

Visionary Care Ltd

# Valley View Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Valley View Care Home is a residential care home providing accommodation for people who require personal care. The service can accommodate up to 59 younger and older people and people living with dementia or require support with their mental health. At the time of the inspection there were 55 people using the service.

### People's experience of using this service and what we found

Quality assurance methods were in place, but they were not always effective. Records lacked detail about how risk was managed. Information about people's needs was recorded on paper and electronically. This did not support staff to deliver the right care to people.

There was a lack of oversight to manage training; staff had not completed required training for their role. No actions were in place to address this. The service relied on agency staff; the provider was actively recruiting for additional staff. We found agency workers did not always communicate effectively with people.

There was a lack of engagement with people and activities for people to participate in. Where activities were provided, they were not stimulating for people.

There was good management of medicines. Guidance was in place for staff to follow and relatives felt their loved ones were supported well with their medicines. Health professionals were involved in the delivery of people's care and relatives felt staff responded appropriately to any health concerns. Health practitioners gave positive feedback about the staff.

Staff knew people's needs and promoted their independence. People were offered choices. The registered manager regularly obtained views from people and relatives and acted on feedback.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 2 October 2020 and this is the first rated inspection. We carried out a targeted inspection on 20 January 2022 to review Infection Prevention and Control but no overall rating was given.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We have identified breaches in relation to Good Governance at this inspection. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

**Requires Improvement** ●

# Valley View Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Valley View Care Home is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Valley View Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since it first registered. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

### During the Inspection

We spoke with 3 people who lived at the home and 3 relatives. We also spoke with 6 staff which included care workers, the activities coordinator and the registered manager. We reviewed a range of records. This included 4 people's care records and medication records. We looked at the recruitment of 2 staff members as well as records relating to the management of the service, including policies and procedures.

### After the inspection

We continued to seek clarification from the provider to validate the evidence we found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks were not always well managed. Risk assessments lacked detail around managing health conditions and behaviours.
- The registered manager took immediate action to rectify this. Risk assessments were updated to include more information around managing health conditions and proactive measures to reduce behaviours.
- Relatives felt the service did not effectively communicate risks to people to all workers. One relative told us "Agency [staff] don't always know the residents well enough to provide for their needs." Another relative told us, "The agency staff are not always aware of what my [relative] is capable of, [relative] needs assistance with eating and drinking. This is information that is not always passed on to the agency."
- The service completed premises and equipment checks to support people to stay safe.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff had good understanding of safeguarding. One staff member told us safeguarding is, "Making sure people are safe, free and protected from any harm, responding to abuse appropriately and measures are put in place to prevent any form of abuse from happening again."
- Relatives felt their loved ones were safe. One relative told us, "I feel my mother is definitely safe. She is checked on regularly during the day."

### Staffing and recruitment

- Safe recruitment practices were followed. The service was actively recruiting for staff vacancies, the service relied on agency to fill shifts.
- Health professionals spoke positively about permanent members of staff. However, they and relatives raised concerns about agency staff. They felt interactions with people were limited and there was not enough oversight of these staff.
- During our observations in communal areas, we found agency staff did not communicate well with people. People were left with very limited interactions at times. One person told us, "Staff are very kind and caring. The agency [staff] are not sometimes; they don't even speak to you all shift." A relative also told us, "The agency [staff] lack the required knowledge to carry out good care."

### Using medicines safely

- Medicines were managed safely. Guidance was in place to support the administration of when required medicines. Staff had received training to support them to dispense medicines safely.
- People were supported well with their medicines. One relative told us, "Medications is taken care of by the

staff. I don't have to worry about prescriptions. I am at the home on a regular basis and medication always appears on time."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service was working in line with recent government guidance. Appropriate measures were in place to support safe visits.

#### Learning lessons when things go wrong

- Accidents and incident were reported appropriately. There was evidence of accidents and incidents records being reviewed and appropriate action taken.
- Staff had good understanding of how they would respond to incidents. One staff member told us, "We would make sure everyone is safe and get everyone the help they need. We would document everything and make changes to anyone's support if needed to prevent from happening again. We may need to seek advice from others. My role would also be to ensure we speak to staff and find out what happened and ensure they are ok."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported through a transition plan to make sure the service was the right place to meet their needs. The service completed in house or virtual tours and brochures were provided.
- Peoples needs were assessed to ensure the service was able to meet their care and support needs. Regular reviews were carried out to ensure people's care

Supporting people to eat and drink enough to maintain a balanced diet

- Peoples nutritional needs were met. We observed meals being offered at lunch time, meals looked appetising. One person told us, "The meals are pretty decent. Menus change often which is nice."
- People were offered a variety of snacks and drinks throughout the day. One relative told us "My mum appears to enjoy her food and looks well. She has definitely put some weight on while being in the home."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed
- There was evidence of health professionals being involved in peoples care.
- Feedback from practitioners was positive. One practitioner told us, "On the whole, my visits are very positive. The staff are responsive and will follow on advice or actions I have left them."
- Relatives told us staff responded to any concerns. One relative told us, "[Staff] make good observations of the residents and will call the doctor if it is necessary." Another relative told, "The home is very supportive to us, we are kept informed of my [relatives] health and any changes in medication that may be necessary."

