knew the manager and felt that they could talk to the manager with any problems they had. The providers and the registered manager investigated and responded to people’s complaints. The registered manager told us that there had been one recent complaint, and action was being taken to resolve any issues raised. The registered manager confirmed that complaints were investigated appropriately and reported on. The provider said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately within a set timescale.

Good

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. People said, “The home is well run”, “I know the manager, and I know where her office is”, “I see the manager nearly everyday, she brings me my tablets”, “She, (the manager) is just like one of the girls, she is always around working”, and “All that you could hope for in a home”.

Relatives told us, “I find the manager approachable”, “The manager and other staff are all very good”. Health and social care professionals told us, “The manager is very open and approachable. She is fully aware of people’s needs and appears to have an excellent rapport with her staff and people living at the service”, and “The service appears well run and managed”. One staff member said, “The provider is good to work for, it is a well led home, and I do feel valued.

The provider had a clear set of vision and values. These were described in a statement on the noticeboard inside the entrance to the service and in the Statement of Purpose. The aims and objectives was to provide an environment that all people can regard as their home. A place wherein each person can feel valued and have their individual requirements met. A place where comfort and dignity take priority. A place where choices are respected where privacy is an individual right. The management team demonstrated their commitment to implementing these by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs.

The aims and objectives of the service were set out, and management and staff were able to follow these. For example, they had a clear understanding of what the service could provide to people in the way of care and meeting their physical and mental health needs. Staff understood and were able to describe the aims of the home. These were described in the Statement of Purpose for the service, so that people had an understanding of what they could expect from the service.

The management team at Valley View Nursing Home included the providers, the registered manager, registered nurses, care staff and ancillary staff. The providers provided support to the registered manager, and the registered manager supported the nursing staff, care staff and ancillary staff. Staff understood the management structure of the home, who they were accountable to and their roles and responsibilities in providing care for people.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff. One relative told they could attend ‘resident’ meetings. People told us about the regular ‘Tea with Matron’, sessions and brief records were kept in relation to these meetings.

People and relatives spoke highly of the registered manager and staff. We heard positive comments about how the service was run. They said the registered manager had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to make improvements whenever possible.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The registered manager had consistently taken account of people's and staff’s input in order to take actions to improve the care people were receiving.

The registered manager was aware of when notifications had to be sent to the Commission. These notifications

Good

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would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the adapted baths to make sure people were protected from harm.