

Valley View Residential Homes Ltd

Valley View Residential 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?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection which took place over two days on 8 and 18 December 2015. The service was last inspected in April 2014 and was meeting the regulations in force at the time.

Valley View is registered to provide accommodation for people who need personal care. It provides a service

primarily for older people, including people with dementia. Nursing care is not provided. The service had 42 beds, and there were 35 people living there at the time of this inspection.

There was a registered manager who had been in post since 2010. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the service and that staff knew how to act to keep them safe from harm. The building and equipment were well maintained and there were regular health and safety checks undertaken by staff. Not all safeguarding alerts were raised with external agencies and there was limited review and learning after incidents. Not all risks to people's health and wellbeing were being effectively evaluated by staff.

The registered manager did not have a dependency tool to assess how staffing was deployed. There were enough staff on duty to meet people's care needs but relatives told us that at times staff appeared rushed, and staff confirmed this to us. Records did not show us that staff were properly trained and supported to meet people's needs. Staff were overdue essential refresher training.

Medicines were managed well by the staff and people received the help they needed to take them safely. Where people's needs changed the staff sought medical advice and encouraged people to maintain their well-being. External healthcare professionals' advice was sought quickly and acted upon, but not always recorded on updated care plans.

People were supported by staff who knew how best to support them. Staff were generally aware of people's choices and how they preferred to be cared for. Families felt the service was effective and offered them reassurance that their relatives were being well cared for. Where decisions had to be made about people's care, families and external professionals were not always involved and consulted as part of the process. It was not always recorded how people's consent had been agreed.

People were not always supported to maintain a suitable food and fluid intake, recording of intake was inconsistent and not in line with people's care plan goals. Staff responded flexibly to ensure that people maintained their physical wellbeing and worked with people as distinct individuals.

Staff were caring and valued the people they worked with. Staff showed kindness and empathy in responding to people's needs. Families felt their relatives were cared for by a staff team who valued them and would keep them safe.

Privacy and dignity were carefully considered by the staff team, who ensured that people's choices and previous wishes were respected. Our observations and conversations with staff confirmed there was genuine empathy and warmth between staff and people living at the home.

People who were receiving end of life care had their needs appropriately assessed and managed. Professional advice was sought where needed to promote advance care planning.

The service did not always respond to people's needs as they changed over time, and reviews of care plans lacked detail. The service supported people to access appropriate external healthcare support so the staff could keep them safe and well.

The registered manager's system to make sure the service was audited and learnt from events had not been used formally for a period of five months. There was limited evidence of formal communication with the staff team, of formal resident/ relatives meetings, or of learning and feedback from satisfaction surveys.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Staff knew how to keep people safe and prevent harm from occurring. People in the service felt safe and able to raise any concerns. However, not all potential safeguarding issues had been raised externally and there was limited review following incidents.

The service did not use a dependency tool to calculate staffing numbers; some staff told us there was not enough staff at busy times. Recruitment records were not used consistently to demonstrate there were systems in place to employ only staff who were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Requires improvement



Is the service effective?

The service was not always effective. Staff received support from senior staff to ensure they carried out their roles effectively. However formal induction, supervision and appraisal processes were not always in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where this was needed. Records of people's food and fluids were not completed correctly or regularly evaluated.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed but not always incorporated into new care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. However the service did not record where people, or their representatives, had given their consent to their care.

Requires improvement



Is the service caring?

The service was caring. Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the support needs of people well and took an active interest in people and their families to provide individualised care. People were supported effectively by staff at the end of their lives.

Good



Summary of findings

Is the service responsive?

The service was not always responsive. Staff knew how to support people according to their preferences. However care plans were not always personalised to the individual. Care records did not always show that changes were made in response to requests from people using the service or advice from external professionals.

Staff knew people as individuals and respected their choices.

People and their relatives could raise any concerns and felt confident these would be addressed promptly. The service did not have a process to learn from complaints.

Requires improvement



Is the service well-led?

The service was not always well led. The home had a registered manager. The system in place to make sure the service was audited and learnt from events had not been used formally for a period of five months.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery. However there was limited evidence of formal communication with the staff team and formal resident/ relatives meetings.

People, relatives and staff spoken with all felt the manager was visible, caring and responsive.

Requires improvement



Valley View Residential 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.

This inspection took place on 8 and 18 December and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector, a specialist nurse advisor 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. At this inspection we were joined by commissioners from Gateshead MBC.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send

us within required timescales. Information from the local authority safeguarding adult's team and commissioners of care was also reviewed. The local authority had concerns about the service.

