

# Ark Care Homes Limited

## Valley View

### Inspection report

298 Fort Austin Avenue  
Crownhill  
Plymouth  
PL6 5SR  
Tel: 01752 705109  
Website: [www.arknursing.co.uk](http://www.arknursing.co.uk)

Date of inspection visit: 18 and 22 December 2015  
Date of publication: 29/01/2016

### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

The inspection took place on 18 and 22 December 2015 and was unannounced. Valley View provides care and accommodation for up to 17 older people, some of whom are living with dementia. On the day of the inspection 17 people lived at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

A professional commented that Valley View was by far the best care home. Another recorded onto a survey that it was always nice to visit this home and see the highest standards of care to all "patients" living there and the level of respect given to them.

# Summary of findings

People and staff were busy preparing for Christmas and enjoying each other's company. The service had a calm and relaxed atmosphere. People said they were happy living there. Comments included; "Staff are kind and caring." Another said; "I love it here!"

People, relatives and visitors were very happy with the care staff provided. Professionals and relatives said Valley View knew people well and the staff were knowledgeable and competent at meeting people's needs.

People were encouraged and supported to make their own decisions and choices whenever possible in their day to day lives. People's privacy and dignity was maintained. We observed the staff supporting people with kindness and patience at all times.

People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills and staff competency was assessed. Everyone we spoke with felt there were sufficient staff on duty.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs, such as district nurses and doctors. Professionals said the staff followed the guidance they provided. This ensured people received the care they needed to remain safe and well, for example people had regular visits by district nurses for insulin injections and to change dressings.

People's medicines were managed safely. Medicines were managed, stored and disposed of safely. Senior staff administered medicines, had received medicines training and confirmed they understood the importance of safe administration and management of medicines.

The registered manager and staff had sought and acted upon advice when they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Applications were made and advice

sought to help safeguard people and respect their human rights. Staff had undertaken safeguarding training, they displayed a good knowledge of how to report concerns and were able to describe the action they would take to protect people against harm. Staff were very confident any allegations and incidents would be fully investigated. People told us they felt safe living in Valley View.

People were supported to maintain a healthy, balanced diet. People told us they enjoyed their meals and observed mealtimes did not feel rushed.

People's care records were comprehensive and detailed people's preferences. Records were regularly updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People's risks were considered, managed and reviewed to keep people safe. One person told us they were "Safe and well looked after." Where possible, people had choice and control over their lives and were supported to engage in activities within the home and trips out into the local area.

People and staff described the registered manager as being very supportive and approachable. Staff talked positively about their jobs and took pride in their work. Visiting professionals and staff confirmed the registered manager made themselves available and were very good.

The registered manager had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People's opinions were sought formally and informally. Audits were conducted to ensure any concerns with the quality of care or environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

# 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 safe.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff were able to recognise the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed well. Systems were in place to manage risks to people.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

Good



### Is the service effective?

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services which meant their health care needs were met.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Good



### Is the service caring?

The service was caring.

People were involved in decisions about their care.

People were treated with respect and compassion. People were happy with the support they received.

People's privacy and dignity was promoted by the staff.

Staff knew about the people they cared for, what people required and what was important to them.

People's end of life wishes were documented and respected.

Good



### Is the service responsive?

The service was responsive.

People's care records were personalised reflecting their individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Good



### Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable.

Good



# Summary of findings

Staff confirmed they felt supported by the registered manager and the management team. There was open communication within the service.

There were systems in place to monitor the safety and quality of the service.

Audits were completed to help ensure risks were identified and acted upon.

# Valley View

## Detailed findings

### Background to this inspection

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

The inspection was undertaken by one inspector on 18 and 22 December 2015 and was unannounced.

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 12 people who used the service, the provider, the registered manager and four members of staff. We spoke with nine relatives and two health and social care professionals who had all supported people within the service.

We looked around the premises, observed and heard how staff interacted with people. We looked at three records which related to people's individual care needs. We looked at five records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. People who lived at Valley View were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm. One person said; “Definitely feel safe here.” Another said; “There is nothing like feeling safe at night-and I do.” One relative said; “We wouldn’t let my dad stay here if he wasn’t safe!”

People lived in a safe and secure environment that was well maintained. Smoke alarms and emergency lighting were tested. Regular fire audits and evacuation drills had been carried out. This ensured staff knew what to do in the event of a fire. People had individual emergency evacuation plans in place. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep them safe. We saw that environmental health had carried out an inspection and rated the home as level five, which is the highest rating that could be achieved.

