Valley Park Care Centre (Wombwell) Limited

Valley Park Care Home

Inspection report

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Wombwell
Barnsley
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was our first inspection of Valley Park Care home under the registered provider's registration with the Care Quality Commission.

Valley Park Care Home is a 'care home'. 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. Valley Park Care Home is registered to provide residential accommodation for older people, including those with dementia, for up to 57 people. The home is located in Wombwell near Barnsley. On day one of our inspection we were told 39 people were living at the home. On day two there were 38 people living at Valley Park Care Home.

At the time of our inspection the manager was registered with the Care Quality Commission (CQC), although they were unavailable on both days of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care plans were found to be person-centred, although the content about people's care needs was not consistently recorded which meant people were at risk of receiving unsafe care. Risks to people were not appropriately managed as personal emergency evacuation plans were not sufficiently detailed and not all staff were familiar with what to do in the event of a fire. The use of thickeners in people's drinks was not safe as staff were not following the prescriber's instructions.

Medicines were not stored in accordance with the manufacturer's guidelines. Protocols for the use of 'as required' medicines were not always in place and examples we saw required further detail. Medicines were not given at times specified within the instructions for use. The recording of the use of topical creams required improvement.

Mental capacity assessments were not decision specific and we found they were in place for people who were deemed to have capacity. This demonstrated a misunderstanding of the principles of the Mental Capacity Act (2005). The recording of relevant people who held Lasting Power of Attorney was unclear. Staff were aware of the importance of gaining consent to care and knew what to do if people refused care. We saw people being offered choice in their daily routines.

People enjoyed the meals they were offered and we observed a positive dining experience. Assistive equipment was in place to support people to maintain their independence, although the registered provider was unable to demonstrate how they met the accessible information standard.

Staff were able to describe how they maintained people's privacy and dignity and people told us this happened. However, we saw one example where this was not respected.

Complaints were recorded, although details of investigations and outcomes were not held which meant the registered provider could not demonstrate this process was effective.

People told us the provision of activities had been limited due to the activities coordinator being unavailable for several weeks. Instead, care staff provided activities, although some people told us this was repetitive. External entertainers were visiting this service.

People and relatives provided mixed feedback about staffing levels. The registered provider had recently increased day staffing levels and rotas showed shifts were usually fully covered.

Recruitment processes were found to be safely managed. People told us they felt safe living at this service and said they were supported by suitably skilled staff. Staff receiving training and formal support through regular supervision and appraisals.

Staff with learning difficulties were able to access employment opportunities and people were supported to maintain their religious beliefs. This demonstrated the provider's commitment to equality, diversity and human rights.

People, relatives and visiting professionals were complimentary about the care provided by staff. We witnessed positive interactions between people and staff in a friendly environment.

Not all incidents which were notifiable to the Care Quality Commission had been reported to us. We dealt with this outside of the inspection process.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not stored safely and PRN protocols required more detail. Risks to people were not robustly managed.

People provided mixed feedback about staffing levels.

Recruitment was safely managed. People told us they felt safe at this service.

Is the service effective?

Requires Improvement

The service was not always effective.

The principles of the Mental Capacity Act (2005) were not being followed. Lasting Power of Attorney was not clearly recorded.

People were complimentary about the meals served. Access to healthcare was evident, with the exception of oral care records.

Staff received training and ongoing support through supervisions and appraisals.

Is the service caring?

Requires Improvement

The service was not always caring.

Privacy and dignity was not always respected. Confidentiality was not always maintained.

People and relatives spoke positively about the staff. Staff knew people they were caring for.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not consistently reflect people's needs.

People were critical about a lack of activities and repetition in the provision they did receive.

Complaints were not effectively recorded as some information was missing.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Notifications had not been submitted to the Care Quality Commission as legally required.

Systems and processes to assess, monitor and improve the quality and safety of services were not operated effectively.

Staff gave positive feedback about the registered manager. There were opportunities for people and staff to feedback about the service.

Valley Park 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.

Before the inspection, the registered provider had 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.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The inspection visit took place on 8 and 13 November 2017 and was unannounced. On day one of our inspection the team consisted of two adult social care inspectors and two experts by experience with a background in older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of our inspection was unannounced and was carried out by two adult social care inspectors.

