

## Cole Valley Care Limited

# Cole Valley

### Inspection report

326 Haunch Lane  
Kings Heath  
Birmingham B13 0PN  
Tel: 0121 444 8887  
Website:

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

This inspection took place on 25 February and 04 March 2015, and was unannounced. The service was last inspected in October 2013 and at that time we found the home had breached four regulations of the Health and Social Care 2008, and in these areas was failing to meet the needs of the people living at Cole Valley Nursing Home. In October 2013 the home was not providing the support people needed to meet their social care needs, the premises were not well presented or maintained, staff had not been provided with the supervision and training they required to meet the needs of people living at the home and systems in place to assess and monitor the quality and safety of the service were inadequate.

Following the inspection in October 2013 we met with the provider and they submitted an action plan. This detailed how they would improve the service to meet the requirements of the law and the needs of the people living in the home. At this inspection we found that significant improvements had been made in all areas. We found that the provider was now meeting the requirements of the law and people we met and spoke with reported favourably about the care and support they were receiving.

Cole Valley Nursing Home is registered to provide nursing care and accommodation for up to 44 older people. At

# Summary of findings

the time of our inspection 39 people were residing at the home. Most people had their own bedroom, and the one shared room was occupied by a married couple. People shared communal facilities including three lounges, a dining room, and assisted bathrooms. The home is located over two floors and there is a passenger lift to enable people without full mobility to transfer around the home.

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 were supported by staff who had received training on how to protect people from abuse. Safeguarding procedures were in place which the manager was following. Staff we spoke with were able to explain a variety of actions and checks they took both individually and as a team to ensure people received the support they needed and were protected where ever possible from harm.

The Mental Capacity Act 2005(MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a supervisory body for authority to deprive someone of their liberty. We found that some training had been delivered and that staff had started to undertake work on capacity assessments and DoLS applications where needed. The inspection identified that the manager and staff team did not fully understand their roles and responsibilities, but were taking further action to increase their knowledge and get the support they required.

People were being supported to maintain and improve their health. The manager had developed strong links with a wide variety of health care professionals and medical staff to ensure people were assessed and treated when they were ill.

People told us they enjoyed the food served and we observed people in the dining rooms getting good support to eat a wide variety of foods. We found further support and planning was required to ensure people choosing to eat a meal in their rooms also got the support they required.

We observed and heard caring and compassionate interactions between staff and people throughout our inspection. Staff were quick to notice people required support or to intervene if people became distressed.

The manager had developed systems to respond to concerns and complaints. People we spoke with told us they had been happy with the home and had been able to get any grumbles or concerns dealt with promptly by speaking directly with the manager.

The activities and opportunities available to people had increased, and we found that people were supported to attend events that were important to them in the local community. A wider range of opportunities were available for all people in the home, including the people being cared for in bed.

The systems in place to check on the quality and safety of the service had improved since our last inspection. We found the checks and audits had been effective at identifying issues that required improvement and this had resulted in the home running more smoothly and improved the experience for people living at the home.

# 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.

Plans to manage risks were in place, and staff knowledge and practice protected people from avoidable harm.

Safeguarding concerns were identified as such and action was taken to support and safeguard individuals who may be at risk.

There were adequate numbers of staff to meet people's needs.

Medicines management was safe, which meant people got the prescribed medicines at the correct time.

Good



### Is the service effective?

The service was not consistently effective.

Not all staff were confident to deliver the key requirements of the Mental Capacity Act 2005. This meant people may not always get their human rights protected.

Most people were supported to eat and drink adequate amounts, but people choosing to eat in their room required more assistance.

People were supported to maintain good health.

Requires Improvement



### Is the service caring?

The service was caring.

People were positive about the care they received. Staff showed kindness and compassion to people who used the service.

Good



### Is the service responsive?

The service was responsive.

People had opportunity to undertake interesting activities and pursue interests and activities that were important to them.

People and relatives did not know about the complaints procedure but did feel confident to address any concerns with members of the management team. Concerns brought to the manager's attention were dealt with thoroughly.

Good



### Is the service well-led?

The service was well led.

There was an established manager in post who was respected by everyone we spoke with.

Good



# Summary of findings

Effective systems that were in place to monitor and improve the quality and safety of the service provided.