People identified as being at risk, had up to date risk assessments in place. Care records contained appropriate risk assessments which had been reviewed and updated regularly. Records showed people at high risk of falls had this information clearly documented to help ensure staff were aware of how to reduce the risk to people. Staff were given the necessary guidance to support people safely. Staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support. For example, if people needed two staff to support them when they moved around. This helped to ensure people were moved safely.

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. Staff had completed safeguarding training and had access to policies and procedures on safeguarding and whistleblowing. Staff confirmed they knew what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on issues or concerns raised. Staff said they would take things further, for example contact the local authority’s safeguarding teams if this was required.

People, relatives and visiting healthcare professionals felt the service had enough staff to meet people’s needs. Rotas and staff confirmed the home had sufficient staff on duty to meet people’s needs. Staff were observed supporting people appropriately at all times, for example during mealtimes and arranged activities. The registered manager said staffing numbers were reviewed to help ensure sufficient staff were available at all times to meet people’s care needs and help keep people safe.

People were protected by safe staff recruitment practices. Recruitment files included relevant recruitment checks to confirm the staff member’s suitability to work with vulnerable adults, for example disclosure and barring service checks. The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people’s needs. This helped to ensure suitably trained staff who had the competencies and qualifications to work with vulnerable adults were recruited.

Accidents were recorded and analysed to identify what had happened and action the staff could take in the future to reduce the risk of reoccurrences. For example, if a person became agitated due to living with dementia. Any reoccurring themes were noted and learning from accidents or incidents were shared with the staff team and appropriate changes were made to their care.

People’s medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this. A designated staff member had the responsibility of overseeing medicines and undertook regular audits and staff competency checks.

Medicines administration records (MAR) were all in place and were completed appropriately. All other storage and recording of medicines followed correct procedures. Medicines were locked away, temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people’s individual needs related to medicines.

# Is the service effective?

## Our findings

People received effective care and support from staff that were well trained and well supported. Staff had the knowledge to carry out their roles and responsibilities effectively, knew the people they supported well and ensured their needs were met. Staff were able to tell us in detail about the care needs of people they supported and were confident in their ability to meet people's needs. One person said; "Can't fault anything- all the care is great." A visiting health care professional commented about the lovely staff and service.

Staff completed an induction when they started work which was supervised by a senior member of staff. This helped to ensure staff had completed all the appropriate training and had the right skills to effectively meet people's needs. Staff confirmed they shadowed experienced staff. This enabled them to get to know people and see how best to support them prior to working alone. Staff said they were given sufficient time to read records. Training records for staff showed they had completed training to effectively meet the needs of people currently living in the service, for example dementia training. The registered manager confirmed new staff would complete the Care Certificate (A nationally recognised set of skills training). Ongoing training was planned to support staffs continued learning and was updated when required. Staff completed additional training in health and safety issues, such as infection control and fire safety. Staff said; "Training is always updated."

Staff received yearly appraisals and regular supervision. Team meetings were held to provide the staff the opportunity to discuss areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at team meetings; and records showed staff discussed topics including how best to meet people's needs effectively.

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 home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's mental capacity was assessed which meant care being provided by staff was in line with people's wishes. We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had undertaken MCA training and was aware of the process to follow if it was assessed people could be deprived of their liberty and freedom.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered manager confirmed no one was currently subject to a DoLS application.

We observed staff recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, staff asked if people wished to join in the activities provided. People's care plans showed people were involved in their care and were consenting to the care taking place.

People's individual nutritional and hydration needs were met. Care records were used to provide guidance and information to staff about how to meet individual needs. For example, people who required a special diet, either a soft or pureed diet, received this and catering and care staff were fully aware why this was needed.

People could choose what they would like to eat and drink and this information was recorded into care records. A relative said; "They will always offer something different if he (their relative) doesn't like it." People had their specific dietary needs catered for, for example diabetic diets. The malnutrition universal screening tool (MUST) was used when needed, to identify if a person was at risk of malnutrition. People identified as at risk of malnutrition had their weight monitored and food and fluid charts were completed. The cook confirmed they had information on people's dietary requirements. Care records identified what

## Is the service effective?

food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. Drinks and snacks were available to people 24 hours a day.

People and visitors made positive comments about the food provided. We observed mealtimes were unrushed and people and staff were engaged in conversation. One person said; “We had a Christmas party and the food was great!” Another said; “The food is lovely-really lovely.”

