Rex Develop Limited

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

Overall summary

The inspection of Valley View Residential Care Home took place on 25 August 2015 and was unannounced. The home was previously inspected in December 2014 and found to require improvement in relation to dignity and respect towards people living in the home, a lack of compliance with the Deprivation of Liberty Safeguards and staffing. We looked at these areas during our inspection and found there had been significant improvement.

Valley View is a purpose built residential care home. The accommodation comprises of single rooms with en-suite toilet and shower facilities for up to 59 people. There are four units, Rose, Poppy, and Bluebell providing accommodation for between 16 to 18 people and Orchid unit for eight people. Poppy Unit is dedicated to caring for people with dementia. On the day of our inspection there were 54 people living in the home.

Summary of findings

There was a registered manager in post on the day of our inspection. 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.

People told us they felt safe and staff demonstrated a sound understanding of what may constitute abuse or neglect, and were fully aware of how to report such concerns. The home was keen to promote independence and the risk assessments encouraged people to do as much for themselves as possible without neglecting their need for support if required.

Staff were accessible throughout the day and responded to people promptly and efficiently. Medicines were administered and stored in line with the National Institute for Clinical Excellence (NICE) Managing Medicines in Care Homes guidance. Staff had received necessary training and were competent in this role.

People were supported by well trained and knowledgeable staff who had access to regular guidance and information. The home encouraged staff's personal development and through their appraisal system enabled staff to consider their strengths and development needs.

We saw people received appropriate support with eating and drinking and that choices were on offer. We spoke with the registered manager as to whether consideration of a more 'restaurant style' meal provision may be more enabling for some people as meals were pre-plated and denied people the option of portion control.

The home was compliant with the requirements of the Deprivation of Liberty Safeguards ensuring necessary authorisations had been obtained where people's liberty was restricted in their best interests.

Staff interacted well with people living in the home displaying detailed knowledge about individuals. Staff were helpful, considerate and patient. They were also very accessible all day ensuring people had their needs met promptly and effectively.

We saw people were enabled to do as much as possible for themselves, both physically and mentally, and this promoted a sense of wellbeing in the home.

There was a variety of activities on offer in the home on the day of our inspection for people to join in with as they wished. They helped to promote positive mental health by encouraging interaction and reminiscence.

We found that people's care needs were responded to as they preferred and that written records endorsed this person-centred approach. Complaints were handled effectively and learning gleaned from them shared with staff as necessary.

The home had an accessible and responsive registered manager and team who demonstrated effective leadership by acknowledging and resolving, where possible, any concerns promptly and had the systems in place to support this.

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 told us they felt safe and we found staff understood how to keep people safe from avoidable harm and report concerns where necessary.

The home managed risk in a positive manner, enabling people to make choices and supporting them if they needed specific assistance.

Staffing levels were appropriate to the needs of the people living in the home and medicines were administered and stored safely, ensuring procedures were followed.

Good

Is the service effective?
The service was effective.

People were supported by knowledgeable staff who had received a comprehensive induction, ongoing support and training. The home encouraged staff's personal development.

The home was compliant with the requirements of the Mental Capacity Act 2005 and the related Deprivation of Liberty Safeguards in regard to ensuring where people lacked capacity that decisions were made in their best interest.

People were supported to have adequate nutrition and hydration, with staff offering specific assistance where needed. This was monitored closely and referrals to external health professionals made as necessary.

Good

Is the service caring?
The service was caring.

We saw that staff were consistently helpful, considerate and responsive to people's needs. They were approachable and displayed high levels of patience when dealing with people with more complex behaviours.

People were treated as individuals and it was evident that staff knew people well. We saw positive interaction between staff and people living in the home.

People's dignity and right to privacy was respected and supported.

Good

Is the service responsive?
The service was responsive.

People had access to a variety of activities during the day and were encouraged to join as much as they wished. Where people declined, this wish was also respected.

People told us how flexible the support was in meeting their needs.

We saw the care records were person-centred but did not always include written evidence of the person being involved.

Complaints were handled well and in a timely manner.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

People told us they enjoyed living in the home which had a happy and friendly atmosphere. Staff were equally positive about working there.