# Cole Valley

## 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 February and 04 March 2015 and was unannounced. The inspection was undertaken by two inspectors. Cole Valley Nursing Home can accommodate up to 44 people and at the time of our inspection 39 people were in residence.

Prior to the inspection we looked at the information we already held about this provider. We looked at information

received from relatives, the local authority and from the statutory notifications the provider had sent us. A statutory notification is information about important events that the provider is required to send us by law.

During our inspection we spoke with 13 people who lived at the home. Some people's needs meant they were unable to verbally tell us how they found living at the home. 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 with us.

We spoke with four health care professionals, the relatives of seven people who lived at the home, the manager, and eight members of staff. To support our findings we looked at the care records of five people, we looked at the medicine management processes and records maintained by the manager about staffing, training and monitoring the quality of the service.

# Is the service safe?

## Our findings

We last inspected this service in October 2013. At that time we found the home was not meeting the requirements of the Health and Social Care Act 2008, as the premises were not being well maintained. Following our inspection the provider submitted an action plan detailing the work they would undertake to address this and to ensure they were providing people with a homely, well maintained environment. At this inspection we found the work had been undertaken and the home was now meeting the requirements of the law and the needs of the people living at Cole Valley Nursing Home.

We asked people living at the home if they felt safe. People told us they did and their comments included, “Everyone here is very nice and I am comfortable. I never feel frightened,” and “Everything is okay for me. I have no problems.” Some people were unable to verbally tell us about their experiences and we used our Short Observational Tool for Inspection (SOFI) to help us understand the needs of the people who could not talk with us. Our observations showed that the atmosphere in the home was calm, and we saw people receiving the help they required when they needed it to re-assure or comfort them. We observed members of staff supporting people to move and we saw this was undertaken safely.

Members of staff that we spoke with confirmed they had received recent training in safeguarding adults. Staff we spoke with were all able to recognise signs of abuse and explain the action they would take in the event of abuse being witnessed or reported to them. This would help to keep people safe and ensure prompt action would be taken in the event of a safeguarding concern being raised. Staff we spoke with were able to describe a wide range of actions they undertook in their day to day work that ensured people were kept safe. These included checks on the premises, helping people to move position to protect them from developing sore skin and offering people comfort or reassurance if they became distressed or anxious.

Some people living at Cole Valley Nursing Home could present a risk to themselves, to others or to staff working with them. We found these risks had been identified and staff we spoke with were aware of them and the action to be taken to ensure people were supported and kept safe.

Records we looked at showed these matters had been assessed and written plans had been developed to ensure all staff had access to consistent guidance about the needs of each person.

The manager had developed a system of monitoring and tracking events that related to people’s safety. We found that others including the registered provider and the GP had been involved in these reviews to ensure that any themes or trends could be identified and action taken to develop or change the practices within the home to support people in the ways they required.

The manager showed us how they kept the staffing levels under regular review taking into account the changing needs of the people living in the home. The manager explained that the staff team had worked flexibly when this had been required to provide support when individual people needed it, for example to attend a hospital appointment or personal engagement that was important to them. Staff and relatives we spoke with told us there were enough staff but that the mornings were particularly busy. We were told, “The staff seem very good, there is always someone around,” and “The home isn’t short staffed but we could do with more help in the mornings.” Staff we spoke with and our observations confirmed that people did not have to wait undue lengths of time for support. Staff told us that additional staff would help increase quality interactions with people.

We looked at the recruitment records for three members of staff and found that robust checks were undertaken before staff were offered a position within the home. Staff we spoke with confirmed that they had not been able to commence work until the necessary checks had been completed and returned. One member of staff told us, “We did our police check and we did some training videos, a tour of the home and were buddied with a senior.” This ensured people were protected by staff that were suitable to work in the home.

The premises had been well maintained, and we saw evidence that all the required servicing and checks had been undertaken as required. This ensured the premises provided a safe and homely place to live, work and visit.

