

Ark Care Homes Limited

Valley View

Inspection report

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

Valley View is a care home providing residential care for to 20 people aged 65 and over. At the time of the inspection the service was supporting nine people. Nursing care was provided by the community nursing team.

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

People told us staff were kind and caring.

People's records were not detailed enough so staff could always provide safe, personalised care. Staff were able to describe how they would meet some people's care needs but these were not recorded.

Risks associated with people's needs that staff needed to be aware of were not updated to ensure staff had the most up to date information available.

Aspects of people's medicine management and administration also needed to improve.

People currently living at the service had the ability to consent to their care and treatment. People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was enough staff deployed and staff were trained to meet people's needs. The provider is strengthening their online training with face to face sessions now that Covid- 19 restrictions have allowed this to take place. Putting staff supervision and support in place has been a priority for the new manager to help ensure the culture of the service is based on continuous learning.

The provider's systems and oversight had not ensured they identified there were concerns at the service. They also did not identify their systems and process were not being operated effectively nor highlighted the issues we found.

Aspects of fire safety were not being monitored that have now been but in place. This included ensuring everyone had their individual needs assessed and that the fire safety equipment was in good working order.

The service had not experienced an outbreak of Covid 19. However, aspects of how the service was managing and implementing the current guidance needed to improve. We signposted the provider to the local authority and support has been offered by the lead infection control nurse to support them achieve this.

Professionals and relatives told us they felt improvements were already in process and, we found the provider and manager were responsive to concerns raised during the inspection. In feedback during and

following the inspection, they have been proactive in addressing the points raised.

Rating at last inspection and update

The last rating for this service was Good (published 16 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about people's records not being complete and people's range of health needs were being met. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Valley View on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the Covid-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and, how the service was being managed at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Valley View

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 Care Act 2014.

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 on site was completed by two inspectors and one assistant inspector. An Expert-by-Experience supported the inspection by making phone calls to relatives. 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 is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in place who aims to be registered with the Care Quality Commission. (They were previously the registered manager for 20 years until November 2020.) This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with the nine people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the provider, manager, head of care, senior care workers, care workers and the cook. We observed how staff interacted with people.

We reviewed a range of records. This included five people's care records and all nine people's medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits were reviewed.

We spoke with two professionals who regularly visited the service. This was a district nurse and GP.

After the inspection

We continued to communicate with the manager and provider. We looked at training data and, various policies and updates on feedback from when we were on site. We communicated further with the safeguarding team, the lead infection control nurse and the fire service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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

- People were at potential risk as how staff ensured risks were assessed, monitored and managed was not consistent.
- People living with long term health conditions such as diabetes and epilepsy were not having their specific risks assessed or consistently monitored. Daily recordings showed staff were observing people but not picking up on changes in their presentation. As their care plans lacked personalised details of how to recognise changes in their presentation, staff had no reference point to refer to. This meant staff missed when a person was starting an epileptic seizure.
- People living with diabetes did not have the detail available to staff when their range of blood sugar readings needed to be raised as a concern. Also, by not ensuring records were clear, a person living with diabetes was not having their blood sugar reviewed as asked previously by the community nursing team.
- People prescribed medicines that thinned the blood or had a catheter fitted did not have a risk assessment or essential details in their care plan for staff to follow. This meant staff were unable to identify to us what risks to look out for.
- People's individual risk assessments for their skin, risk of malnutrition and mobility had not been reviewed since November 2020 which meant changes to people's needs had also not been recorded. For example, in respect of changes to one person's safe moving and handling advice.
- One person had no risk assessments in place although they had lived at the service since February 2021. Staff were therefore unable to identify how they would be supporting them to be safe.
- Another person was noted as having their food consistency reviewed in hospital and had since developed trouble swallowing their tablets. Contact was made with their GP, but no further detail recorded, or choking risk assessment completed to ensure staff were safely meeting their needs.

Using medicines safely

- People's medicines were not always administered or managed safely.
- One person was not having their medicine with or after food as required to ensure its effectiveness. This detail was written on the MAR (medicine administration record) but was not being followed. By the second day of our inspection, the manager advised the correct process was now in place.
- People's medicine administration records (MARs) were not always an accurate reflection of their prescribed medicines. For example, we found prescribed creams for one person in their bedroom, but this had not been documented.
- We observed staff asking people if they had pain or wanted their pain relief. Protocols for 'as required' (PRN) medicines were in place. However, details of why people's pain medicine had been prescribed was

not recorded. This meant the monitoring of people's pain being for other reasons was not taking place.