Adapting service, design, decoration to meet people's needs

- The home was accessible, people had equipment to meet their needs.
- There were plans in place to redecorate the home.
- There was evidence of people and relatives being involved in deciding how they wanted the home to be decorated.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working in line with the principles of MCA. Conditions related to DoLS authorisations were being met. People told us staff asked for their consent.
- Staff had good understanding of MCA. One staff told us, "Capacity can be varied and not limited to one area. It is about making sure people have an understanding and know what they are making decisions about. If they do not, we try and support them to understand in other ways before completing a best interest decision."

Staff support: induction, training, skills and experience

- Staff were not consistently supported to carry out their role. Staff received regular supervision; however, training had not been completed. The registered manager said they would take action to address this.
- Agency staff received an induction on their first shift at the service, however we found this was not effective. Relatives felt agency staff lacked knowledge and skills to care for their loved ones effectively. One relative told us they needed, "Better training for staff who don't work regularly at the home." Another relative told us, "The agency [staff] lack the required knowledge to carry out good care."
- Staff completed an induction when they started which they found use useful. One staff member told us, "It's good, we have some more training booked. I would like some more which we have spoken about in meetings."

We recommend that the provider reviews guidance on training to ensure staff have the opportunity to complete training required for their role.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care.
- Families felt involved in planning their loved one's care. One relative told us, "As a family, we have some input into my [relative's] care and I feel we all work together for the benefit of my [relative]."
- People felt involved in their care planning. One person told us, "I decide what and how I want my care."

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were offered choices and their privacy was respected.
- Staff knew how to support people to make choices and promote their independence. One staff member told us, "We ask people what they want in line with their preferences and likes." Another staff member told us they, "Let [people] take a lead. Some people will want to do something, it won't be the best but let them do it and then you can step in and help."
- Relatives felt their loved ones were treated with respect and dignity. One relative told us, "[Relative] is cared for very well by the staff. [Relative] always looks fresh and clean when we visit."
- We observed positive interactions between permanent staff and people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not receive consistent support to maintain social interaction and be involved in stimulating activities. We observed people left without appropriate activities during inspection. Activities were not always planned or where planned did not reflect people's preferences.
- People felt there was not enough activities to do. One person told us, "We don't do much apart from sit Infront of the TV, it does get boring, it would be nice if we had things to do." Another person told us, "All we do is sit Infront of the TV."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not consistently met. During lunch time we observed people struggling to read the menu from the notice board. The writing was too small for people to see.
- Staff knew how to communicate with people. One staff member told us they, "Speak to [people] calmly, clearly and loudly, sometimes we have to repeat, some [people] may be forgetful and not understand so we will show objects or items we are referring to."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care. Care plans included detail about how to best support people.
- Staff knew how to get to know a person likes and dislikes. One staff member told us, "By getting to know them and their responses, you get to know what people like and don't like by working with them. Families are really good, and they will sometimes tell us how people prefer things."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which people had access too. There were no open complaints at the time of the inspection.
- Relatives and people told us they would be able to raise their concerns if they needed to. One relative told us, "I do feel I am listened to and that my opinion is valued. If I have had an issue in the past it has been dealt with."

#### End of life care and support

- Systems were in place to appropriately support people around end of life care.
- The registered manager told us they would contact appropriate health professionals and complete end of life plans to meet the needs of people who required end of life care.
- Staff knew what end of life care should look like. One staff member told us, "Good end of life care is making sure the person is as comfortable as they can be and supporting the family through a very difficult time."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems at the service were not effective. Although audits were in place, they had not identified where improvements needed to be made. We identified concerns relating to risk management, agency staff, communication, staff training, the provision of activities and communication. Following feedback, the registered manager started to review these areas.
- Quality assurance checks were not completed by the provider, concerns and shortfalls found in this inspection had not been recognised.
- There was no evidence to show how reviews of accidents, incidents or complaints established any learning or improvements at the service.
- The care recording system was difficult to follow and not centralised. Some information was recorded on paper whereas some was recorded electronically. It was difficult to review the overall delivery of care provided. The registered manager highlighted they were in the process of transferring the recording systems so it would all be centralised. We found no evidence that this had an impact on people.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had informed CQC about notifiable events and incidents. This helps us to monitor the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated a commitment to improve the quality of the care they provided.
- Staff told us they could approach the manager if they had any concerns.
- Relatives described the registered manager as "approachable" and "helpful".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager obtained views from people and relatives and acted on feedback.

- Opportunities were given to people in meetings to put forward their ideas about improving the service.

Continuous learning and improving care; Working in partnership with others

- The provider acted on any concerns raised.
- The provider worked alongside health professionals to ensure people received care in a timely manner.
- Relatives and health practitioners told us staff made appropriate health referrals for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Staff were not up to date with the training required to effectively carry out their role.</p> <p>Audits to monitor staff training were ineffective as they did not capture the low completion rates of training.</p> |