The registered manager and team were accessible to people and families told us that if things were reported, then action would be taken and things would change.

The home had a robust auditing system which identified gaps and ensured through regular action plans that these were remedied as soon as possible.

Valley View Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 August 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors and one Expert by Experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information from the local authority safeguarding and commissioning teams.

We spoke with nine people living in the home and six of their relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We also spoke with ten staff including four carers, one senior carer, one member of the kitchen staff, the activity co-ordinator, the deputy manager, the registered manager and the operations manager.

We looked at six care records, seven staff personnel records and audits including health and safety, accidents, management walkarounds, medicines and care plans.

Good

Is the service safe?

Our findings

We asked people if they felt safe living in the home. One person told us “I feel safe. I don't get bothered. I lock my room at night”. Another said “I feel safe. The staff are very secure and always there for you so you're bound to feel safe”. A further person told us “A few years ago when I first moved in someone came into my room at night. I can now lock my room. I’m happy to lock it. It makes me feel safe”. Relatives we spoke with also said “My relative’s happy and they feel safe here. They ask for their room to be locked at night and feel safe and secure”.

We also spoke with staff who gave us different examples of what may constitute a safeguarding concern including both physical and psychological factors. They were aware of the safeguarding policy, understood its significance and the procedure for reporting concerns. The information was accessible for all staff in their offices. Staff were also aware of how to escalate concerns if the need arose and had the confidence to do so.

We asked one member of staff if they had ever had to raise any concerns about another member of staff with regards to their conduct. They said the need had never arisen but knew what to do if required. We saw examples of recent safeguarding referrals and saw that appropriate action had been taken. The service had a consideration log where all possible safeguarding issues were recorded and the decisions were recorded whether they had been referred on. This showed the service was able to identify key concerns and monitor or take action as necessary.

We found risk assessments were completed and updated monthly, and more often if needs changed. Staff demonstrated a sound understanding of how to manage behaviour which some people living in the home may have found challenging. We saw staff respond to such situations throughout the day with techniques such as distracting and diverting someone away in a gentle but assertive manner. There was also equipment in place to support people to be independent as much as possible such as sensor mats and planned pressure care programmes in place for people who needed them.

Each person living in the home had an individual evacuation plan in the event of fire. This was especially pertinent for people who had their own key and chose to lock their room door. There was a fire alarm test during the visit.

Monthly audits of accidents and incidents were recorded which showed each person and the number of accidents, time, location and detail of what happened. This also contained the actions taken as a result which was always appropriate such as increased staff monitoring due to risk of forgetting walking aids or the request for GP or district nurse visits.

We asked people living in the home if they felt there were enough staff and how quickly they responded if they needed assistance. One person told us “My room is locked at night because I sometimes fall. I have a call bell to press if I need it”. Another person said “I don't always think there are enough staff on this floor. They think that because there are only eight of us one staff is enough. But if I'm waiting for my breakfast and someone needs help getting dressed I have to sometimes wait a while”. We observed that there was only one member of staff on this particular floor due to people’s greater degree of independence. However, we did not see this had a detrimental impact on the attention they received as the staff member was quick to respond and accessible in the communal area.

One relative we spoke with told us “There is always someone to speak to. On my relative's floor there are usually two and sometimes three staff. It's very rare when there is no one about”. Another relative said “I was a bit concerned when I found out that there were only two seniors on at night and they have to cover two floors each. I spoke to the manager and they said the staffing levels were within the guidelines but I felt a bit concerned”. This relative did not tell us that there had been any specific incidents as a result of this.

We asked staff if they had enough time to complete their duties and we were told yes. One staff member said “I believe staff sickness is sometimes an issue but bank staff are used to fill in gaps”. A different member of staff indicated requesting cover was not a frequent necessity as staff were loyal and “it doesn’t happen a lot”. Staff spoke positively of the opportunity to work on different floors ensuring they got to know all the people living in the home.

Good

Is the service safe?

We observed that there were two care staff per floor (the home is on four levels) with one on the top floor. In addition there were three senior care staff on duty who moved between floors as required. On the day of our inspection we felt the staffing levels were appropriate to meet the needs of the people living in the home.