- People had creams prescribed to support them maintain good skin. The provider required staff to use a topical administration record (TMAR). However, TMARs were not in place for all creams for each person. Staff were also not ensuring the creams were dated when opened to ensure they remained safe to use.
- For medicines that required higher levels of control, the storage and records of administration were not in line with guidance. Secure safes were used, but a new cabinet was ordered that adhered to the required British standard.

Not ensuring safe risk assessment process and medicine systems were operating effectively was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines were ordered in good time, stored secure and excessive stock was prevented.
- People had regular GP reviews of their medicines.
- A person's Warfarin prescription (a medicine that thins people's blood) was carefully followed and the person told us that staff always ensured they had their required blood tests on time.
- Aspects of fire safety were lacking. This included checking of fire equipment and ensuring people had accurate and up to date evacuation plans in place. The manager took immediate action to address this.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe. Relatives said they felt safe and complimented the manager on how they helped to make them feel safe.
- Staff knew how to keep people safe. However, changes were in process of being made by the provider to enable staff to speak up and be heard by the management team. This was because staff had not felt their concerns were being taken seriously.

Preventing and controlling infection

- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

The information available to staff was out of date and the provider's contingency plan could not be easily located. During the inspection immediate action was taken to rectify this.

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.

The inspection team were not admitted consistently on both days and, in line with the guidance. It required prompting from the inspectors to ensure we were safely admitted. The manager acted on this to improve practice and reminded staff of their responsibilities.

- We were somewhat assured that the provider was using PPE effectively and safely. Staff were consistently needing to be reminded to ensure their mask fitted over their nose and they did not touch the front. The manager and provider took action to address this.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Records relating to cleaning were not always accurate and the provider was unable to demonstrate that high touch contact points were being cleaned in line with current infection control guidance. Action was taken by the manager during the inspection to address these points.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- The provider had systems in place to learn from events, such as medicine errors, accidents and falls. These had not, however been consistently used to ensure practice was reviewed. For example, people having fallen had been reviewed each month, but not then used to improve people's individual care plan and risk assessments.
- The manager and provider took the safeguarding concerns and feedback from the inspection extremely seriously, in the aim to learn where things had gone wrong. The aim was to share these with staff going forward so the learning is embedded within the culture of the service.

Staffing and recruitment

- Staffing and recruitment were safe.
- The service was well staffed while the provider focused on investing in them before taking any more people into the service. This was to enable them to ensure the staff had their training and competencies updated to be able to meet people's ongoing and changing needs.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and families were positive about the care. However, people's care plans did not always demonstrate how people's current needs and choices were assessed.
- Where monitoring people's needs was required staff did not always ensure records were consistently kept. We advised the manager about one person who was at high risk of not eating and drinking enough. The manager demonstrated the person was having their needs met but staff were not recording this consistently. New monitoring records were put in place during the inspection.
- People could not freely access outside space without staff supervision due to changes needed to the external space. There was a drop from the dining area to the patio, which could potentially lead to a risk of injury, handrails were not present, and the garden required tidying. The manager advised they were ordering some new tables, chairs and umbrellas so people could sit safely.
- The manager advised of the immediate and long-term changes they would make. This included representing the person more in their records and ensuring their full involvement. However, there was a recognition that this would take time.

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

- During the inspection we observed staff responding to people's needs and the manager being informed of staff concerns. Discussions were being held with relevant health professionals. A health professional told us, "Staff communications were historically very good; the staff today were very good". They added due to a high staff turnover this had not been so good, but improvements had been noted recently in how staff responded to instructions and advice.
- People told us they felt staff would seek their GP to visit if they needed to see them. Others spoke of how the community nurses came and looked after them. For example, ensuring their skin was attended to if a problem was identified. A relative said, "They do ring if she is poorly, when there is anything at all or the doctor is coming."
- Another health professional told us, they felt communication and trust in the service had recently improved. This meant there was an improvement in reporting observations to support their clinical judgments and they had no reason to believe this would not continue.

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

- People told us a new cook had recently been employed and as a result, the food had improved. They said they liked the food and were offered a range of choices. We observed drinks were readily available and

people were being encouraged to eat and drink healthily on a hot day.