We spoke with a total of 15 people who lived in the home as well as four relatives who were visiting the home at the time of our inspection. We also spoke with the regional manager, the head of quality and governance, 11 members of staff and four visiting professionals. We observed care interactions in communal areas of the home. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at four people's care plans in full and a further two care plans regarding specific areas of care. We spoke with a visiting health professional.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at this service. One person said, "This is a wonderful place. It could not be better, they respect my intelligence and I feel perfectly safe." Another person said, "Oh yes, I feel safe here. Why shouldn't I feel safe there's nothing to worry about?"

Training records we looked at showed staff had received up to date safeguarding training. Staff knew how to recognise and respond to abuse. One staff member said people were kept safe as risk assessments were in place, the right equipment was used and they made sure their training was up to date. They were able to explain what they would do if they witnessed any type of abuse, which included physical or emotional abuse. One staff member said, "If we see something suspicious, we report it." Staff were familiar with the registered provider's whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

We looked at how the registered provider assessed and took steps to reduce individual risks to people.

One person told us, "I do feel safe. I walk with a frame and they have taught me how to use it and how to sit down and stand up with it. They are very good." We witnessed several examples of moving transfers during our inspection and saw these were carried out safely. A health professional told us, "There are no issues with pressure care, it is well managed."

Individual risk assessments had been undertaken to enable people to retain independence and make their own choices, whilst minimising risk. Some risk assessment tools were used to identify common risks such as those relating to moving and handling, nutrition and falls. Where one person was found to have had a number of falls, a sensor mat had been put in place to alert staff. However, where another person had experienced falls in August and September 2017, we found there was no information regarding how this happened and measures to reduce the risk of the same incident happening again. This meant opportunities for learning outcomes had not been taken.

We looked at the use of prescribed thickeners and saw staff were not following guidance provided by health professionals. One staff member said they had been told to add three and a half teaspoons of thickener to drinks for one person. The 'My eating and drinking and weight' care plan dated 30 October 2017 for the same person stated '[Person] has their drinks thickened with x1 scoop of thick and easy'. We spoke with another member of staff about the use of thickener for a different person. They told us they added two teaspoons of thickener, but said they had estimated this as they hadn't seen the person's care plan. We discussed this with the regional manager and deputy manager and asked them to review these arrangements to ensure people were not at risk of choking.

We looked at personal emergency evacuation plans (PEEPs) which staff should use in response to an emergency and found these were not sufficiently detailed. For example, some PEEPs did not specify how many staff members were needed to assist the person. At the time of our inspection, the deputy manager was in the process of updating PEEPs. Two staff members we spoke with were not familiar with PEEPS which

meant they would not know to look for these in the event of an emergency. We saw evidence of fire drills taking place during both day and night shifts to ensure all staff were familiar with practice. However, one staff member told us, "I am not aware of PEEPs and not sure what to do in an emergency." Another staff member told us, "If there is a fire, we would move people two fire doors away. The fire alarm is tested weekly, but I have not had a fire drill."

We saw weekly checks of the fire control panel, fire alarm points, fire doors and alarm sounders. Fire extinguishers and emergency lighting were checked monthly.

We saw evidence of monthly checks carried out on call buzzers, window restrictors, wheelchairs, profile beds and hot and cold water temperature checks. Weekly bath and showers temperatures were also checked. Gas and electrical safety certificates were up to date and testing of the water supply for legionella had been carried out in July 2017. We found the cold water tap in one bathroom did not work. On day two of the inspection the cold water tap still did not work. The maintenance person told us this was scheduled to be repaired in the near future.

The 'IMPACT' audit dated 7 November 2017 carried out by an external auditor on behalf of the registered provider dentified there were no service stickers on hoists and there were no service certificates for slings and belts. In May 2017, slings and hoists had been serviced in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). However, we saw several different coloured slings which had been left over a hoist and these did not have names on them. A sling for one person was in their room, but this had the initials for a different person on it, meaning this was used for the wrong person. This meant infection control was not well managed as there was a risk of cross contamination when using the same sling for different people.

As a result of our findings regarding the use of thickeners, slings, and fire safety arrangements, we concluded this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager contacted us to say they had requested training from the speech and language therapy team who provide guidance around the use of thickeners. Also to confirm all PEEPs had been updated and discussions were taking place with staff around fire safety to ensure they know what to do in the event of a fire.

In August 2017, the local authority and Clinical Commissioning Group (CCG) carried out an infection control audit due to concerns found at their previous audit in May 2017.

