Mrs B Kneafsey

Valley View 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

Summary of findings

Overall summary

Valley View is a privately owned care home registered to provide accommodation for up to 18 people who require residential care. Nursing is not provided.

This inspection took place on 24 October 2017. At our last inspection in October 2015 we rated the service as Good.

At this inspection we found the service remained Good

Risks associated with care and the environment in and around the home were well assessed.

Staff were recruited safely, and understood how to recognise and report any safeguarding concerns they had. There were enough staff on duty.

People's medicines were managed safely.

Staff received training and support suitable to their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service (do not) support this practice.

People were given choice of meals and snacks and special or preferred diets were catered for. People told us the food was very good.

People were supported to access health and social care professionals when needed.

Staff understood how to respect people's privacy and dignity.

People had access to activities which reflected their interests although consideration needed to be given to making sure activities were age appropriate.

There was person-centred information in people's care plans. Care plans were reviewed monthly.

Staff told us they enjoyed working at the home. They told us the registered manager and provider were supportive and approachable.

The provider was monitoring quality in the service. People were consulted and the registered manager undertook regular audits to ensure areas for improvement were identified and addressed.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Valley View Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 October 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed all the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We contacted other bodies including the local authority, safeguarding teams and Healthwatch to ask about the service, and did not receive any information of concern. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We sent the provider a Provider Information Return (PIR) before this inspection. 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. The provider completed and returned the PIR within the timescales requested.

During our inspection we spoke with six people who used the service, four visiting relatives, five members of staff, the registered manager and the registered provider. We spent some time looking around the building, and reviewed records including three staff recruitment files, three peoples care files and other records relating to the running of the home.

Good

Is the service safe?

Our findings

We saw risks associated with people's care and support were assessed and a plan of care put in place so that staff knew how to mitigate any identified risks. We discussed with the registered manager how risk assessments may benefit from some review to differentiate from care plans.

Staff we spoke with understood how to identify and report any safeguarding concerns and said they would not hesitate to report any concerns.

Staffing levels were appropriate to meet the needs of people living at the home. We saw how the provider had reviewed staffing levels in line with people's increasing dependency levels and as a review of accidents within the home. Extra staff had been deployed at critical times.

Systems were in place to make sure the environment was safe and well maintained. Staff maintained high standards of cleanliness and infection control.

Staff files showed safe recruitment practices were in place. These included obtaining work references and making checks with the Disclosure and Barring Service (DBS). People who lived at the home were involved in the recruitment process.

We checked stocks of medicines and medicines administration records (MARs) of people who used the service. We saw storage was secure and MARs were correctly completed with no gaps. There were detailed protocols in place to ensure people received as required medicines (PRN) when they needed them.

Good

Is the service effective?

Our findings

Staff new to care followed completed the care certificate which is a national set of minimum standards for all staff new to care. All staff completed an induction to the service.

We saw staff received training and training updates appropriate to their role.

Staff told us they received good support from the registered manager and the provider. We saw staff also received support through a programme of regular supervision meetings and an annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw where conditions had been applied to DoLS authorisations, these had been fully complied with and related care plans put in place to make sure all staff were working in line with the conditions. Best interest discussions were clearly recorded and a care plan put in place relating to the decision.

Where people had capacity to make their own decisions, this was clearly recorded and included information about the rights of the person to make unwise decisions.

People told us the food they received was very good. We saw individual dietary needs and personal preferences were well catered for.

We saw detailed records about support from other health and social care professionals were kept in people's care plans.

Good

Is the service caring?

Our findings

People were unanimous in their opinion that care was of a high standard. One person we spoke with told us, "The staff are very kind and attentive, there's genuine affection from the staff. It's really brilliant here they always do their very best. From a care point of view, it couldn't be better here, the quality of care is wonderful." However one visitor told us that although the care was good "Some staff are better than others, some talk over (relative) and it's a respect thing."

We observed warm, friendly and kind interactions between staff and people who lived at the home. Staff knew people well and made sure people's individual preferences were met.

We saw people's personal possessions were looked after and displayed nicely in their bedrooms. This demonstrated staff had a respect for people's belongings.

People had clearly been supported appropriately in their personal care needs and staff had taken time to support people in their appearance.

We saw some feedback from a Priest who had been involved in the service. They had written, "I have been so impressed over the years with wonderful end of life care for residents and their families."

Good

Is the service responsive?

Our findings

Care files contained information about the individual's life before going to live at the home and detailed their likes, dislikes and lifestyle preferences.

Care was planned with a person centred approach and with reference to how the person should be supported to make decisions about their care and support.

Care plans were reviewed on a monthly basis with a synopsis of how the person had been since the last review and any changes needed to make sure the plan of care would meet their needs in the coming month.

People's opinions of activity provision was mixed, they told us, "We have some games if we want but we watch TV a lot. It gets a bit boring and I find I fall asleep when I'm just sat down but I can't walk anymore. I'm going to have Holy Communion with the new Father today." and "We play Bingo on a Friday afternoon for sweets which is really good fun. As long as I've got my colouring and puzzles I'm OK. I don't like doing nothing or just sitting here, it's boring."

Whilst we saw some very good practice in relation to activity provision such as engaging people in preparing for Remembrance Day and using the 'Pat dog' Service to help a person re-engage with their love of animals. However on the day of our inspection we saw people had been provided with large piece puzzles designed for small children. Whilst some people engaged with these, others did not and we saw the puzzles were left in front of people for several hours. We discussed this with the registered manager and provider who said they would source more age appropriate puzzles.

People told us they would tell staff if they had any concerns. No complaints had been received since our last inspection.

Good

Is the service well-led?

Our 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.

Staff we spoke with gave good feedback about the management of the home, and told us they were very well supported by the provider and registered manager.

Relatives we spoke with told us about the commitment of the registered manager and this was confirmed when they came into the home for the inspection even though they were on annual leave. One relative told us, "The Managers are always around and looking at how things can be improved."

There was a range of audits in place to monitor the quality of the service and make improvements where needed. These included checks on medicines management, training, fire safety, and infection control. Records showed action was taken as required.

People who lived at the home and staff were consulted in the running of the home through regular six weekly meetings.

We saw feedback was sought from people involved in the service including health care professionals. We saw a community matron had said staff were "diligent, caring, they know the residents very well and can answer questions about health and wellbeing.".