

Derbyshire County Council

Goyt Valley House Care Home

Inspection report

Jubilee Street
New Mills
High Peak
Derbyshire
SK22 4PA

Tel: 01629532694

Website: www.derbyshire.gov.uk

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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

This inspection took place on 6 December 2016 and was unannounced. The service was last inspected on 24 January 2014 and was compliant in all areas.

Goyt Valley House is a residential care home for up to 30 older people. The service is situated in the village of New Mills in Derbyshire. At the time of our inspection, 28 people were living at the service. The service provides care and support for people, with a range of medical and age related conditions, including mobility issues, diabetes and dementia.

There was a registered manager in post. 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's medicines were managed safely. There were procedures in place to ensure medicines were safely stored, administered and disposed of.

The provider had recruitment procedures in place and employed new staff once appropriate checks had been completed. The provider had a system of ensuring new staff participated in an induction which included a period of shadowing an experienced staff member. New staff completed The Care Certificate as part of their induction. There were enough staff available to support and respond to people's needs in a timely manner.

People's care plans and records were updated and provided staff with the information needed to meet people's needs. People and their relatives were happy with the care and support provided and everyone felt their individual needs were being met.

Staff and members of the management team were able to explain to us how they maintained people's safety and protected their rights. Training was provided and included the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and safeguarding.

Staff knew people well and were aware of the importance of treating them with dignity and respect. Staff were kind, caring and compassionate; people's self-esteem was promoted and staff supported and encouraged them to remain as independent as possible.

People's nutritional needs were met; special dietary needs were catered for. Staff understood people's health needs; people were supported to access relevant health care professionals and any recommendations were followed.

Information regarding how to make a complaint was available; people knew how to raise concerns and

complaints. Information was on display to signpost people to the relevant agencies should it be necessary to raise a concern or complaint. A number of audits were carried out to monitor the quality and safety of the service.

Staff supervision and training was kept up-to-date. Meetings were held with people to give them the opportunity to voice their thoughts about the services they received. The registered manager and staff understood their role and responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People at the service felt safe; there were enough staff to meet people's needs. Potential risks to people were identified and control measures were in place to assist in risk reduction. Procedures were in place and followed to ensure staff were safely recruited. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training to meet their needs. Where people lacked the capacity to make decisions, the staff followed the key principles of the Mental Capacity Act 2005 (MCA); applications had been made in relation to the Deprivation of Liberty Safeguards. People were supported to have access to healthcare professionals and services. People were provided with meals and drinks to suit their need, choice and preference.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate; people were supported by staff who respected and promoted their dignity and privacy. People were supported to remain as independent as possible. Staff knew people well and took the time to develop relationships with them.

Is the service responsive?

Good ●

The service was responsive.

People's care was personalised and responsive to their need, choice and preferences.

People were supported to maintain relationships with friends and family. People had opportunities to take part in a variety of activities; people's independence was supported and

encouraged. Information was available and displayed if anyone had the need to complain.

Is the service well-led?

The service was well-led.

The registered manager was seen as visible, supportive and approachable; the registered manager had an open door policy and staff felt valued and included in the running of the service. Systems were in place to check and audit the quality of the service. The staff and managers understood their roles and responsibilities.

Good ●

Goyt Valley House 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 6 December 2016 and was unannounced. The inspection team comprised of one inspector and an expert by experience, who had specific experience of older people and dementia care services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted Derbyshire Healthwatch to ask if they had any information which might inform the inspection. 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 spoke with eight people who used the service, seven relatives, and one care staff, a laundry assistant, a senior carer, the chef, activity coordinator and the deputy and registered managers. We also spoke with three visiting health professionals and a social care professional at the service. We reviewed a range of records about people's care and how the service was managed. This included four people's care plans, all staff training records, three staff recruitment, health and safety audits and records relating to medicines.

Not all of the people living at the service were fully able to express their views about their care. We used the Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

Is the service safe?

Our findings

People told us they felt safe living at the service. When asked one person whether they felt safe, they replied, "Perfectly." Another person said, "You've nothing to worry about," and a third person said, "I feel safe here." A relative described the service as, "Absolutely superb." They went on to say, "Quite honestly, I can't think of a single concern." A visiting health professional was very complimentary about the service and told us they had no worries or concerns relating to people's care, welfare and safety.