We looked at the medicines management within the home, and tracked the medicines for ten people in detail. We found that medicines were being well managed and people were receiving the medicines they had been

## Is the service safe?

prescribed at the correct time. One relative we spoke with confirmed this and told us, “Mum gets her medicines properly.” We found that the home had reference copies of professional guidance which ensured nursing staff always had access to best practice information concerning medicines. We looked at the stocks of tablets and compared these against the records maintained by the nursing staff. We found that all medicines were being stored, administered, recorded and managed safely. In one area of the home we observed three tablets on the floor. When brought to the attention of cleaning staff they swept

them up and discarded them. Failing to bring this to the attention of a member of the nursing staff meant that an investigation into the event would not take place. This may result in the event re-occurring. We brought this to the attention of the registered manager who agreed to undertake development with all staff about this. On the second day of our inspection we saw evidence that a discussion and awareness training had taken place to ensure all staff would know how to respond in the event of a similar event occurring.

# Is the service effective?

## Our findings

We last inspected this service in October 2013. At that time we found the home was not meeting the requirements of the Health and Social Care Act 2008, as staff were not receiving the training and supervision they needed to meet the needs of the people they were supporting. Following our inspection the provider submitted an action plan detailing the work they would undertake to address this and to ensure the staff team had the skills and support they required to meet people's needs. At this inspection we found the work had been undertaken and the home was now meeting the requirements of the law and the needs of the people living at Cole Valley Nursing Home.

We asked staff about their induction, training and development to determine if they had the skills to meet the needs of people who used the service. Staff we spoke with confirmed they had received an induction, had on-going training and there was support through supervisions, and team meetings. We reviewed the providers training records and confirmed that staff had been offered the training they required to provide care which would meet people's specific needs.

During the inspection we observed and heard staff seeking consent from people regards their every day care needs. We heard staff asking people how they would like to be supported, where they would like to sit, what they would like to eat and drink for example.

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to determine if the restriction is needed. We found that the home had commenced work on training staff, where necessary they were assessing people and making applications but the staff and management we spoke with were not confident or fully aware of their roles and responsibilities under the Mental Capacity Act 2005(MCA). We observed a tray of post in the entrance of the home for relatives to check. The post was addressed to people living at the home, and there was no evidence that people had

consented or that arrangements were in place to authorise this. The registered manager was keen to develop further in this area and had started to source possible resources to support them.

We checked that people were being offered enough food and drink and support with eating and drinking to protect them from the risks associated with dehydration and malnutrition. People told us the food was good and that there was plenty to eat and drink. People's comments included, "It was lovely. It's always lovely. I cleared my plate and always do." One relative told us, "We've seen the food and it's good. They get cake, biscuits and lots of fruit." We spoke with the cook who explained how they had spent time talking with people or their families to ensure any specific dietary, cultural or food preferences were known and these were then included in the menu planning. We saw that people had been provided with plate guards and adapted cutlery to enable them to be as independent as possible. We observed the main meal lunch time in the dining room and we found the atmosphere was calm and relaxed. People had the support they needed to eat and enjoy their meal. At lunch time we observed some people in their rooms who were struggling to eat their meal independently. People had been served their meal and left to eat it alone. The food was not always cut up, and we observed people struggling to eat their food and we saw excessive amounts of food had dropped into peoples' laps. We observed some that some staff offered or provided people with additional food, but some people did not receive this support. This did not show people always received the support with their meal that they required.

We looked in detail at the needs of a person who was fed directly through a tube into their stomach. We found the nursing staff were following a treatment plan agreed by a dietician, and regular monitoring of the person's well-being was undertaken to ensure this was providing the food and fluids the person needed.

We looked at how people's health needs were being met. We spoke with two GP's. Both gave very positive feedback about the way people's needs were being met. We asked people and their relatives about the healthcare they needed. Comments we received included: "I think my mother gets excellent healthcare. They keep us very well informed," and "I have no concerns about his care at all. Staff here have worked hard to support him." One health worker we spoke with described the staff and management



## Is the service effective?

as “passionate” to provide the best possible healthcare to people. Another health care professional shared an example of good practice where the manager had enabled someone to attend an appointment at a local clinic to get the care and attention they urgently required. Records showed that people were offered opportunities to see a range of health care professionals and to attend appointments at local hospitals and clinics when this was necessary.

We looked in detail at the care and support given to people who had wounds or who had developed sore skin. We found the home had provided people with appropriate support. The nursing staff had made a number of developments since our last inspection which ensured people got timely wound care. People also received pain relief in advance of dressing changes to ensure the procedure caused the least distress and pain possible.