We looked at the overall cleanliness of the home and observed domestic staff cleaning on both floors. Whilst most areas of the service were generally clean, we found this was not the case in the lift area. One staff member said they had tried scrubbing it. There was an odour from some of the wheelchairs that were stored outside the lift area. One staff member told us, "Night staff should clean the wheelchairs." This meant staff responsibility for infection control was not being met in all areas of the home

People we spoke with told us they received their medicines when they needed them. One person said, "They help me with my pills to make sure I take them every day." We looked at the storage, administration and recording of medicines and found this process was not safe.

The November 2017 'IMPACT' audit carried out by an external auditor on behalf of the registered provider showed processes for PRN protocols, topical medicine administration records, dates of opening medicines

and room and fridge temperatures needed to be reviewed.

Some medicines which were in stock at the time of our inspection should have been stored at a room temperature no higher than 25 degrees Celsius and refrigerated medicines should be kept between two and eight degrees Celsius. This is to ensure medicines are fully effective and do not spoil. On both floors, we found the room temperature medicines were stored at exceeded 25 degrees Celsius during the month of October 2017. During the same period, refrigerated medicines had been stored at temperatures which were outside the recommended range. Staff we spoke with who were responsible for administering medicines were unaware of the minimum and maximum storage temperatures. The medication audit dated September 2017 showed a 95% compliance score and two actions, one of which stated 'Action to take for fridge and room temps', although it was not stated what action was needed.

One person's antibiotic cream stated on the label 'do not store above 30 degrees'. A staff member we spoke with said they did not know why this item was in the fridge. The label on another person's eye drops stated 'store in fridge until opened, discard 28 days after first opening'. A staff member confirmed the item had been opened and we saw the date of opening was not recorded. The cream was dispensed on 6 October 2017. This meant it was not possible to determine whether the medicine should still have been in use.

Some prescribed medicines need to be administered at specific times of the day. Lansoprazole is a medicine to be given 30 to 60 minutes before food which some people were prescribed. We saw one person having this medicine at the same time as eating a banana for their breakfast. We spoke with a staff member administering medicines who told us the registered provider did not have an early morning medicines round. This meant people did not receive their medicines at timely intervals to ensure these were fully effective.

Controlled drugs are medicines liable to misuse. We saw there were always two staff signatures recorded every time these medicines were used. However, where patches were administered to provide pain relief, the recording of when and where these were applied was not robust. For example, the application record for one person's transdermal patch contained gaps where patches should have been recorded as administered on 5 and 29 September and 18 October 2017. This meant the registered provider was unable to demonstrate this person had received this pain relief as prescribed.

Protocols for the use of 'as required' medicines known as 'PRN' were kept in people's care plans, rather than in the medicine trolley where staff would need access to this information. We found there were no PRN protocols for three people who had been prescribed paracetamol. Where people are unable to verbally communicate the need for pain relief, it is good practice for staff to have information which identifies alternative ways a person may express pain. Whilst some instructions were written on the medication administration record (MAR), this additional information was not recorded. One person's PRN protocol for a medicine for seizures did not state the maximum staff could administer in one day was three doses, although this was stated on the medicine label. Following our inspection, the registered manager contacted us to advise all PRN protocols were being checked to ensure they were in place and contained sufficient detail.

We looked at the recording of the use of topical creams and saw this required improvement. One person who was prescribed dermol cream had both a MAR and topical medication administration record (TMAR) for this item. We looked at both records and saw conflicting entries in October and November 2017.which meant the information recorded did not match.

We saw a barrier film pump spray in a person's bathroom cabinet which had been dispensed on 29 July

2016, although this was not on the person's MAR which commenced 23 October 2017. The deputy manager told us they no longer used this spray. This meant this item had not been disposed of safely after it was discontinued.

We looked at the MAR for one person who was prescribed a liquid gel for their eyes which was to be administered four times a day. The MAR commencing 23 October 2017 showed this was only offered in the morning. A staff member we spoke with told us this person only had this medicine once per day.

We concluded this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

MARs contained a photograph of each person, which helped to reduce the risk of medicines being given to the wrong person. We observed the medicine administration process and saw staff were patient, polite and always locked the medication trolley when they moved away from it. People were observed taking their medicines before these were signed for as given and people were offered pain relief. Staff responsible for administering medicines had received training for this and all expect one member of staff had an up to date medication competency check.