A social care professional told us the staff and registered manager, "Balance the risks and needs of people, particularly regarding safety." They went on to tell us the management team understood the needs of people and promoted independence without compromising on safety. We saw the provider had procedures in place for dealing with emergencies. There were personal evacuation plans available to advise staff in the event of an emergency, such as a fire. People's care plans identified potential risks to their safety and included information for staff to follow with the intention of reducing the identified risks. For example, we saw information relating to falls prevention and reduction for those people where risks had been identified. This meant potential risks to people had been identified and measures put in place to reduce risks.

Staff we spoke with had a good understanding of different types of abuse. Staff understood their roles and responsibilities in recognising and reporting any potential abuse to keep people safe. Records showed staff attended training in safeguarding people. One staff member said, "We have a duty to protect the vulnerable person from abuse." Another staff member said, "I would have no problem challenging staff if I thought things were wrong." Staff understood the process in place for reporting any concerns. We saw the providers safeguarding policy and procedure was on display and signposted anyone to the relevant agencies should it be necessary to raise a concern or complaint. The provider had a whistle-blowing policy in place, which supported staff, if they felt it necessary to report a concern.

People and relatives told us there were enough staff available to meet their needs. A relative told us they were aware of changes the provider had made to staff roles. The relative told us there were enough staff to meet the needs of their family member. The registered manager made us aware that the provider had introduced the role of senior carer as part of a re-structure across all of the providers' services. We reviewed staff rota's and found the registered manager ensured staff numbers were maintained to meet people's needs.

We reviewed staff employment records and found checks had been undertaken before prospective staff worked at the service. Records showed pre-employment checks had been carried out. These included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). This meant people and their relatives could be confident staff had been screened as to their suitability to care for the people who received care and support at the service.

When we asked people about their medicines, they told us they were happy for the staff to manage them. One person told us, "I'm happy the staff sort out my medicines; it saves me worrying about them." We saw assessments had been completed regarding people's medicines and these were included in their care plans.

People were involved in the assessment and it contained information as to whether people preferred to manage their own medicines, or whether they preferred the staff to do this. Staff who were responsible for the administration of people's medicines had taken part in training in the safe handling and administration of medicines. A staff member told us the registered manager would from time to time observe them giving people their medicines. We saw competency assessments had been carried out to ensure staff followed best practice guidance and their practice was safe.

Medicines were safely stored and records showed staff followed current legislation and guidance. We reviewed medicines administration records (MAR) and observed staff during a medicines round. We saw the staff member ensured people received the correct medicines at the correct time and completed the MAR chart afterwards, as is good practice. The staff member took time to explain to each person what their medicine was for; we also heard the staff member enquired how people were feeling and for people who were prescribed pain relief, whether or not they required any. This showed staff who administered medicines took their role seriously and ensured people who required pain relief were given this. The staff followed medicines administration procedures and ensured people received medicines at the time when they were required.

Is the service effective?

Our findings

We saw people were assisted and cared for by staff who had received training which supported them in their work. People and relatives told us they thought the staff had the knowledge and skills to support them and meet their needs. A relative said, "They [staff] are on the ball; it says it all." Another relative said, "The staff and the care is consistent with quality." They followed this with, "Staff deliver first rate care."

Records showed staff had either completed training or dates had been confirmed for those who required training. The registered manager told us they had recently attended a dementia conference and found it useful to their work. They told us they were hoping to use the information to improve the environment for people living with dementia. For example, increased and improved signage, redecoration and 'stand out' colours for such items as hand rails and toilet seats. The registered manager had already started to get quotes for redecoration.

New staff completed a period of induction, shadowing and training so they were able to effectively meet people's needs. The provider also ensured new staff completed the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This meant the staff had the relevant skills and knowledge to help effectively support people's needs.