The premises were clean, well-maintained and in good decorative order. One relative was keen to tell us "This place is very clean and I'm fanatical". Another told us their relative "is always clean. The bathrooms all have wet rooms in them. There are never any unpleasant smells here". The home had adhered to infection control reporting requirements when needed.

There was a large communal lounge on each floor with activities and a smaller lounge if people wanted some quiet time. These rooms contained books and games, and on the floor for people living with dementia some specific support resources. People's rooms had name badges and photos on the people living there. There were also prompts on the door reminding staff to knock before entering. The corridors were decorated with pictures of local landmarks with brief descriptions of their history.

It was warm on the day of our inspection and there were large extractor fans on the wall which were noisy, however people did have access to the outside space on two of the levels. Both had patio areas with some seating. One was decorated with garden gnomes and painted planted wellies.

We found that medicines including Controlled Dugs as defined under the Misuse of Drugs Act 1971 were recorded, administered, and stored appropriately. We saw that fridge and room temperatures were taken on a regular basis although there were some gaps on one floor. Dates of opening were recorded on boxes of ointments and eye drops. The home carried out regular medication audits to check stock levels. We conducted a stock analysis and this tallied with the records.

Medicines were given from weekly blister packs and the medicine administration records (MAR) contained the name and photo of each individual alongside any relevant medical information such as allergies and GP details. People were supported where possible to take their own medication and this was recorded accurately. Staff who administered medicines knew of the procedure if they encountered an error with medication.

Risk assessments with regard to taking medicines were completed where someone needed staff support. We noted in one record that someone was on PRN (as required) medication but that they had not received this for the past month. We asked the staff member administering the medicines if they knew what this medicine was for but they were unaware and there were no directions within the MAR to indicate when the person should be given it. We discussed this with the deputy manager who agreed to remedy this with immediate effect as the individual may not have been receiving necessary medicine in line with their health needs.

Staff had received appropriate training and were assessed for competence before administering medicines. They were then assessed on a 6 monthly basis thereafter. There was handwash and protective personal equipment for use by staff in each medication room.

We saw all the all necessary health and safety checks for the equipment and environment certification and found these were current.

Good

Is the service effective?

Our findings

We asked people living in the home their view on the food provided and whether they had enough support where extra help was needed. One person told us “The food is pretty good as a rule. They've just changed the cook so we'll have to see” and another said “We have a choice of two different things. If there's something I don't like they'll make me an omelette or a jacket potato. The portion sizes are OK”.

One person we spoke with told us “My relative likes the food. They are eating better here”. Another stressed “If you don't want what's on the menu, the staff will make something else like an omelette or salad”. Another relative said “The bread for the sandwiches is incredibly fresh. They are cut into triangles and presented on end. They look very appealing”.

People were given a choice, aided by pictorial menus. One relative told us “My relative can't really make their own decisions yet the staff still give them choices. They might ask them if they would like gammon or shepherd’s pie. My relative says they doesn't know so they prompt them to allow them to choose something. They might say the shepherd’s pie is good today. Would you like that?” This showed the service was trying to engage with people as much as possible to determine their preferences.

The home offered alternatives where the main options were not to a person’s liking. This was the same at breakfast and tea times where people were able to choose. However, we did raise with the registered manager that some meals were pre-plated denying people living in the home the opportunity where they were able, to choose their own portion size and accompaniments. They agreed to consider a more ‘restaurant like’ experience for all people living there.

At midday we heard someone ask for something to eat and they were offered a choice of cereal, toast or biscuits, along with a cup of tea. This was brought to them even though lunch was to be served in half an hour. This shows the service was focused on the people living in the home by enabling them to make their own choices and ensuring their preferences were met. We saw people were frequently offered drinks throughout the day with one person telling us “Drinks are non-stop. They have them all day”.