People gave us mixed feedback about staffing levels, with people living on the ground floor being mostly positive, whilst those on the first floor were less satisfied. Comments included, "With regard to staffing levels, I think they could do with a few more. Sometimes I have to wait to go to the toilet." Another person said, "There doesn't seem to be enough staff. I sometimes have to wait." A third person told us, "I very rarely use the buzzer. I've not much reason to, but when I have they usually come in time." One relative said, "I think there are enough staff and they treat her well."

We observed there were generally more staff on the ground floor as this area has a large lounge where people like to sit. People living on the first floor generally stayed in their rooms which meant staff were dispersed across the floor. We saw staff on the ground floor appeared not to be rushed and when one person wanted to go to the toilet, they were assisted straightaway.

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We discussed staffing levels with the regional manager who told us they had identified a need to have an extra member of staff on the day shift. This arrangement commenced in October 2017. One staff member told us, "There is generally enough staff. We had another staff member start on days about six or seven weeks ago." Rotas we looked at showed the majority of days and night shifts were fully staffed and senior care cover was in place.

We found recruitment practices were safe. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. We noted references had been obtained and gaps in employment had been explored by the registered provider. We also saw staff files contained a completed application form, interview assessment and a contract of employment.

Requires Improvement

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA.

Staff we spoke with had a good understanding of how the MCA and DoLS applied to their role. One staff member told us the MCA was about making specific decisions and some people were not always able to make decisions about taking medicines or finances. They said they always offered people choice.
Staff told us they offered people choice. One staff member said, "MCA is about whether people can choose or not. I always offer choice at lunch time, but I do not always ask people if they have the same things every day." We overheard people were asked what they wanted to have when the drinks trolley went around the home. One person told us, "Yes, the staff do listen to me, they definitely do."

The deputy manager told us three people had a granted DoLS in place, a DoLS application had been sent to the local authority for another one person and they were in the process of reviewing another two people. This meant the registered provider ensured they were legally depriving people of their liberty.

We saw assessments of people's capacity in care plans we looked at. However, these were general assessments as they were not specific to a particular decision. The regional manager told us they were introducing new MCA paperwork which would be more decision specific.

We looked at the care records for one person who was recorded as having capacity. We saw they had signed their own consent to care, flu jab and use of photograph forms. However, a MCA assessment had been completed in August 2017, despite the person having capacity. The deputy manager told us a MCA assessment had been completed for everyone living in the home regardless of whether they had capacity. This demonstrated a lack of understanding of the principles of the MCA.
A 'This is me' document for one person dated November 2015 stated 'lacks capacity to self-medicate'. We saw there was no mental capacity assessment for medicine administration for this person.

We looked at another person's care records and saw different members of their family had signed different consent forms on their behalf. We saw letters dated August 2017 had been sent to families and other representatives of people for them to indicate whether they had Lasting Power of Attorney. However, the form used was unclear as people were asked to provide 'yes' or 'no' responses and some had deleted, underlined or circled one or the other. This meant it was not possible to clearly identify where people had Lasting Power of Attorney and what this was for.

Care and treatment must only be provided with the consent of the relevant person. Records we viewed did not support this. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with were confident staff were sufficiently trained to carry out their role effectively. One person said, "I think the girls (staff) know what they are doing and they seem to sort me out."

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with told us they received supervision every two to three months. One staff member told us they had supervision every two to three months and discussions were about their development, learning and they were able to add comments. They also said they had received annual appraisals since they started working at the home. We looked at staff files and saw evidence staff had received supervision and annual appraisals.

The regional manager told us staff received an induction which included mandatory training, five days of shadow shifts and, if the staff member had no experience of working in the care sector, they completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We looked at staff files and were able to see information relating to the completion of induction. However, one staff member told us they had not been shown how to complete documentation such as repositioning charts and said they had not had a chance to read a care plan during their induction.

Staff training records we looked at showed high levels of completion in all areas. Staff received training in areas such as dementia awareness, food safety, health and safety, infection control, and person centred care. Staff told us they would be undertaking pressure care training and said all training was helpful.

We looked at the make-up of the staff workforce and found employment opportunities for people with learning difficulties which demonstrated the registered provider's commitment to equality, diversity and human rights.

