Ark Care Homes Limited

Valley View

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

We carried out an unannounced comprehensive inspection on 17 and 18 May 2018.

Valley View Residential Home provides care and accommodation for up to 20 people. On the day of our inspection there were 15 people living at the service. The home provides residential care for the elderly and people living with dementia.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. One of the providers is also the registered manager.

At the last inspection on the 18 December 2015, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good:

We met and spoke with most of the people living in the service during our visit. However, some people were not able to fully verbalise their views, so staff used other methods of communication, for example by providing visual prompts. Others were able to tell us about the care and support they received. Due to people's needs we spent time observing people with the staff supporting them.

People remained safe at Valley View. People who were able to said they felt safe living at the service. One person said; "I feel very safe here and the carers are all fine." Staff said people were safe; "We go and check people all the time." Healthcare professionals also commented that people were safe and well looked after in the service.

People received their medicines safely by suitably trained staff. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. People, relatives and staff agreed there were sufficient staff to keep people safe. Staff said they were able to meet people's needs and support them when needed.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). The Care Certificate training looked at and discussed the Equality and Diversity and Human Rights policy of the company.

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 supported this practice. People's end of life wishes were documented. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought. Care plans were person centred and held full details on how people's needs were to be met, taking into account people's preferences and wishes. Information held included people's previous history and any cultural, religious and spiritual needs.

People were observed to be treated with kindness and compassion by the staff who valued them. The staff, many who had worked at the service for a number of years, had built strong relationships with people. All staff demonstrated kindness for people through their conversations and interactions. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People's equality and diversity was respected and people were supported in the way they wanted to be. People who required assistance with their communication needs had these individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and records showed all complaints had been fully investigated and responded to.

The service continued to be well led. People lived in a service where the provider's values and vision were embedded into the service, staff and culture. People, relatives and staff said the providers were approachable.

The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service had recently increased their number from 17 to 20 bedded service. The new build was completed to a very high standard. The provider monitored the service to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service. The provider and registered manager listened to feedback and reflected on how the service could be further improved.

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

Detailed findings

Background to this inspection

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

The inspection was undertaken by one adult social care inspector on 17 and 18 May 2018 and was unannounced on day one. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. 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. At our last inspection of the service in December 2015 we did not identify any concerns with the care provided to people.

During the inspection we met all 15 people who lived at the service. Some people living at the service were living with dementia which meant they had limited ability to communicate and tell us about their experience of being supported by the staff team. Therefore staff used other methods of communication, for example by providing visual prompts. Others were able to tell us about the care and support they received. As some people were not able to comment specifically about their care experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living in the service.

We also looked around the premises. We spoke to the registered manager and provider, six members of staff, six visitors/relatives and three healthcare professionals. We looked at records relating to the individual's care and the running of the home. These included four care and support plans and records relating to medicine administration. We also looked at the quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People able to said they felt safe with the staff who supported them. Some people who lived in the service were not all able to fully express themselves due to living with dementia. People were observed to be comfortable and relaxed with the staff who supported them. Family members and professionals agreed people were safe living at the service. One relative said; I know she is safe here. Never seen anywhere as good as this." One person said; "Yes I am safe here."

People had sufficient numbers of staff employed to help keep them safe and make sure their needs were met. The provider and registered manager confirmed additional staff are being employed to cover the increase in bed number. We observed staff meeting people's needs, supporting them and spending time socialising with them. People's risk of abuse was reduced as the company had suitable recruitment processes in place. This included checks carried out to make sure new staff were safe to work with vulnerable people.

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. All staff undertook training to help minimise the risk of abuse to people and staff knew how to recognise and report abuse.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care Certificate (a nationally recognised qualification for staff new to care) and this covered Equality and Diversity and Human Rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported.

People identified as being at risk had up to date risk assessments in place and people, or their relatives, had been involved in writing them. Risk assessments identified those at risk of falls or at risk of skin damage. They showed staff how they could support people to move around the service safely and how to protect people's skin. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks and knew when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

People's accidents and incidents were recorded. For example, people had been referred to appropriate healthcare professionals for advice and support when there had been changes or deterioration in their health care needs.

People received their medicines safely. Staff had completed training and systems were in place to audit medicines practices to make sure they were safe. Records were kept to show when medicines had been administered.