The registered manager understood their responsibilities to ensure applications were made for those people whose freedom and liberty had been restricted. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

When required, the registered manager had made applications for people to be assessed by the local DoLS team. The provider had policies and procedures in place for staff to follow in relation to the MCA. The staff and registered manager recognised the importance of acting in people's best interests and ensuring the key principles of the MCA were followed. When asked about the MCA, one member of staff said, "[Registered manager] does best interest meetings to ensure people are in receipt of good care which meets their needs." When asked about the MCA the registered manager said, "We must never assume that someone lacks capacity, because their decision is unwise." They went on to say, "We must always include the person and make any decision in their best interest."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When asked whether anyone living at the service had a DoLS authorisation in place, staff were able to identify who had and why. A staff member told us, "The DoLS is in place to protect the person; it has to be in their best interests." Staff knew which people at the service had DoLS in place and why. A staff member explained, a DoLS was in place for one person who was living with dementia and had periods of confusion and wanted to leave the service. The staff member

recognised the DoLS was in place as a safety measure. The registered manager told us they saw the DoLS process as positive, they said, "It needs to be seen as a supportive process; it supports people and is used to promote safety." This meant the staff understood and worked within the principles and requirements of DoLS and MCA.

People told us the meals provided at the service were of a good standard. One person said, "It is good, very good." Another person told us there was a good choice of food and if they did not like either of the main choices, then as long as they let the cook know, an alternative would be provided. People were provided with plenty to drink throughout the day and one person said, "I've always got a jug of water." People were offered a choice as to where they wanted to eat their meals; some people chose to eat with others in one of the two dining areas, whereas other people chose to stay in the lounge. The lunchtime meal was light, as dinner was served later in the evening. One person told us they did not like the lunch on offer and an alternative was provided.

Specialist diets were catered for; staff and the cook had information to inform them which people had special dietary requirements. For example, what type and textured foods people required and any additional supplements. This meant people received sufficient food and drinks, which met their individual choice, needs and preferences.

People told us if they needed to see a doctor or nurse for routine health issues then the staff were quick to make arrangements. One person told us they had visited their doctor on the morning of our inspection; they said, "Staff take me to the doctors." A relative said, "The district nurse was a regular visitor." They went on to say, "Any problems and the practice nurse or doctor calls. Relatives also told us the staff were very good at identifying health problems at an early stage and alerted the families very quickly. One relative gave an example, where staff had noticed their family member was having difficulty in swallowing and had arranged for an assessment with a speech and language therapist. The relative told us, this had led to their family member having a special diet. The relative also told us the staff would call immediately if they had any issues or concerns. Another relative told us staff had noticed their family member was not eating sufficient amounts and so they arranged for a dietician to carry out an assessment, which led to the person being prescribed additional food supplements.

Staff were able to tell us people's day-to-day needs as well as any specific recommendations relating to people's individual health needs. A staff member said, "We have good support from the doctors and nurses; the nurse practitioner usually visits twice a week." They went on to say, "It is a very good and effective system." A health professional told us the staff were knowledgeable about people and their needs. They went on to say, "Staff are very vigilant about any changes; they [staff] communicate well." Another health care professional told us the staff were, "Attentive and understanding of people's needs." They went on to tell us there was an effective process in place for when any new people were admitted, which meant an assessment of health needs took place within 48 hours. This showed people were supported to maintain good health and had access to healthcare services and professionals when required.

Is the service caring?

Our findings

People and their relatives spoke positively about the care being provided; staff were regularly described as being, "Helpful," "Supportive," and "Friendly." One relative said, "The staff deliver first rate care." They went on to say, "I am in full admiration for the staff; they are really good." Another relative said, "They [staff] do all they can; I couldn't fault any of them." A third relative said, "We are over the moon; they are so good with [family member]."

People were cared for by staff who showed them kindness and compassion. One person said, "I couldn't fault any of them." A relative said, "The staff are nice." Another relative said, "I've got utmost admiration and praise for them [staff]." They went on to say, "From [registered manager] all the way down to the cleaning staff, they are all brilliant."