All but one person we spoke with were complimentary about the meals they were served and they told us they had plenty to eat and drink. People's comments included, "The food is wonderful. I've put weight on since I've been here. I go in the dining room for all my meals and I get plenty to eat and there's loads of veg and fruit" and "The food is nice it's good. I've eaten all of it so it must be good." One person who had a pureed diet told us, "I'm not right keen on the food, it's tasteless. I have liquidised food."

We observed the lunchtime experience on both floors and found this was a positive experience. We saw interaction between people and staff throughout the mealtime. Staff ensured people were asked what they wanted to eat and drink. We found staff knew which people had diabetes which meant they were supported to have appropriate meals in relation to managing their blood sugar levels. One staff member told us, "People have choice of a hot or cold pudding and we have diabetic ice cream and buns for the people who are diabetic." We saw morning and afternoon drinks rounds on both floors.

At lunchtime, we saw assistive equipment was in use by people who needed this to eat their meals. For example, one person had a plate guard which meant they could independently eat their meal without the food falling off the edge of their plate. On day two of our inspection, we saw the same person drinking from an adapted beaker.

At the time of our inspection, the deputy manager was in the process of updating food and fluid intake

charts to enable staff to record more detailed information.

People we spoke with felt they received access to healthcare services when they needed this. One person said, "If I wanted a doctor they would get me one no problem." Two visiting health professionals told us staff responded appropriately to their guidance. One health professional told us, "If we do need staff to do anything, they are quite good at following through (with instructions)."

The brochure for Valley Park Care Home stated 'external healthcare appointments such as, the optician, dentist, chiropodist and hairdresser can be arranged'. We saw a notice on display which stated a chiropodist would visit in December 2017. Staff told us they worked with a number of healthcare professionals to meet people's needs. One staff member told us, "The GP, physio and chiropodist regularly visit the home. The dentist comes about false teeth." We saw care records contained limited evidence of people receiving oral care as the records did not demonstrate the recent involvement of dentists. We discussed this with the regional manager and deputy manager and asked them to look at this.

In October 2017, the registered provider opened a room in the home called the 'Valley Park Arms' which is a space designed as a pub for people living at this service. This meant people were able to meet together and socialise in a familiar setting. The registered provider also planned to open a room which would be used as a cinema space where people could watch movies.

All organisations that provide NHS or adult social care must follow the accessible information standard. The aim of the accessible information standard is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. We did not see any examples of information being made available to people in adapted formats, such as large print or pictorial for example. Some people, such as people living with dementia for example, may benefit from pictorial information.

We noted one person's bedroom was in the process of being redecorated. The maintenance person told us, "They did not like the colour of their room and have chosen cream for the paint colour." This meant people were able to choose how they wanted their living space to be decorated.

The eating and drinking care plan for one person who had communication difficulties provided useful guidance for staff about how the person expressed they were refusing food and instructed staff to return five minutes later to reoffer their meal. Staff told us they would return to a person refusing care to see if they could encourage the person. Where people consistently refused care, staff told us they would report this to the management team for guidance. This showed people's choices and right to to decline care was accepted and appropriate action was taken in response.

The registered provider made use of technology for some safety equipment, such as sensor mats. These can be effective at alerting staff to people's movements, which can help staff to keep people safe.

Valley Park Care Home had formed working relationships with a local scouts group and a nearby pub provided a free Christmas dinner for people and bought everyone a present. The registered provider's home improvement plan showed actions were taken to successfully engage with other services in the community.

We saw information on display regarding the Herbert Protocol which is a national scheme introduced by West Yorkshire Police and other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing.

Requires Improvement

Is the service caring?

Our findings

People told us they were well cared for by staff. Comments included, "It's a beautiful place they deserve a gold medal they haven't enough gold in Fort Knox to give to the people who look after me", "The staff are wonderful and if I ask for anything they will get it for me" and "I'm pleased because they treat me alright and I can please myself what I do."

People we spoke with consistently told us staff respected their privacy and dignity. People's comments included, "They treat me with respect and when they are helping me we have a good laugh." Another person told us, "Yes the staff show absolute respect and look after me when I have my shower."

We observed staff were attentive, reassuring and warm and friendly to people and this was reciprocated. One staff member told us, "I wish I had come into care sooner, it is a rewarding job."