# Is the service caring?

## Our findings

During the inspection we observed and heard positive interactions between staff and people who used the service. We observed that people were relaxed around the staff and felt confident to approach them for support. People we spoke with told us, “Everyone here is really nice.” This was further supported by relatives who went on to tell us, “My mother has been really happy here. I have been very happy with every aspect,” and “The girls are extremely kind to her. I am so glad we found this place.” Another relative told us, “If the time comes and I need care, I would be happy to come here myself.” Staff we spoke with described the people they were supporting with warmth and enthusiasm. The members of staff we spoke with were able to describe people’s likes and dislikes and knew about people who were important to them and their personal history.

Throughout the inspection we observed people being offered choices about things that affected their day to day life. People were asked about the food and drinks they would like, what they would like to wear and where they would like to sit. Staff we spoke with went on to explain how they tried to offer people choices and control over their own lives as far as possible. One person we spoke with told us, “The ladies always ask me what I want to have on, which trousers and such.”

The home had undertaken extensive work with the local doctor to help determine how people would like to be cared for at the end of their life. We found people and their relatives had the opportunity to discuss their wishes with staff from the home and medical staff and these wishes were then recorded. This enabled people to be involved in making decisions and planning their own care. We witnessed and the manager explained to us some of the arrangements they had made to ensure people were able to see and say good-bye to people that were important to them in the final few days of their life. People and their families had been supported to ensure people experienced comfort and dignity at the time of their death.

We tracked the work undertaken for one person who required the support of an advocate to help make a significant decision in their life. The person was unable to access the advocacy service themselves and we found that

the manager had gone to considerable lengths to ensure that the necessary support was obtained for the person. The manager had details of local advocacy services and in discussion was able to demonstrate that they were aware of the circumstances when people may benefit from the support of an advocate.

The provider had taken action to reduce the number of shared rooms to ensure people had the privacy they need. Larger rooms had been used in a positive way to enable couples to be cared for together when this was their wish. Rooms were en-suite and had been fitted with curtains and doors that enabled people to receive care in private. We observed relatives and friends visiting without restriction. We heard staff talking with and providing support to visitors about matters of concern to them and updating them about their relatives care. Staff made visitors feel welcome and we observed them being offered refreshments or the opportunity to take a meal in the home. Relatives we spoke with told us, “They always ask after me and my family. They care for me as much as my relative.”

During the inspection we saw numerous positive examples of staff working to protect people’s dignity and privacy. Staff we spoke with were aware of the need to do this and were able to explain the ways they helped people. We brought to the managers attention two examples where people’s privacy and dignity were not being upheld. We observed some people being administered medicines during their meal. This interrupted the person’s meal time experience and could spoil the enjoyment of their food. We also observed some staff offering people an afternoon snack. Staff members did not take time to let people fully wake up before offering them spoonful’s of food. Again this could spoil people’s enjoyment of the snacks, and was not respectful of people’s dignity. The manager agreed to further explore and improve upon these matters.

The manager and staff were able to share examples of how they had supported people at the end of their life. This included caring for the body of people who had died in line with their cultural expectations, their own wishes and those of their family. The manager and staff explained how they had supported people living at Cole Valley to attend funerals of people important to them, to ensure people had the chance to grieve and say goodbye to people who were important to them.

# Is the service responsive?

## Our findings

We last inspected this service in October 2013. At that time we found the home was not meeting the requirements of the Health and Social Care Act 2008, as activities that would meet people's social needs were not being provided. Following our inspection the provider submitted an action plan detailing the work they would undertake to address this and to ensure they were providing people with a range of regular, interesting activities. At this inspection we found that the work had been undertaken and the home was now meeting the requirements of the law and the needs of the people living at Cole Valley Nursing Home.

People we asked gave mixed feedback about their involvement in the planning of their care. Visitors we spoke with confirmed that they had been asked for information about their relatives, and we saw that this had been used to develop a section of the care plan about the person's life history. Staff we spoke with all had a detailed knowledge of the people we spoke with them about, and during the inspection we observed staff referring to people, places and events that brought people comfort or made them laugh.