We received a number of comments about the quality of the food. One person said “Sometimes the meals are under cooked - the gammon and bacon are undercooked”, and another person told us “The quality of the food sometimes leaves a lot to be desired. It has been bland and the meat tough. Today though the meat was tender with very tasty gravy”. A further person said “Last week I complained about the food. I couldn’t cut it. Today the beef was very tender but the vegetables were overdone and the sprouts were just mush. The puddings are good. If I don’t like the options they’ll make me an omelette”. We were told that a new cook had started the day of our inspection as the previous one had just left and people were hopeful based on the dinner that day that things would improve.

We observed lunchtimes and found that staff were friendly and helpful. People were given the opportunity to choose where to sit and whether they wished to wear an apron to protect their clothing. One person was struggling with their meal and the carer noticed this and said, ‘Would you like me to cut up your beef?’ Another person said, ‘Can you put some salt on?’ and the carer actioned this immediately. People were asked their choice of drink from two different juices. We noted that one person requested a cheese omelette as they did not like meat. They were asked if they would like vegetables or salad to go with their meal. They declined these but requested tomato sauce which was brought to them immediately. People were also asked if they had had enough to eat before plates were cleared away.

People who chose to remain in their own rooms received their meals first followed by people in the communal dining rooms. People were assisted to eat where this was needed. Staff members followed the person’s own pace and supported by enabling them to use the utensils provided. We spoke with staff who were all aware of who needed support with eating and food was provided in the appropriate format, e.g. a soft consistency where required or fortified supplements for those needing to increase their weight. We saw evidence of this in each person’s dietary sheets which were kept by the chef and adhered to as necessary. People’s food and fluid intake was recorded where necessary and weights were recorded monthly with action taken promptly if concerns arose.

We asked staff about their induction and subsequent training. We spoke with a new member of staff who told us their induction had taken place over two days prior to them

Good

Is the service effective?

starting. They had looked at areas including moving and handling and safeguarding. They said they were currently working through a large book which provided additional and more detailed information. They were required to complete specific sections in a certain timescale.

They had also shadowed staff on shifts and were continually asked if they felt confident in supporting in specific areas before being expected to undertake that task themselves. The same member of staff was also aware of which records they needed to complete on each shift, and was able to explain the reason for doing this. A different member of staff also told us that they had shadowed shifts for a few weeks, were never left on their own and felt supported in doing this. They said "When we get new staff, I try to help and show them what to do. It is nice to help others – it doesn't cost anything".

We looked at staff files and saw evidence of completed inductions which were dated and signed by both employee and manager. Topics covered included fire safety, infection control and dementia awareness including those previously mentioned. Appropriate recruitment checks had been carried out prior to staff commencing employment.

We looked at the frequency of supervision and found that there were gaps. Supervision sessions tended to comprise memos which staff signed to acknowledge receipt. Senior care staff said that meetings were held bi-monthly with managers at the home to discuss key issues. We spoke with the registered manager who explained that they were aware of this shortfall but that most staff had received an appraisal between mid-July and our inspection visit. For those who hadn't, we saw that dates were scheduled in for the forthcoming weeks allowing for annual leave.

We looked at the appraisal forms and saw they were detailed and contained feedback from both member of staff and manager (deputy or registered) around performance, achievements and people's strengths. It also identified training needs and discussed career aspirations. There was evidence that the managers were supporting people to progress in both their confidence levels by identifying where they were doing particularly well, awarding titles such as 'carer of the month' and also promoting their individual development as valued members of staff.

Staff told us that that they had access to regular training. They told us they had recently attended training around 'care for the dying, safeguarding, moving and handling and mental capacity'. Another person said they had recently had training around dignity and respect in relation to providing care. A senior carer told us they had their competency at administering medicine regularly assessed, most recently by the deputy manager. We checked the training matrix and found that staff training was up to date.

Training was delivered in a variety of formats including face to face, e-learning and reading materials. One member of staff told us an admiral nurse had recently visited to deliver training about best practice in dementia care. An admiral nurse is a specialist in this provision. It was evident through conversations with staff about particular areas that the training was effective as they were able to explain key elements and how that affected their practice, for example where people had capacity they were able to choose if they wished to have their door locked and at what times.