People said staff knocked on their door before entering. One person told us, "I have my door open most of the time, but they do knock when it's shut." We observed a staff member offering people drinks from a trolley and noted they knocked on people's doors before asking them if they wanted a drink. However, we observed an occasion when a person with sensory needs did not have their privacy respected by a staff member. We asked the staff member for one person's topical medication administration record and observed the staff member entering the person's room without knocking on the door or announcing themselves. We asked the staff member about this and they said, "[Person] knows we go in and out. I only popped in to get the chart, I didn't really go in." We discussed our observations with the regional manager.

Dignity champion and principles were displayed in the entrance to the home. We saw one staff member was appointed as a 'dignity' champion. They told us they made sure all staff were adhering to the identified dignity principles through observations. A staff member told us, "I knock on people's doors before I enter and make sure the door is closed when carrying out personal care. The dignity champion does point things out to us."

We saw confidential records were not always stored securely as the door to the staff member's work station on the first floor which had a keypad was regularly left open whilst staff were not present.

We noted leaflets for an advocacy service were displayed and people had previously benefitted from advocacy. An advocate is a person who is able to speak on other people's behalf, when they may not be able to do so, or may need assistance in doing so, for themselves.

We observed people in the lounge area chatting to each other and saw staff were warm in their interactions with people which helped to generate a friendly atmosphere. Staff spoke to people using their first name and there was appropriate humour shared which people appeared to appreciate. Staff we spoke with were able to demonstrate a good knowledge of people they cared for. One relative told us, "I'm sure they know my [relative] and what she likes and dislikes." A visiting health professional told us, "Staff usually know about people's needs."

We observed staff assisting people to transfer in and out of seating and saw this assistance was provided both safely and with the comfort of the person in mind. One staff member supported a person to the toilet which was carried out discreetly and with a great deal of patience. We overheard the staff member saying, "Take your time [name of person] there is no rush."

Staff we spoke with were confident people received safe, effective and compassionate care. One staff member told us, "I have had my mum in here and would have not gone anywhere else, I cannot fault the care." A visiting health professional said, "Staff are very caring and know people well. It feels like a family atmosphere.

We received mixed feedback from people about their involvement in care planning. Care plans we looked at showed relatives were invited to reviews. One relative told us, "Yes we are involved with mum's care plan. We had a meeting on Friday with management and went over the plan." Another relative said, "We always keep on top of the care plan." However, some people we spoke with said they had not been involved in these reviews.

One relative told us, "They keep me up-to-speed with everything. If she's ill, they let me know straightaway." However another relative said, "Sometimes communication could be a bit better, like if ask someone to do or mention something and they haven't passed it onto the next person and it gets forgotten."

We saw information on display within the service which covered, for example, menus, safeguarding, the complaints procedure and the use of Deprivation of Liberty Safeguards. The brochure for Valley Park Care Home stated 'religious & spiritual needs will be met, as far as is possible, with local religious leaders being invited to the home to conduct services' One person told us they had a weekly visit from a faith leader which meant they were supported to maintain their religious beliefs.

We saw a compliment which stated 'Thank you for all the care and consideration you have given to us this past year. We could not have asked for anything better'.

Requires Improvement

Is the service responsive?

Our findings

We looked at how complaints were managed and found this required improvement.

People we spoke with said they would approach a member of staff or speak to the registered manager if they wanted to raise a complaint. One relative told us, "If I wanted to complain I would go straight to the manager." We saw information on display about how people could complain if they were dissatisfied with the service they received.

The registered provider's complaints policy stated issues which cannot be resolved locally should be investigated within 15 days by the registered manager and a written response sent out. We reviewed complaints received by the registered provider and found a lack of evidence to demonstrate how these were responded to. For example, we saw a verbal complaint made by a relative dated January 2017 and found there was no record to demonstrate how the concerns had been responded to.

In June 2017, a relative had complained about the care their family member received. We saw notes of an investigation and a message from the regional manager who asked the registered manager to respond to the family in writing. There was no record of a response having been sent to the complainant.

The registered provider's complaints policy on file was dated April 2015 and was due to be reviewed in April 2016 which meant this was out of date.

We concluded this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection, an activities coordinator was in post, although they had been absent for several weeks. Staff had been asked by the registered manager to ensure people received enough stimulation. However, people we spoke with told us they were not satisfied as there was a lack of activities and some people felt activities that were provided were repetitive. One person told us, "[Activities coordinator] did the activities, but she has been off sick for five weeks, so the only thing on at the moment is bingo, but I don't like bingo, so I just watch the TV. I used to like it when [activities coordinator] did it because she did quizzes and exercises." Another person told us, "I watch TV here and they do bingo sometimes and they have had card games and sing song concerts. The carers do it." One relative told us, "That's my anger to this place. There's no activities."