During the visit we spoke with 11 staff including the registered manager, six people who used the service and seven relatives or visitors. Observations were carried out over a mealtime and during a social activity, and a medicines round was observed. We also spoke with an external professional who regularly visited the service.

Eight care records were reviewed as were five medicines records and the staff training matrix. Other records reviewed included safeguarding adults records and deprivation of liberty safeguards applications. We reviewed complaints records, three staff recruitment/induction and training files and staff meeting minutes. We also reviewed people's food and fluid monitoring, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining areas, offices, storage and laundry areas and, when invited, some people's bedrooms.

Is the service safe?

Our findings

People told us they felt safe living at the home and relatives agreed that people were looked after safely. One person told us, “I feel safe, the girls are good.” Another person told us “Good here, I like it. I feel safe, the girls are good.”

Relatives we spoke with also felt their relatives were looked after by staff, although some did feel that at times the staff were very busy. One relative told us, “I just think they could have a few more staff on at the weekends, buzzers take longer to get answered then.” One person spoken to stated that they felt that there was always enough staff to meet their needs, even during the evening and weekends.

Staff told us how they made sure people remained safe, for instance, by ensuring that people who needed supervision were supported by a staff member when they went to the bathroom. They told us they had attended the providers safeguarding adults training and could tell us what potential signs of abuse might be in people with a dementia related condition. Staff we spoke with all felt able to raise any concerns or queries about people’s safety and well-being, and felt the registered manager would act on their concerns. From records we found that not all potential safeguarding issues had been raised externally as required. There were two incidents which should have been reported externally to the local authority and an investigation conducted. These incidents had been discussed at a senior care staff meeting but had not been reported to the local authority and investigated. This meant the service was not able to learn from these incidents and prevent re-occurrence.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that in people’s files there were risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. Mostly people’s risk of falls was being managed and referrals to external professionals were made if required. When floor or chair sensors were recommended as safety measures this equipment had been provided and was evidently in use. However some risk assessments for falls had not been completed in a consistent manner, and did not contain all

the necessary information about the changes in a person’s needs. This meant changes in people’s risk may not have been responded to quickly, leaving them at potential risk and prompt referral for support may have been delayed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and maintenance staff undertook regular checks within the service to ensure the environment was safe. A maintenance record was kept and we observed that the building was clean, tidy and well maintained. We saw records that confirmed equipment checks were undertaken regularly and that safety equipment within the home, such as fire extinguishers and hoists, were also regularly checked. People and relatives commented to us that the environment was always clean and tidy and free from malodours. We did find in a communal area the smell of tobacco smoke escaping from the service’s smoking room. We advised the registered manager to resolve this issue and on the second day of inspection a new extractor had been fitted to the smoking room.

We asked the registered manager how they calculated the staffing numbers in the service. They told us they did not use any tool to calculate staffing and that staffing levels were decided by the budget made available to them. We discussed using a recognised or evaluated tool to calculate staffing based on dependence and risk. We observed there were enough staff to respond to people’s needs throughout our visit. However staff did tell us that at times they felt rushed and they did not always have time to interact with people beyond meeting their immediate needs. Some relatives also told us the same.

Staff recruitment files showed the service followed a consistent process of application, interview, references and police checks when appointing staff. Staff we spoke with told us they had been subject to interview and application checks. One recruitment file seen only had one reference on file. When we brought this to the deputy manager’s attention they agreed to contact the second reference. We saw that the service did not use agency staff to cover staff absence, preferring to use existing staff for continuity of care.

Is the service safe?

We saw evidence that staff had been through formal disciplinary measures where their performance had fallen below standard. This process was not always reflected in staff supervision records, and it was unclear from supervision records how staff were supported to improve.

We observed a medicines round, spoke with staff who managed medicines and looked at people's records and the storage areas. Staff were consistent in their understanding of how to order, store and assist people to take their medicines. We observed staff supporting people with their medicines in a discreet, respectful manner, as well as involving the person in the decision about when to have 'as and when required' medicines. Medicines storage rooms were clean and temperature checks of the room and

fridge were carried out and recorded. Senior care staff stated that they had completed appropriate training and had a good knowledge of the impact and potential side effects of medication.

We spoke with cleaning staff and they told us there were schedules in place to make sure all areas of the home were kept clean during the week. Staff wore suitable protective clothing when they were cleaning. The home was clean and tidy throughout and we saw domestic staff clean dining areas after mealtimes and quickly remove any spillages.

We recommend the registered manager source and regularly use a recognised tool to calculate safe staffing numbers.

Is the service effective?

Our findings

People and their relatives all told us they felt the service was effective at meeting their needs. One relative commented they were involved by staff in their relative's care, "We have a review this afternoon, we get asked to come along."