We asked staff how they became aware of events within the home when they came on shift. They told us that the senior carer provided a handover which was both verbal and written. The written log contained a 24 hour overview of key activities within the home and staff were fully informed prior to starting a shift. Records of individuals living in the home were completed by keyworkers and were task-focused in their entries.

Staff also told us they may receive written notification about any changes to policy or practice and they were also to read and sign once they understood what was being asked.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We saw that the staff at the home were correctly applying for DoLS for people who lacked capacity and were limited in their access around the home. We asked staff about their understanding of what a DoLS means for individuals living in the home. One member of staff told us "it is an assessment of whether taking someone's liberty away is

Good

Is the service effective?

the right thing to do". Other staff demonstrated a clear understanding of the importance of assessing capacity in relation to specific decisions and in conjunction with relevant people.

We saw signs on people's doors which indicated their preference for having their rooms locked and appropriate documentation in people's files to evidence how these decisions had been reached.

We saw evidence of best interest decision making where a person lacked capacity and that staff always sought to engage with people prior to undertaking a task, even when the person had limited understanding. This showed the home was acting in accordance with the principles of the Mental Capacity Act 2005.

One relative we spoke with told us how far the home went in trying to engage with people who were living with dementia. They told us that outside agencies had been involved in the care of their relative and that the home was spoken highly of by these external professionals. The relative said "if someone wasn't responding to a particular request, then staff would consider alternative techniques. They often used distraction and would bend over backwards to help". They also elaborated that 'staff will always ring if there any issues such as a fall or problems taking medication' and they felt this showed the service was 'transparent and accountable'.

People were supported to access additional health and social care if required. One person told us "If I need a doctor I tell the staff and they send for the doctor". Staff sought advice for people where needs had become more complex and responded to these appropriately including physical and dietary care needs. The home received regular input from district nursing staff who provided advice as needed particularly in relation to skin integrity and pressure care. We saw in the care records that people had access to opticians and chiropody services as well.

Good

Is the service caring?

Our findings

People spoke very highly of the care staff. One person told us "I'm very happy here. I haven't crossed with anyone. They've (the staff) have been very good. I apologise when I ring for help with the toilet and they say, 'Don't be silly. It's our job". Another person said "It's quite good here. It's pleasant and clean. It's the people that make the home. You make friends with the other people living here. The staff are very good. I can't complain about them. They see you get your tablets and keep you clean. It's the best care home in West Yorkshire and that's a fact. My relative got me in here". A further person said "It's alright here. I have a television, bed, and shower. I get my meals and everything I need. The staff are helpful".

Relatives visiting the home on the day of our inspection were also keen to share their views. One relative told us "I find staff very approachable and caring. Some are young and not had much experience of the world but they are very caring". Another said "Generally speaking all the staff are very kind. The quality of care has improved. The staff are not as concentrated on tasks. They are more caring. They come and spend time with my relative when they're in bed and let my other relative's partner go and watch the cricket or something". Another relative told us "(Name) looks after my relative. They're jolly and loud and great".

We observed staff to be very caring, polite and helpful. They interacted in a respectful, friendly manner with the people living in the home. We saw that staff physically lowered themselves to the person's eye level when speaking with them. For example, a carer spoke to a person who was visually impaired while giving them their medication for the first time, "Do you want me to give you one at once? I've got water here for you. My name's (name). I don't think we've met before". We also members of the cleaning staff talking to people in their own rooms while carrying out their tasks, discussing that person's family and interests.

On another occasion one person said 'This chair's digging into my back' and the carer said, 'Would you like me to get you a cushion?' which was brought promptly. Another person with visual impairment was assisted by a member of staff to the dining table and was told by the carer 'You sat at the same place for breakfast' to assist with familiarisation. We heard someone say they were cold sitting in the lounge and were asked if they would like a cardigan from their room. When they said they would the member of staff asked which colour they would like, showing that they were ensuring people were making as many decisions as possible themselves.

People were also supported to make as many choices as possible to maintain their independence. People told us they made their own choice as tov when to get up and go to bed, and this was evidenced in the care records. One relative we spoke with told us "My relative is encouraged to do things for themselves. They dress themselves and has asked me to bring in some soap powder so they can wash their own smalls". People were asked their preference as to the music being played on the record player in the unit for people living with dementia, and encouraged to singalong.