One staff member told us, "The activity person has been off for a few months but we did bingo three times last week, people like bingo. There is no real structure for planned activities." The 'IMPACT' audit identified 'some evidence of activities – no programme.' The regional manager told us they had placed an advert for an activities coordinator to provide additional stimulation for people.

We looked at care plans for four people and found evidence which demonstrated these were person-centred, although information was not consistently and clearly recorded about people's care needs which

meant they were at risk of not receiving appropriate care.

Care records contained information relating to people's needs in relation to, for example, moving and handling, skin care, eating and drinking, continence and communication.

One person's 'My skin care and pressure relief' care plan dated July 2017 stated 'airflow mattress checked daily and should be set to 3 which is correct for weight'. The same person's 'My sleep' care plan dated September 2017 stated '[person's] mattress is set to setting 4 which is correct for their weight'. When we checked the person's mattress setting it was set to 4. A staff member we spoke with was unsure which setting was the correct one.

One person's 'My eating and drinking and weight' care plan stated '[person] likes all hot meals, he prefers coffee to tea and likes his coffee with milk and no sugar'. However, the care plan also stated 'if significant weight loss can be relayed to appropriate healthcare professional'. The deputy manager agreed it was not clear what was meant by 'significant weight loss' and 'appropriate healthcare professional'. We saw the same information in another person's care plan was also unclear.

A 'My mobility and falls' care plan dated July 2017 stated 'do regular safety checks through the night'. The deputy manager agreed it was not clear how often the night checks should be carried out. We looked at a sheet called 'hourly night checks' and these were not always being recorded hourly. For example, on 31 October 2017 the records showed [person] was checked at 21:50, 00:30, 02:32, 05:35 and 07:10. When we spoke with a member of staff they said this was confusing and did not match the person's care plan.

We concluded this was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans contained detailed information regarding people's moving and handling needs. This meant information regarding the equipment needed and how staff should use this was recorded. Where these needs had changed, we saw this updated in care plans, although in one person's care record, the monthly review had not reflected a change to the type of sling used.

Care plans contained a 'My lifestyle' profile which identified what people liked to do as part of their routine at different times of the day. For example, one person's night time entry stated 'I like to be made comfortable and warm. I like the night light on and the TV on until I go to sleep'. Another person's sleep plan stated '[Name] likes to fall asleep with her TV on. She likes her curtains closed, her night light on and her door ajar. People also had a 'My map of life' which recorded details about their family, work history, interests and hobbies.

We saw people's end of life wishes had been recorded in their care plans which included, where applicable details of people's religious beliefs. Staff also received training in providing end of life care. 'Advanced care planning' ensures people's wishes are listened to and plans made to provide their care accordingly.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place, although they were unavailable during our inspection.

As part of the planning for our inspection, we looked at all notifications submitted by the registered provider for this service. It is a legal requirement for registered provider's to inform us when a Deprivation of Liberty Safeguard (DoLS) has been authorised by the local authority. Since February 2016, we had not received any such notifications. During our inspection, we found three people had an authorised DoLS in place which we had not been notified about. We discussed this with the regional manager who acknowledged this had not been identified prior to our inspection.

One person was recorded as having sustained a broken wrist as a result of an unwitnessed fall in April 2017. In September 2017, another person suffered a deep wound and a head injury as a result of a fall. In October 2017, a third person suffered a broken bone as a result of a fall. These incidents had also not been reported to us. We dealt with the failure to inform the CQC of notifiable incidents outside of the inspection process.

During our inspection, we found concerns regarding the safe management of medicines, the recording of mental capacity, fire safety, consistency of care plans, management of complaints and the effectiveness of audits. The regional manager told us they had limited opportunity to provide coaching time for the registered manager. The regional manager and head of quality and governance told us they held fortnightly conference calls for Valley Park Care Home to monitor this service.

The regional manager had oversight of Valley Park Care Home since October 2016. The regional manager told us they had completed a total of eight quality assurance audits since this date. We looked at the August 2017 audit which scored 71% and saw there were no timescales for actions to be completed. The October 2017 audit scored 82% and showed a total of three actions, although these did not have timescales for completion. We concluded this was not an effective tool as the concerns we found at this inspection had not been identified and acted on.