Staff told us they felt they had the training, skills and support to meet the needs of the people using the service. However when looking at records that related to staff induction, training, supervision and appraisal we found that staff were not always being supported to meet the needs of people living there. Staff induction records were not always completed. Staff we spoke with told us how they shadowed staff and went through an induction period, but records kept did not support evaluation of this induction. Senior care staff felt that they had received training to meet the needs of residents, for example, dementia care, mental capacity act training, challenging behaviour and lifting and handling. However records of staff training did not always support that staff had attended required refresher training, but did show for example that some key training about mental capacity was overdue.

The providers policy was to supervise staff four times a year. We looked at staff supervision and appraisal files and found that staff were not being supervised as much as four times a year or having an annual appraisal of their performance or future training needs. Staff told us they could seek support day to day from senior staff, but they were not receiving formal supervision and appraisal. New staff who had completed induction had not gone through a formal process to confirm the end of their probationary period and records of their induction and training had not been checked and signed off by senior staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

From records we saw that appropriate referrals had been made to the local authority where people's care amounted to a deprivation of liberty. The service had a process in place to review these. However records and care plans did not clearly show how people had been consulted or had their capacity assessed as part of this process. It was unclear how best interest's decisions made were in line with the principles of the MCA. Some care plans did not have evidence of where people, or their representatives, had been involved in discussions about, or had consented to their care plan.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that people who needed support to maintain an adequate diet were supported and encouraged by staff to eat and drink throughout the day. Records were kept of people's food and fluid intake. Comments from people included, "There is far too much food, you can eat it alright and there is plenty of choice, too much." And, "Food is ok." Relatives told us, "The food is great; (relative) has put a lot of weight on since (Relative's) been in, I can't fault it really." However some of the recordings of food and fluids were not consistent. This meant evaluations and reviews were not being correctly completed and some people were not reaching their daily goals for fluid and food intake to maintain their wellbeing. For example one person's records showed they received less than 60% of their recommended fluid intake over a nine day period.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us how they were aware of health care issues that may affect some of the people living there, such as pressure areas. They described how they kept a close eye

Is the service effective?

on people's skin integrity when providing personal care, and reported any concerns to the district nurses. Staff told us by being attentive to small changes in people's needs they provided an effective service. An external health care professional we spoke with told us staff referred to them quickly and responded well to guidance and advice. There was evidence on files of regular contact with local GP's and

other healthcare professionals. People and relatives told us that staff responded quickly to people's changing healthcare needs and contacted external professionals quickly. Not all external professional visits were recorded and we brought this to the registered manager's attention to ensure that all contacts and any feedback were recorded.

Is the service caring?

Our findings

People told us they felt the staff were caring towards them. One person told us, "I do like it here, the girls are very good, they are busy but they do as much as they can for you." Another told us, "The girls are nice." Relatives also told us they felt the staff were caring. One told us "(Staff) are grand, it's always clean and the staff are happy. It may not be five star but it's homely and we are happy that (relative) is well looked after." Other relatives told us how they had used the service in the past for another relative, and had made the same decision now, and were happy with the care on offer.

Staff we spoke with talked about people with kindness and used terms of affection in our discussions. Staff told us they liked to care for people as if they were relatives, or how they would like to be cared for themselves. Staff were very clear in their commitment to meeting people's needs. They were able to tell us about people's histories, their likes and dislikes and how best to support them now.

Some people had advanced dementia-related conditions, and we saw that staff carefully monitored people throughout the day. One person told us how staff encouraged them to spend more time outside of their bedroom to prevent isolation, and if they chose not to, made sure they checked in on them throughout the day.

We observed that staff acted in a professional and friendly manner, treating people with dignity and respect. They gave us examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear, ensuring privacy when helping with personal care and respecting people's rights and choices. We observed nice conversations between staff and residents, with staff coming down to eye level, and protecting privacy when asking about personal intimate care.

The service had a strong ethos around dignity in care and there was a strap line in many of the care plans regarding this. Care plans prompted staff to consider the person's wishes and feelings when delivering care. Some families were able to tell us how they felt included and encouraged to attend, either for a short visit or to attend an event happening in the home.

We saw people had information in their care plans about their preferences for care at the end of their lives. Staff told us they were experienced in providing end of life care. Staff said they linked in with local GP's and NHS nurses to administer medical support such as pain relief and in making advance decision care plans. They also told us they worked closely with people and their families to ensure their end of life wishes were met.

Is the service responsive?

Our findings

People and their relatives mostly told us the service was responsive, but some commented there were limited activities in the service. They recognised there were plans for the festive season, but commented that normally staff were mainly focused on care and support.