- During the inspection, we found people were being supported to eat and drink enough. Where there were concerns about people's needs, these were followed up with the person's GP. The information the kitchen staff needed to refer to in order to ensure people's food was prepared in line with their assessed needs had to be sought and put in place during the inspection.
- Where monitoring was required however, staff did not always ensure records were consistently kept. We advised the manager about one person who was at high risk of not eating and drinking enough. The manager demonstrated the person was having their needs met but staff were not recording this consistently. New monitoring records were put in place and the manager advised it would be their priority to review everyone else and identify any action that needed to be taken.

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

- Valley View was appropriately designed for all physical abilities. People could personalise their rooms.
- People could not freely access outside space without staff supervision due to changes needed to the external space. There was a drop from the dining area to the patio, which could potentially lead to a risk of injury, handrails were not present, and the garden required tidying. The manager advised they were ordering some new tables, chairs and umbrellas so people could sit safely and explained a plan was in place to address the areas identified.
- People did not live in an environment which was homely. In the living-dining area, the cabinets and doors displayed staff notices and equipment was stored here. The manager took immediate action at the time of our inspection to make improvements.
- A health professional told us, "There used to be a buzz in the communal areas and a genuine warmth; this has disappeared." The manager described this feedback as "sad" and, was passionate about wanting to revive the atmosphere and, people's life in this area.

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 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 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 the service was working within the principles of the MCA.

- People told us that staff always asked for their consent before care commenced. Relatives told us they had been asked if they had power of attorney so this would be known to the service should their relative no longer be able to consent.
- Everyone currently living at the service had the ability to consent to their care, treatment and living at the service. No one was subject to having their liberty deprived.
- Staff demonstrated they understood the basic principles of the MCA and people's right to consent to their care and treatment.

Staff support: induction, training, skills and experience

- Staff were trained to complete the tasks required of them. Staff told us they completed plenty of online training. The new manager advised they had reviewed the quality of the training and had taken action to arrange face to face training sessions, which was now possible due to changes in Covid- 19 restrictions.
- Staff told us supervision and support was now in place to ensure each staff member will be supported to carry out their role effectively.
- Following feedback from this inspection, the new manager has since arranged training to take place for all relevant staff in respect of people's individual health needs, such as catheter care, moving people safely, MCA and, medicine administration. Dedicated training for the cook was also being arranged.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The systems of leadership and governance in place, had not ensured the service was always safe, effective and well-led. The quality auditing process carried out by the provider did not identify there were concerns in the service.
- The provider has recognised staff were not being listened to and, as the culture changed, they stopped feeling able to speak up and out about what was taking place at Valley View. They had begun to put changes in place and hold listening sessions with staff to hear their views.
- Relatives, staff and professionals described improvements of how the service was becoming more person-centred, open, inclusive and empowering. They also felt the manager listened to them.

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

- The feedback from relatives demonstrated that the Duty of Candour had not always been adhered to over the past six months. One relative, whose family member had been subject to a safeguarding enquiry, told us they should have been informed about this incident and they had not been.

Not ensuring there were clear systems of leadership and governance in place is a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The manager demonstrated in discussion with us that they understood how the duty of candour applied to their role.

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

- Relatives told us the manager had been in touch with many of them and had been open and honest about the concerns and, were aiming to address these.
- Relatives, staff and professionals could identify that engagement had improved. A staff member said, "I think [the manager] is lovely. I think she is firm, but I think she is fair and, she will bring this place back to where it should. It is a lovely home and she has made a difference in the time she has been back here already."

Continuous learning and improving care; Working in partnership with others

- We found the provider and manager were open and honest with the inspection team and have told us they aim to learn from these events and improve care and their systems as a result. They are already working closely again with the community nursing team and GP.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1)(2)(a)(b)(g)</p> <p>Care and treatment were not always provided in a way that was safe for all service users.</p> <p>Risks people faced in respect of their health and safety were not assured. All that could be done was then not put in place to mitigate those risks.</p> <p>People's medicines were not always safely managed and administered.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)(a)(b)(e)</p> <p>Systems and processes were not operating effectively enough to assess, monitor and ensure the quality of the service and therefore, the safety of people. The feedback of relevant people was not sought and acted on quickly enough to evaluate and improve the service.</p>