We looked at the recording of accidents and incidents and saw, whilst these usually contained details of the event which had taken place, there was a lack of evidence to show action taken, outcomes and lessons learned. For example, the conclusion section in the 'analysis of incident by manager or director' for two incidents in January 2017 and a further incident in April 2017 had been left blank. On the second day of our inspection, the regional manager sent us their home improvement plan which stated 'Accidents and incidents need to be analysed every month with detailed actions documented for each event of what has been done to minimise future risk'.

We looked at policies for both complaints and supervision and saw these were out of date. The registered provider's home improvement plan noted in July 2017 a new suite of policies had been created, although these were not on file during our inspection.

The registered provider's home improvement plan identified in July 2017 that due to previous concerns about the safe management of medicines, weekly audits would be put in place. We looked at the table of audits which showed medicines had not been audited in June and August 2017.

Other audits we saw included those for dignity, meals and nutrition, pressure care, infection control and the domestic service. Not all audits we looked at were scored and where actions were needed to improve compliance scores, these were either not recorded, or the actions were unclear. For example, the infection control audit for September 2017 scored 83%, although no remedial actions were recorded to improve this score. There was no overall score for the July 2017 medication audit. The only action recorded was 'problem identified' – 'BNF' (British National Formulary) and the action was 'requires updating' although there was no timescale for this.

We saw the 'care plan audit for manager' dated July and August 2017 were not scored and contained actions which were ambiguous due to minimal recording. The same audit for October 2017 scored 77%, although actions recorded were clearer. The 'care plan/chart spot check' audit for malnutrition universal screening tool (MUST) and tissue viability identified key issues, such as 'Identified person needs catering plan rewrite as no longer on fork mashable (diet)'. This meant the quality of information and actions taken from audits was variable.

We concluded this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

'You said, we did' information was displayed in the entrance to the home. This stated, for example, 'You said, menu has same things on, pie four times a week'. 'We did, agreed menu needed changing, new menus completed with more variety'. We saw a suggestion box in the reception area which meant people were able to give feedback and could do this anonymously, if they wished.

We asked the regional manager if the registered provider carried out resident, relative and staff satisfaction surveys. They told us a staff survey had been carried out in June 2017, but resident, relative and external stakeholder's surveys had not been carried since August 2016. The regional manager told us, "I would expect one of each survey process each year."

We looked at the service user, relatives and external survey analysis for August 2016 which showed the majority of responses were excellent, good or fair to the questions asked. Following the service user survey in August 2016 an action plan had been created which stated 'started monthly residents' and families' meetings'. We looked at the residents' and families' meeting minutes following August 2016 and saw four meetings had taken place since this date. We also noted in the residents' and families' meeting minutes dated 10 May 2017 relatives asked if the meetings could be held once every two months. However, no further meetings had taken place between May and October 2017.

One staff member told us they attended handover meetings at the beginning of every shift and general team meetings were held every two months. Staff meeting minutes we looked at showed a range of meetings had taken place during 2017 which included those for senior care staff, night staff and full staff meetings. We noted these meetings were not consistently held at regularly intervals. For example, full staff meetings had been held in January and October 2017, day staff meetings had been held in June and September 2017 and night staff meetings had been held in February, May and September 2017. Staff told us they were able to contribute to these meetings and express their thoughts and opinions.

We saw the registered manager had put notices on display in the home which were used to introduce

themselves and encourage people and relatives to approach them with any concerns.

Staff we spoke with were complimentary about the registered manager. Staff comments included, "I like her. If you need some help she gives it", "Manager is alright, you can go with any problems and they listen" and "The manager is approachable and you feel welcomed. I see [regional manager] once or twice a week." Visiting health professionals told us the registered manager was approachable. One health professional said, "It is getting better, the manager is on the ball and there is a good management team." One relative told us, "It's picked up a lot because of this manager they've got."

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not always meet people's needs as information was not consistently recorded.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Mental capacity assessments were inappropriately completed and were not decision specific.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess, monitor and improve the quality and safety of services were not operated effectively. Complaint outcomes were not recorded.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems to ensure fire safety were not fully effective. Risks were not always assessed to ensure people's safety. The proper and safe management of medicines was not robust.

The enforcement action we took:

Warning notice