People were treated with dignity and respect. Staff spoke about the importance of caring for people in a courteous and respectful manner. We saw and heard staff appeared attentive and friendly towards the people and relatives. When we commented on this to a relative and asked if this was 'normal' they said, "It is always like this, nothing's different, it's just an ordinary day." Staff were able to describe how they supported people with their dignity when providing personal care. This included knocking on people's doors, closing their curtains, using people's preferred names and supporting people to remain as independent as possible. The service had previously been awarded a Dignity in Care Award from the provider; we were made aware by the registered manager evidence had been submitted for this to be renewed.

Staff had developed good and compassionate relationships with the people they cared for and with their relatives. One relative told us, "[Staff name] was great; they inspired confidence in us." Throughout our inspection we heard staff speak with and respond to people in a calm, considerate and respectful manner. We saw and heard staff responded to people's requests for assistance in a sensitive and discreet manner. Staff reassured people who showed any signs of anxiety or distress; they responded quickly, calmly and sensitively. For example, staff were regularly seen and heard to reassure people who were anxious and confused, due to living with dementia.

A relative told us another family member turned up to visit during lunch. They said the response from staff was, "Great." They told us, although the service promoted 'protected mealtimes', the staff quickly set another table in another lounge so the family member could to join their relative whilst they ate their lunch.

We observed staff interacting with people at the service. Staff were kind and respectful; they spoke with everyone in a cheerful manner. We heard staff chatting with people in a friendly and familiar manner which showed they knew the people well. For example, we heard a staff member asking one person about their family, who had recently been on holiday and were due to visit in the near future. When speaking with people, we saw the staff got down to people's eye level, called them by their preferred name and engaged in conversations which people appreciated and understood.

Is the service responsive?

Our findings

People told us about their hobbies and interests. One person who told us they attended a regular luncheon club most weeks. Another person told us they attended the luncheon club; they also told us they went out to a keep fit club, accompanied by one of the volunteers. They said, "I really enjoy it." They person told us they liked to help around the service and over lunch we saw they assisted other people. They said they, "Like to be busy." The staff were happy to support the person to remain independent as this promoted the persons esteem.

Two people told us they were keen readers and their relatives often brought books in or they borrowed books from the service's library. We noticed there was a marked absence of daytime television. We saw there appeared to be 'quiet' and 'television lounges', which gave people the opportunity to choose which room best suited their need and preference.

A relative told us staff ensured people were given the opportunity to follow personal interests. The relative told us their family member enjoyed watching sporting events. They told us during the Olympics the staff had arranged with their family member so they could watch some live events late at night. One person told us they were looking forward to getting out in the garden in the spring. We saw the garden had lots of accessible space for people to access, when the weather allowed. During our inspection we saw a staff member clearing a decking area in preparation for a Christmas tree to be put. People told us they had asked for a tree to be decorated outside and this had been agreed. This showed staff ensured people's wishes were listened to and carried out.

The provider employed an activity coordinator who told us they aimed to provide structured activity each day. The activity coordinator told us people were included in deciding what activities should be offered and planned for. We saw the program of activities and events was on display on noticeboards; people told us they were encouraged join in, if they wanted. One person told us they really enjoyed taking part in cooking and bakery sessions. We saw the service had a small kitchen, on the first floor. The kitchen was used to promote people's independence; it was also used as part of the activity sessions, so small groups of people could be supported to make and later eat items. A staff member said the kitchen gave people the opportunity to, "Maintain skills and promote their esteem." We saw a survey was conducted to ensure people were provided activities which met their individual needs and preferences. The service had a bar area which was used for functions and music evenings and meant people were given the opportunity to socialise with family and friends in the comfort and safety of the service.

The general consensus from people was one of being pleased and content to be living at the service. Two relatives told us prior to moving to the service their family member had been suffering from, "Deep depression and just lay on the couch all day." They went on to tell us, since moving to the service their family member had been, "Transformed," which they attributed to the care and attention they had received. They said, "The staff are so good with [family member]."

Relatives told us they felt fully involved with the care being provided to their family members. One relative

said, "They are extremely good at contacting in the event of any issues." People and relatives told us the staff always made visitors welcome when they visited. Relatives told us they were encouraged to visit and always made to feel welcome. A relative said, "We sometimes drop in as a family. We all drop in whenever; we've never been stopped." People and relatives felt relationships were supported and maintained.