We looked at the care plans staff used to direct and review people's care. People's needs were assessed before they moved to the service. These plans were then added to as people were assessed over the initial period and were then subject to ongoing review. These had been updated and we found that some of the content was person centred, describing the person, their needs and preferences in more detail. Staff we spoke with had an understanding of how best to support people. However, we found there was limited review and adjustment of people's care plans as their needs changed over time. Some plans were quite generic in nature and lacked personal details. Some care plans and risk assessments were not being reviewed regularly; we found some which had not been reviewed for some months despite there being a change in the person's needs. For example, a person at high risk of falls had not had a review of this risk for three months despite a recorded change in their mobility. It was unclear from records we reviewed how much the person, or their relatives, had been involved in any reviews of care plans. This meant people may have been at risk of receiving care which was not based on their changing needs or that reflected their preferences.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service's activity co-ordinator worked 25 hours each week, following a monthly rota of activities, each week undertaking a gentleman's day, a lady's cream tea afternoon, arts and crafts, and reminiscence quizzes. People were taken to local shops or the Metro Centre on occasions. The activity coordinator also organised talks on local history each month. They showed us new activity records, or diaries, they were developing to support better recording of the activities that people undertook each week. We discussed with the activities co-ordinator some of the resources they could access to help further develop dementia-friendly activities. Other staff we spoke with told us they had little or no time to spend with people on leisure activities and most one to one activity was undertaken by the co-ordinator.

We observed staff responded to people's various requests promptly, or if busy informed people they would respond to their request shortly.

We looked at the systems for recording and dealing with complaints. People were given information about how to make a complaint when they came to live at the service. In the last year there had been three complaints recorded. We saw in records these had been responded to by the registered manager and there was associated correspondence confirming the outcome. However, there was no analysis or learning noted from these complaints. People and relatives we spoke with felt able to raise any issues or concerns. Most said they would speak to a member of staff and the manager if they had any concerns. One relative told us they had raised an issue about personal care and staff had taken immediate action to resolve this.

Is the service well-led?

Our findings

People told us they felt the service was well led by the registered manager and that the staff resolved any issues they had. However not all feedback was positive as some relatives did not feel informed about activities in the home or had not been asked for feedback in the form of a survey. One relative told us “The manager is very approachable, always happy to talk to us, she sorts out any problems.”

Staff we spoke with felt able to raise issues with the registered manager, deputy or the owner and felt they would be addressed.

The registered manager was present and assisted us with the inspection. Paper records we requested were produced for us promptly. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send CQC notifications for certain events. We saw the registered manager had a visible presence within the home and was known to the people using the service.

However we found that the registered managers normal monthly process used to review their service quality had not been acted upon since July 2015. This had consisted of a monthly review of key areas of the service and had developed recommendations for action and improvement in the service. We asked the registered manager why this had not taken place and they told us this had been suspended until they had a new process in place as their

service quality review was based on previous legislation. This meant the registered manager did not have a process in place to assess, monitor and improve the quality of the services provided at the time of our inspection.

We looked at records of staff meetings. We saw that the senior staff team met quarterly and minutes of these meetings demonstrated where issues had been raised and actions agreed. However there was no process for this information to be fed back to staff as there was no regular staff meeting records or evidence in supervision where actions were fed back to staff. The registered manager had not held a formal staff meeting in 2015 where records had been taken. There was no formal process for staff comments and feedback to help improve the service quality.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Resident and relatives meetings were not frequent or well attended. The registered manager told us these were not well attended and that people and relatives did not hold issues for formal meetings as they were responded to day to day. The registered manager showed us a template of a newsletter they were developing to further improve feedback and communication to people and relatives.

The home had carried out an annual survey of the views of people and relatives. There had been limited responses and we discussed with the registered manager methods they were considering to improve engagement. There was no evidence the results of this survey were being effectively fed back to people and their relatives.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person had not designed care or treatment with a view to achieving service users' preferences and ensuring their needs are met.</p> <p>Regulation 9 (3)(b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The registered person had not ensured that care and treatment of service users was provided with the consent of the relevant person.</p> <p>Regulation 11 (1)</p>

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>The registered person had not adequately assessed the risks to the health and safety of service users of receiving the care or treatment.</p> <p>Regulation 12 (2)(a)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person had not established, and operated effectively, systems and processes to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.

Regulation 13 (3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

The registered person had not ensured the nutritional and hydration needs of service users were met.

Regulation 14 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not assessed, monitored or improved the quality of the services provided.

The registered person had not sought and acted on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Regulation 17 (2)(a)(e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

The registered person had not ensured that persons employed by the service provider received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (2)(a)