The manager had developed the range of activities and opportunities available to people living at the home since our last inspection. Some people and members of staff told us about activities and events that people really liked. We observed people enjoying an afternoon activity where they had chance to remember and discuss things they may have used or owned earlier in their life. People, staff, and visitors told us about regular events they enjoyed which included fish and chip nights, curry nights, and karaoke singing. People told us, and we saw records showing people had been supported to attend events of specific importance to them such as funerals, religious services, and family

celebrations. One person told us, "I like a game of draughts. I play sometimes, it's all good here." A relative told us, "We think the entertainment is good. Something is going on most afternoons." We found the home was providing activities of interest to people which improved their quality of life and helped them maintain their individual interests.

We met one person who had a telephone in their room. The person told us how they enjoyed being able to make or receive calls at their convenience and how this helped them to stay in touch with people important to them.

We looked at the action the registered manager had taken in response to any experiences, concerns or complaints that had been brought to their attention. People told us they felt comfortable to raise concerns with a member of the leadership team. Records we looked at showed that concerns, suggestions and grumbles had been resolved and action taken to change or improve the service. Relatives we spoke with told us, "I have never had to make a complaint about this home. I have seen it steadily improving over the years," and "The manager sorted out a problem with a heater very quickly. She gets things sorted." The manager had acted on complaints and feedback. This showed the manager was using these events as an opportunity to improve the service people received.

During the morning of both days of our inspection we observed the majority of people were supported to get up and dressed, to eat breakfast in their room and to then to spend the morning in their room until they went to the dining room for lunch. Although we explored this we were unable to confirm that this was the wish of people, and we discussed with the manager the possibility this routine was not person centred, but based on the needs of the home. The manager agreed to consider and explore this further to ensure that people were supported to have a routine and opportunities that suited their needs and wishes.

# Is the service well-led?

## Our findings

We last inspected this service in October 2013. At that time we found the home was not meeting the requirements of the Health and Social Care Act 2008, as the systems in place to monitor the safety and quality of the service were not effective. Following our inspection the provider submitted an action plan detailing the work they would undertake to address this and to ensure they were providing people with good quality, safe care and support. At this inspection we found the work had been undertaken and the home was now meeting the requirements of the law and the needs of the people living at Cole Valley Nursing Home.

People told us they had positive experiences of the registered manager and the management team. Their comments included, “The manager is very nice, and she’s very good. She’s good with the little things, she bought me a nice book at Christmas,” and “I like it here, the manager is great. If I had a problem I’d see her, she would sort it out for you.” A relative confirmed this and went on to tell us, “Brilliant. We think it’s really good here. I think the most important thing is the manager. She’s 100%”

Staff we spoke with described a change in culture within the home that had been driven by the manager. The majority of staff felt this had been effective, but some staff felt the culture of the home continued to need development to ensure it was always open and transparent. Most staff told us they felt confident to approach the manager and to raise ideas and concerns. Their feedback included, “The manager is approachable and flexible. I can talk to them about anything,” and “I think the managers are all good. I feel I can speak to them. I feel that they deal with things quickly.” One member of staff described the developments in the culture of the home like this, “We now have a very good management team. In

recent years it has become more coherent. Less chaotic. The manager and deputy work well together.” The provider had no system in place to ensure staff employed to work at the home remained suited to work. The manager advised that they were intent on introducing suitable review arrangements to address this.

Relatives shared with us ways in which they were involved in the home. These initiatives included regular newsletters, being offered the opportunity to make suggestions, nominate staff that had been particularly helpful or supportive, join in social events and speak with the manager at any time.

There was a registered manager in post. They had a good understanding of their role and responsibilities. The manager had submitted statutory notifications to us as is required by law.

Previous inspections had identified that the management of the home was largely reactive and responded to requirements or feedback rather than being proactive. In response to this the manager had developed a wider range of quality audits and tools and had sought input from the registered provider and relevant others. This had helped her review events and occurrences to ensure where possible any learning or development needs were identified to drive forward improvements and developments within the service. One of the health professionals we spoke with told us the manager was good and was open to change and develop the service if things were not working.

The manager had taken opportunities to participate in research, and was able to describe the benefits this had brought to people living at Cole Valley Nursing Home. This was a way the home was ensuring they were following current best practice and helping to drive forward the quality of care at a wider level.