People had care plans which reflected and focused on them as individuals. Care plans had been reviewed and updated to reflect any changes to people's needs. For example, people had been asked whether any they required staff to check on them during the night. Staff respond quickly when people requested a drink or assistance. We saw people received personalised care and support. For example, at lunchtime, one person requested to remain in their easy chair to eat their lunch. The staff ensured the person had the necessary cutlery and condiments. This showed the staff ensured people received care responsive to their individual and changing needs.

People's care plans included information about any specific requests to meet their needs. For example, we saw one person's care plan included information relating to what was important to them. This included information on how best to communicate with the person and information about their trips out with a volunteer. People's preferences were listened and responded to.

People and relatives were complimentary about the care provided at the service. One person told us, "I have no complaints." A relative said, "I can't say how to improve it [the service], because it does not need improving." A social care professional told us they had not received any negative feedback about the service, the registered manager or the staff. The provider had a complaints procedure and leaflets were available and displayed should anyone have a complaint, although none had been formally made.

Is the service well-led?

Our findings

There was a registered manager in post and they understood their role and responsibilities. The registered manager was familiar with the processes and responsibilities required in relation to notifications. They knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity. For example, notifications of a person's death or an event which may affect the effective running of the service. We saw arrangements were in place for the day-to-day management and running of the service. The registered manager told us they were supported by the deputy manager and the wider care team. The registered manager felt the team worked well together, to ensure people were provided with a quality and effective service.

One person said, "If anything ever bothers me I just speak to [Registered Manager]." Another person said of the management team "The bosses are very nice." Staff told us the registered manager was approachable and had a significant presence at the service. Staff told us they felt comfortable making any suggestions towards any potential improvements within the service; they felt there was an open and inclusive culture within the service. One member of staff told us, "[Registered manager] is Good, fair and visible." Another staff member said, "I feel very much included in the running of the service; [Registered manager] is supportive and approachable."

The registered manager told us and staff confirmed an open door policy operated for people, relatives and staff. The registered manager told us they worked in a flexible manner to ensure the needs of people, staff and the service were met. The provider and registered manager sought the views of people and relatives' about the service. The registered manager told us it was essential the people using the service were happy with the care they received. An example they gave was where one person's needs had changed and the management team had been working closely with the person and their relatives to ensure their changed needs were being met. The deputy manager said, "We're working with the family and the person; it's making the circle of support without a break." They went on to say, "We work to make sure things are right for the person and their family." This showed the managers worked to ensure they met people's changed needs.

Staff told us they enjoyed working at the service and they felt the management team worked together to maintain a good service. One staff member told us how much they really enjoyed working at the service and felt, "Well trained, valued and supported by the manager." They went on and said "I have got the best job in the world." Staff told us they felt there was effective teamwork. Throughout our inspection we saw and heard staff worked together to ensure people's needs were met in a timely and effective manner.

Staff were aware of the providers whistleblowing and complaints procedures and felt confident in speaking up and reporting, should they have any worries or concerns. Staff were effectively supported and supervised by the management team; we saw the management team ensured staff received regular supervision sessions. Supervision is recognised as a supportive two-way process, where participants have the opportunity to share worries, concerns and success. We were told and saw record which supported regular staff meetings took place, so the staff could be kept up-to-date with any developments at the service and from the provider. We were aware there had been a period of change and re-structure across all of the

provider's services. The registered manager told us as part of the provider's re-structure, the role of senior carer had effectively been introduced at Goyt Valley House.

Systems were in place to recognise, reduce and manage risks to the safety and welfare of people at the service. We reviewed a sample of records which related to the monitoring of the quality and safety of the service; we found the records to be up to date. The registered manager said, "We have safe systems of work to ensure and promote people's safety." We reviewed the process of in place for reporting, recording and reviewing accident and incidents. We saw information was then used to identify any trends and learning. For example, we saw analysis took place regarding any 'slips, trips and falls', to identify and reduce potential reoccurrence and risks to people. This showed analysis took place to learn from with the intention to promote the health and safety of people at the service.