People accessed healthcare services and local GP’s and district nurses visited regularly to support people’s health needs. People whose health had deteriorated were referred to relevant health services for additional support. Staff consulted with external healthcare professionals when completing risk assessments for people, for example the

physiotherapist. If people had been identified as being at risk of pressure ulcers, guidelines had been produced for staff to follow. Healthcare professionals confirmed staff informed them of any changes to people’s medical needs and contacted them for support and advice. Healthcare professionals also confirmed they visited the home regularly and were kept informed about people’s wellbeing. This helped to ensure people’s health was effectively managed.

Regular upgrades were carried out. The registered manager confirmed several areas had been painted and upgraded. This included the dining area with new tables and chairs. The registered manager said they tried to repaint and upgrade bedrooms before a new admission.



# Is the service caring?

## Our findings

People who lived in Valley View were supported and cared for by kind and caring staff. We observed the atmosphere in the home to be warm and welcoming. The interactions between people and staff were positive. People agreed that the staff working in the service were very caring and supportive. People spoke very highly of the staff and the high quality of the care they received. One person said; “If you need help they are always there.” Relatives also spoke well of the staff and the quality of the care they received. One relative said; “Proper homely-they treat everyone, and us, like family.” The visiting health and social care professionals commented that staff were caring and were aware of people’s wellbeing. One said the home would definitely pass the mum’s test and they’d be happy for their mum to live there. Another said they would live there themselves when the time came.

People were involved as much as they were able with the care and treatment they received. Staff were observed treating people with kindness and compassion. Staff asked people for consent before they provided any support and asked if they were comfortable with the support being offered. For example, people who required assistance with moving around the building. Staff informed people throughout the process what they were going to do and the task was completed at the person’s own pace. All staff knew what was important to people such as how they liked to have their care needs met.

People were supported by staff who knew them and their needs well. Staff were attentive and prompt to respond to people’s emotional needs. For example people who were living with dementia received prompt support by staff if they became confused.

Staff showed concern for people’s wellbeing. For example, people who were confined to bed or their bedrooms due to

deteriorating health, were observed receiving support from staff with kindness, compassion whilst having their dignity maintained. The care these people received was clearly documented and detailed. For example, people had charts in place to prevent their skin becoming sore. Other records showed staff recorded regular personal care was carried out. Records showed end of life care had been discussed and recorded with people or their relatives so their wishes about their deteriorating health were made known. People’s care files held a treatment escalation plan which documented people’s wish on resuscitation. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person’s best interest.

A relative had sent a letter to the service saying; “A very special thank you for allowing [...] to end her days at Valley View. It was a very difficult time for all of us but you and your nurses made a difficult time very special.”

People told us, and we observed, people’s privacy and dignity were respected. Staff maintained people’s privacy and dignity in particular when assisting people with personal care. For example, we observed staff knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed. Staff said how important it was that people were supported to retain their dignity and independence. Relatives confirmed they had never seen staff being anything other than respectful towards the people the service supported.

People’s personal care needs were responded to by staff in a discreet manner. For example, when a person required assistance, staff ensured this was carried out discreetly without drawing attention to the person. This showed staff were able to recognise people’s needs and respond to them in a caring manner.

# Is the service responsive?

## Our findings

People were cared for and supported by staff who were responsive to their individual needs. People had a pre-admission assessment completed before they were admitted to the home. The registered manager said this assessment enabled them to assess if they were able to meet and respond to people's needs before admission and understand what level of care people needed.

Pre-admission information included an initial care plan that held a discharge/transfer summary for people who had moved from another service, for example a hospital. This provided staff with up to date information on people which was used to develop a full care plan.

People said they were involved with planning their care and records held information on how people chose to be supported. When people's needs changed, care records were reviewed and altered to show this change. For example, when the health of a person with a life limiting condition had deteriorated, staff responded by involving the person's GP and specialist nurse to assist them and offer support and advice to ensure they remained comfortable. Healthcare professionals said the service was always responsive to people's needs when they became unwell and contacted them quickly.

People had records that included a person's full life history. This included detailed information about their needs, including their health and social care and personal care needs. Other records included people's physical needs, such as their mobility and their choices regarding their personal care needs. For example what staff support and equipment was needed to help mobilise people. Information about other services involved included dentist and optician. People said they could have a shower or bath whenever they chose to. We observed staff ensuring people, who required them, had pressure relieving equipment, for example a specialised mattress, in place to protect their skin integrity.

Additional information recorded included people's faith, social and recreational needs and how they could be supported so these needs were met. Records had been regularly reviewed with people or, where appropriate, with family members. Relatives confirmed they had been involved in updating care records where appropriate.