One member of staff explained that even if someone was not able to verbalise their choice, there were other means of finding out their decisions. For example they said "one person shows us by their mannerisms if they need the bathroom". The same person can be offered a choice of two different outfits and carers determine by the person's reaction as to which one they prefer.

Later in the day we saw one person being showed the records and able to choose which one to have on. We also saw one carer dancing with someone, encouraging them to do as much as they could. We heard a staff member talking to someone about their past life, trying to engage the person in conversation and recollection. This showed the service had awareness of people's different needs, whether that was thorough either physical or mental health difficulties, and was alert to responding to these by demonstrating person-centred care.

Prior to lunch we heard one carer ask if the person would like to sit at the dining table. They declined and a side table was provided for them to enable to eat from the armchair. In order to facilitate this, their zimmer frame had to be moved but a clear explanation was given as to why it needed to be moved and where it would be, and the member of staff urged the person to just ask if they needed it in the interim.

We observed another person struggling to access the dining table due to their walking aid and staff were very patient in giving directions as to how best manoeuvre to get to the seat the person had chosen. At no point did they suggest an alternative which may have been an easier solution. This showed staff were keen to enable people to

Good

Is the service caring?

manage tasks themselves. We also saw while someone was being transferred with the use of a hoist this was used correctly and the person reassured throughout the whole process with explanations given.

In the unit for people living with dementia we observed one person continually remove their shoe and sock. Each time this happened a member of staff went to assist, gently talking to the person trying to persuade them to keep them on otherwise they would get cold feet. The carer remained patient and considerate over a twenty minute duration helping the person, even though they had removed their sock over eight times in this period.

We were told by one person how they had been encouraged to get involved with the appointment of staff; "I spoke to the manager about how hard it must be to recruit suitable staff and they invited me to be on the interview panel when new staff are appointed". Another person told us "They have residents' meetings but I don't go. I don't always know if they do any good. Some people make a fuss but I don't". We saw evidence of these meetings which discussed a range of topics and were led by the activity co-ordinator with opportunities for people to interact.

Staff ensured that people's dignity was preserved. One person whose skirt had ridden up above her knees was discreetly assisted by a member of staff who said 'Oh, your skirt's moved up. Shall I pull it back down for you?' We also observed staff respecting people's privacy by knocking on doors before entering rooms (there were prompts on each door), and waiting for a response before entering and asking people quietly if they wished to use the toilet.

Staff we spoke with told us that they understood the importance of building trust in their relationships with people. One member of staff told us "I don't expose them. I close the curtains and ensure doors are shut" prior to carrying out any personal care support. Another said "I always ask people if they would prefer me to leave the room while using the toilet" to give them some privacy.

Good

Is the service responsive?

Our findings

We asked people if they felt there were enough activities in the home. One person said "They have bingo and crosswords and people coming in singing". Another told us "All sorts of bits and bats go on but I don't want to do exercises or play bingo. They ask if I'm coming but when I say no they leave me alone".

People had the opportunity to have quiet time as well. One person said "I like to read a lot. My family bring me books and there are lots of books here". Another said "When it gets to 5 o'clock and I've had my tea I go to my room and think, that's lovely. There are no cleaners or anybody coming in and I can be quiet".

One relative told us "My relative is a very private person. The staff ask them if they want to join in with things and they have started to take part. They have done some quizzes and keep fit". Another said "They have all sorts of activities here. Sometimes a guy comes in with a guitar and plays and sings. The residents join in and dance too". A further relative told us "It's a nice atmosphere. Sometimes in an afternoon the carers will sit next to my relative and hold their hand and talk to them. They like this one to one attention as this makes them feel they are their friend. They come round with tea and biscuits and offer them to the visitors too. I've never been anywhere where there are so many drinks on offer".

We observed part of the activities on offer on the day of our inspection. The programme was appropriate and well supported by a volunteer who was covering for the activity co-ordinator that day. We saw the volunteer had positive relationships with all the people living in the home and knew them very well. They encouraged people to join in but respected their decisions when they declined. People were encouraged to join in from different parts of the home by the volunteer who went to each floor telling people what was on offer that day.