People lived in an environment which the provider continued to assess to ensure it was safe and secure. The

fire system was checked including weekly fire tests and people had personal evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. People were supported by well trained staff. Staff confirmed regular training was provided in subjects which were relevant to the people who lived at the home. For example, dementia training. Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff were well supported. They received monitoring and supervision of their practice, and team meetings were held. Staff had a good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care, such as district nurses and GPs. People's health was monitored to ensure they were seen by relevant healthcare professionals to meet their specific needs as required. For example, the District Nurse visited regularly. This enabled people and staff to receive advice and support about how to maintain people's health. Staff consulted with external healthcare professionals when completing risk assessments for people. People identified as being at risk of pressure ulcers had guidelines produced to assist staff care for them effectively.

People were supported to eat a nutritious diet and were encouraged to drink enough. People were verbally informed of the choice on offer each day. People identified at risk of future health problems through weight loss or choking had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with appropriate food choices. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. The service had been involved in a local trail were people were provided with a colourful drink bottle and early indication showed people where drinking a lot more. Care records recorded what food people disliked or enjoyed.

People were encouraged to remain healthy, for example people did activities that helped maintain a healthier lifestyle. For example chair exercise.

People's care file had information on their communication needs to assist staff. These showed how each person was able to communicate and how staff could effectively support individuals. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. This showed they were looking at how the Accessible Information Standard would benefit the service and the people who lived in it.

People's legal rights were up held. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good

understanding.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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).

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care tasks. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to their rooms.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily. People lived in a service that continued to be maintained, and planned updates to the environment were recorded. The newly added four bedrooms were completed to a high standard.

Good

Is the service caring?

Our findings

Staff continued to provide a caring service. People commented; "I love it here. They're all so kind" and "I know if you need anybody they're there. It gives you confidence it does". A relative said; "You know your nan is well taken care off." Professionals also commented how caring the staff were with one comment; "Best home I have every worked with."

People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. People were seen chatting with staff and the conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. People were observed to become anxious at times. So staff spent time providing reassurance to people, listening and answering people even when the questions were repetitive.

People and relatives told us people's privacy and dignity was respected. Staff were observed to knock on people's doors and ask them if they would like to be supported. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence.

Confidentiality, the Data Protection Act and personal boundaries were understood and respected by staff. Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The registered manager and staff said everyone would be treated as individuals, according to their needs.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were good. Staff understood people's communication needs, for example if they were able to verbally respond or if they were distressed. People had information on their communication needs recorded in their care plans.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Family members said they were involved with their relatives' care.

Staff showed concern for people's wellbeing. People with deteriorating health were observed to be well cared for by staff with kindness and compassion while maintaining people's dignity. The care people received was clearly documented and detailed.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people.

This was evidenced through our conversations with the staff team. People received their care from a regular staff team who had worked at the service for a number of years. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by a staff team who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager said this enabled them to determine if they were able to meet and respond to people's individual needs.

People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences. People's records also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, any decreases in people's general health or dementia, specialist advice was sought. Staff said they encouraged people to make choices as much as they were able to. Staff said some people were given verbal choices while others were shown visual cues to choose from in picture form.

If people had protected characteristics under the Equality Act the registered manager assured us the provider's policies reflected people be treated equally and fairly.

People received individual personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was provided to people in a format suitable to meet their individual needs. For example the service had won an award by helping someone with communication needs see and talk with their relative who did not live locally.

The provider had a complaints procedure displayed in the service for people and visitors to access. Where complaints had been made, these had been investigated and responded to. The provider had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. People had advocates, for example family members, available to them to help ensure people who were unable to effectively communicate, had their voices heard and this information could be provided in a format of people's choice.

People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life. This would help ensure people wishes were respected. Professionals commented that the service responded very well with providing dignified care to people who are at the end of their life.

People took part in a range of activities. Some entertainers visited the service while other activities where arranged by a designated activities coordinator. However this member of staff was on leave when we visited and other staff were arranging suitable activities including arranging an afternoon tea while people could watch the royal wedding.

Good

Is the service well-led?

Our findings

The service remains well-led. 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 lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. People, relatives and staff all spoke very highly of the registered manager. Comments included; "X (the registered manager) and staff are a joy to work with", "Always approachable", "X is amazing- I want to move here myself" and "Very pleased with the support and response I get from X." All relatives agreed they were always kept updated and informed of any issues.

The provider and registered manager were open and transparent. They were committed to the service and the staff but most of all the people. They told us how recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager and provider who worked with external agencies in an open and transparent way and there were positive relationships fostered.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke positively about working with the registered manager and for the company.

Staff spoke fondly of the people they cared for and stated they were happy working for the providers but mostly with the people they supported. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The provider and registered manager were aware of, and had started to implement the Care Quality Commission (CQC) changes to the Key Lines of Enquiry (KLOE), and were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.