Care plans recorded people's wishes. Staff confirmed care records were updated and reviewed regularly. This helped to ensure they had the correct information to support people's current care needs. Discussions with staff showed they knew people well and what was important to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's care plans included a person's lifetime history and covered a person's childhood, adolescence, adulthood and retirement. Therefore staff could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

People had access to call bells which enabled staff to respond when people required assistance. Call bells were available wherever people were, including the lounge areas and their own bedrooms. This enabled people to call for assistance at any time and staff could respond if people required assistance. We saw people who chose to stay in their bedrooms had their call bells next to them. One person said; "I've only got to ring the bell and they come straight away."

People were encouraged and supported to maintain links within the local area. For example, staff confirmed they assisted people when possible to visit local shops and people also went out with family members.

People were provided choice on a day to day basis, for example being offered a choice of food and drink. Activities were provided by staff on duty. They spoke about ensuring people continued to remain part of their own community regardless of whether they lived in a care home. People who wished to participate were encouraged to. The staff understood people's individuality when arranging activities and ensured people had a variety to choose from. People said they were happy with the activities provided in the home, although some people preferred not to join in and their choice was respected.

People, their relatives and healthcare professionals knew who to contact if they needed to raise a concern or make a complaint. People felt the registered manager and staff would take action to address any issues or concerns raised. When people were asked how and who to make a complaint to, people were confident about speaking with the registered manager or the provider who visited

## Is the service responsive?

frequently. One person said; “I have no need to complain.” Staff said they were aware of the importance of listening to concerns and complaints. They went on to say how they would deal with any complaints or concerns received.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people and all visitors to the service. The policy was clearly displayed for people to access. A complaints file

showed any complaints made, the action and outcome of the complaint and the response sent to the person concerned. Any complaint received was shared with staff to help reduce the risk of recurrence. One relative said; “They are willing to address things. They are not the sort of people to bury things. They will always deal with it.” A survey recorded; “Any problems I have are sorted quickly and efficiently.”

# Is the service well-led?

## Our findings

Valley View is owned by Ark Care Homes Limited. This provider also owns other services. One relative said; “The provider is a very good owner.” Another said; “The registered manager is very very supportive-wouldn’t be the same here without her.”

People, relatives, staff and health and social care professionals all spoke positively about the registered manager. Comments included; “Well led?-100% Yes!” Healthcare professionals said they had a good relationship with the registered manager and staff and they made appropriate referrals.

Valley View was well led and managed effectively. The company’s values and visions of ensuring people are treated with respect and dignity was recorded in the information provided to people when they moved into the service. Staff we spoke with understood these values and visions. The registered manager took a very active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the provider.

People were involved in the day to day running of their home. Residents’ meetings were held regularly and surveys conducted to seek people’s views. The registered manager sought feedback from relatives, friends and health and social care professionals regularly to enhance their service.

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager’s commitment to the duty of candour was displayed for all to see.

People and their visitors said the registered manager was visible in the service and a kind and compassionate person. The registered manager made themselves available to talk and meet with people and visitors. One person said; “Wonderful, wonderful-very kind and helpful.” Another said; “[...] (the registered manager) comes to see me all the time to see if I’m ok.” Staff spoke very highly of the support they received from the registered manager. Staff felt able to

speak to the registered manager if they had any issues or were unsure about any aspect of their role. Staff described the staff team as very supportive and Valley View as a “Great place to work.”

There was a clear management structure in the service. Staff were aware of the roles of the registered manager and the other members of the management team, for example the deputy manager. Staff said the management were approachable and had a regular presence in the home. The registered manager and provider made themselves available to us during our inspection. They demonstrated they knew the details of the care provided to people which showed they had regular contact with the people who used the service and the staff.

The registered manager worked in partnership with other organisations to support care provision. Healthcare professionals involved with the home said communication was good between them and the registered manager. They told us the registered manager worked well with them, made themselves available and followed advice given.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example there was a programme of in-house audits including audits on individual care records and medicines. The registered manager sought verbal feedback from relatives, friends and health and social care professionals regularly to enhance their service. We saw that questionnaires had been sent to relatives and their views considered as part of an ongoing improvement plan for the service. Relatives confirmed they were asked their opinions and encouraged to make suggestions that could drive improvements.

Staff meetings were held regularly and provided a forum for open communication and discussions about the service. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. The home had a whistle-blowers policy to protect staff. Staff confirmed they were encouraged and supported to raise concerns. Staff said they felt their concerns were listened to and acted upon.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the provider. This helped to ensure appropriate action had been taken and learning

## Is the service well-led?

considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.