The session we observed involved eleven people with a carer supporting. The volunteer sang a welcome song at the start of the session followed by three funny stories. After that people were encouraged to choose a letter of the alphabet and say things such as a fruit, flower, or country beginning with that letter. The leader was extremely encouraging and positive with the residents with supportive comments as people took part.

The focus was on reminiscing and thinking. For example, when trying to think of a boy's name beginning with 'L' they said, "Think about all the members in your family. Your dad, your sons, your brothers, your cousins. Do any of them begin with 'L'?" Similarly when trying to think of a town or country, they encouraged people to think of places they had visited or holidayed at. At the end of the session people were thanked for coming. The volunteer told us, in conjunction with the activity co-ordinator, they were reviewing what is currently on offer by analysing uptake on sessions and listening to residents' views. They had already identified people would like more outings.

One family member told us about a recently held dementia awareness week which they said "was packed. The speaker gave lots of practical tips as well as leaflets and contact numbers". This showed the home were supporting people living there and their families. We saw that there was a range of activities including keep fit and mobile, reminiscence, drop ins for families to attend and a tuck shop which had stemmed from people's requests. There were plans in place to make the environment more dementia friendly in partnership with the local art college, and a bus stop and bench had been purchased for the outdoor area along with gardening equipment. There were photographs on display in the reception area of recent activities and resources were available in the communal areas such as games, balls and radios.

People living in the home were encouraged to attend the residents' meetings which were held quarterly. Items discussed included people being involved in the recruitment of new staff and the start of a book club as many people enjoyed reading.

We asked people how flexible the support they received was. One person told us "You can have a bath or shower whenever you want". A visiting family member said "If my relative wants to stop in bed, they can. They can get up when they want. Sometimes when I come at 10:30 they are just having breakfast then, as they have just got up". We observed some people went out with their relatives and meals were adapted accordingly. Relatives also told us "I can visit anytime".

We looked at the care records of people living in the home. The documentation was based on 'This is me' which

Good

Is the service responsive?

detailed people's preferred name, parents, school, family, favourite food, hobbies and special interests. There was also the option for family members to provide additional details where someone was living with dementia.

The records were completed in detail with pre-admission information and specific health and social information such as medicines, health conditions and cultural needs including religion. Support needs were recorded in a person-centred way. For example "(name) chooses their own clothes to wear but will need support to co-ordinate and sequence these" and "(name) to be given a choice of where they would like to sit in the lounge at mealtimes".

People's specific needs were identified and records were updated to reflect current support requirements. These included areas such as mobility, weight, pressure care, communication and falls risk. Particular risks were also identified and specific care plans were in place to meet these needs such as managing more complex behaviour. There was no written evidence in the file that the person had participated in the review. However, we spoke with staff who told us that family were asked if they wanted to be involved and family were informed of any updates.

In the care records were signed agreements in relation to people having keys for their rooms. These agreements also indicated whether people wished to retain a key themselves or were happy for care staff to lock their rooms according to their individual preference including when they were in their room. We saw that where the person lacked capacity these had been completed by relatives who had lasting power of attorney. These agreements were reviewed on a monthly basis.

We saw the registered manager had a comprehensive complaints management system. Complaints were logged with the detail of the issue, the ensuing action taken and the resolution including whether the complainant was happy with the outcome. We saw that a relative had raised concerns about staff conduct and this had been addressed through further staff training and awareness including a formal supervision. There had been no complaints to the service since March 2015.

Good

Is the service well-led?

Our findings

We asked people how they felt living at Valley View. People responded positively including one person who told us "It's very good. I just like it. The staff are very good". Another said "It's very nice. The majority of staff are very nice but you can't like everyone the same". A further person said "We get notes from time to time asking us about the home but if I want to say anything I tell the staff". This showed that the staff were responsive and open to comments and that people living in the home felt able to raise any concerns. One relative said "When I first came here I was welcomed. There was laughter in the corridors and I thought, 'This is nice' ".

People were keen to tell us that if there were any issues, the managers could be approached, would listen and would take appropriate action. There was an extremely high level of confidence in the management from both the people who used the service and their relatives, and that any issues raised would be dealt with satisfactorily. Every person living in the home and relative we spoke with knew the registered manager and everyone told us the management team worked well together.

We saw the latest residents' satisfaction survey which had been conducted in January 2015 and showed a high level of satisfaction. The response rate had been 50% and each area where an issue had been raised had been completed with a remedial action. This survey was displayed in the reception area. It showed the home had in place various strategies for communication but not all were being utilised so the registered manager had spoken with all staff to emphasise how this needed to be improved. The home had identified that not all people were involved in their care plan reviews and so again stressed to keyworkers this was their role to encourage as much participation as possible.

One relative told us "If I had a complaint I would knock on the manager's door. I'm sure they'd listen and help. They and the deputy work well together and run the home well". Another had had cause to raise a concern about two staff and told us "Ninety-nine per cent of the staff are great but I spoke to the manager about two staff who I felt were 'not always cheerful'. Things have changed now". A further relative said "Anything I have been concerned about I have always spoken to the manager and felt reassured" and another "I come every day to visit my relative. I am the eyes and ears of the residents. I see everything. I know all the staff and residents. If ever there's an issue it's dealt with just like that". This showed the home was happy to receive comments about care and responded to them in a timely and appropriate manner, enabling people to feel happy and settled.

We found staff to be smartly dressed and easily identifiable enabling people to approach them easily. There was a staff picture gallery in the reception area. Staff responded quickly to any concerns. One relative told us "A few weeks ago I noticed a smell when I came in. I told the staff and it was sorted straight away". Another told us that staff were happy to answer questions, "I have no complaints but I sometimes ask questions about my mum's care as she has a lot of issues". They told us the staff always knew what was happening for their relative.

We were also told that staff informed family members promptly if there were any concerns about their relatives. One relative we spoke with said "If there are any issues with my relative the home always let me know. On one occasion they fell and bumped their eye. The staff phoned me to let me know and they had organised for them to go to hospital and to meet my relative there".

Staff told us they were happy working at the home and one member of staff said "we have a good team". Another staff member said "the team is brilliant… you can count on your colleagues". Another said "I would feel comfortable raising any concerns and reporting them to the manager" and another said "their door is always open". One member of staff said "I enjoy the job….listening to people and their past lives". Another said "there is a nice, friendly atmosphere and we are able to build up a relationship". This showed that the staff were able to provide person-centred care as they felt able to engage with people living in the home.

We asked the registered manager what they felt had been their key achievements. They told us that having an effective management team, and having support from the registered provider were fundamental to being able to perform well. Staff also told us "the operations manager pays weekly visits and we contact them if needed". They had had a programme of developing systems to aid more effective working, and as a result of this scrutiny some of these had been removed as well.

Good

Is the service well-led?

They had focused on improving staff morale following recent bad press about the home and they had done this through having staff appraisals and acknowledging each member of staff's contribution. We saw this evidenced in the completed appraisals. The registered manager had also focused on maintaining positive relationships with families and professionals who visited the service. Again, this was endorsed by everyone we spoke with during the day. The registered manager felt they had implemented a more positive management style and approach and this was reflected in the positive comments they had received.

We saw that staff meetings had recently been held for different staff groups. The information was shared with those who could not attend and staff had to sign once they had read the information. Topics discussed included team work, communication, training and staffing levels. Staff received direction and guidance for their specific roles through these notes alongside their appraisal and supervision. The deputy manager told us these meetings were also used to emphasise the values of the home ensuring staff worked I in a person-centred manner and that everyone living in the home had a good quality of life.

We saw evidence of regular audits. The registered and deputy managers both do regular walks around the home and observe everyday practice. This is recorded on a sheet with action points identified. Alongside this, the managers also conducted dining room experience observations identifying any areas of concern. We also saw detailed care plan audits which were conducted monthly and looked at all sections of the care plan including consent, health records and whether each section was completed appropriately. The audit was in depth and contained an action plan section at the end to take any issues further.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.