

Valley View Care Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Valley View Care Home Ltd is a residential care home providing nursing and personal care to older people and people living with dementia. Some people were cared for in bed. At the time of the inspection, 24 people were using the service. The service can support up to 33 people.

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

Medicines were not always well managed. Medicines stock did not always tally with records. Records did not always detail when people had been administered medicine. The process for medicines for disposal and return was not robust.

People were not always treated with dignity and respect. People's views about how they preferred to receive their care were not always listened to and respected. Some people felt their dignity had not been upheld.

Fire safety risks had not always been assessed and well managed. Moving and handling equipment such as hoists and stand aids had been stored in the corridors on both floors on both days of the inspection. This restricted the width of the corridors which would hinder evacuation using emergency evacuation equipment if there was a fire. This is an area for improvement.

Complaints records did not always evidence what the outcome of the complaint was and how this had been communicated to the complainant. This had not followed the provider's complaints procedure. This is an area for improvement.

There were systems in place to check the quality of the service. However, these systems were not always robust, they had not identified the concerns we raised in relation to management of medicines, fire safety and treating people with dignity and respect.

People felt safe living at Valley View Care Home. Staff had the knowledge and training to protect people from abuse and avoidable harm. Staff had received training to enable them to meet most people's specific health needs. People had choice over their care and support and their choice and privacy was respected by staff. Most people told us staff were kind and caring. Comments from people and their relatives included, "Feel is going well. It is lovely place"; "Staff are nice and very polite" and "Staff are kind and caring."

People had access to a range of different activities throughout the week. People told us that they took part in these and that they were enjoyable. Activities were also provided for people who received their care and treatment in bed.

People received good quality care, support and treatment including when they reached the end of their lives. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians, or if people fell regularly they were referred to a fall's clinic. Nursing staff worked closely with the GP and advanced care practitioner who visited the service regularly.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 November 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Valley View Care Home Ltd

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Valley View Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. The registered manager was informed that we would be returning on the second day.

What we did before the inspection

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

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 contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback from a local authority quality assurance worker. They told us they had been to the service within the last 12 months and had asked for some improvements to be made. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people, four relatives and one frequent visitor about their experiences of the care provided at the service. We observed staff interactions with people and observed care and support in communal areas.

We spoke with eight staff including; housekeepers, laundry staff, the cook, care workers, nurses, the registered manager and the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, meeting records and we spoke with staff.

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 requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

- Medicines administration records (MAR) showed that most people had received their medicines as prescribed. However, one person's medicines record for Paracetamol did not tally with the amount of stock they had in place. The stock chart showed that there were less Paracetamol than there should be, this had happened between 29 September and 08 October 2019. The stock count sheet also showed that two Paracetamol had been counted out on 24, 27 and 29 September 2019. However, the MAR chart had not been signed on those dates to show that these had been administered and at what time. The registered manager agreed to investigate this.
- Another person's medicines stock was checked. We found one loose tablet, there was no record of when it had been removed from the original packaging and there were no notes or codes written on the MAR to detail if the person had refused this and when it happened. We spoke with the nurse about this and they placed the tablet in the medicines returns box as it was no longer safe to give it.
- One person's MAR detailed that staff should apply a medicated pain patch every three days to the person. The person's pain patch record did not always show that the pain patch had been re sited on different areas of the body to reduce the risk of skin irritation.
- The process for medicines for disposal and return was not robust. A large stock of medicines returns had built up. There were no clear records of who had disposed of medicines into the specialist bin as entries had not been signed. We spoke with the registered manager and provider about this. After the inspection a new smaller size medicines disposal bin was put in place which meant large stocks of waste medicines would not build up. They agreed that medicines records should be signed.

The failure to take appropriate actions to ensure medicines are managed in a safe way is a continuing breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were.
- People's medicines were regularly reviewed by their GP and health professionals.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and reduce risks to the health and safety of people

living in the service. This failure had increased the risk that people could experience significant harm as a result of not receiving safe care and treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 (with regards to managing risk), however there was still an area for improvement.

- Fire safety risks had not always been assessed and well managed. We found moving and handling equipment such as hoists and stand aids stored in the corridors on both floors on both days of the inspection. This restricted the width of the corridors which would hinder evacuation using emergency evacuation equipment if there was a fire. This was fed back to the provider and registered manager to address immediately.
- One stand aid was plugged in and charging within the corridor space. We spoke with the registered manager and provider about this and they moved the charging place to another area of the service. They put in place signs to warn staff not to charge hoists in the corridors which are protected fire zones.
- Other risks to people's safety had been well managed. Risks to people's individual health and wellbeing had been assessed. Each person's care plan contained individual risk assessments such as risks associated with diabetes, epilepsy and choking. People's care plans and assessments were reviewed by staff monthly.
- We observed staff safely using moving and handling equipment when supporting people to move. We also observed staff prompting and encouraging people to use their walking frames in a safe way.
- The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner.
- Each person had a personal emergency evacuation plan this detailed the level of assistance and the type of equipment required they would need to reach a place of safety in the event of an emergency. Staff had carried out regular fire alarm tests and regular practice drills had taken place.
- People told us they felt safe. Comments included, "I feel safe, because I have staff to hand"; "I feel safe"; "It is reassuring having people around all the time" and "They do come when I press the alarm. This makes me feel safer."

Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated.
- The registered manager had followed up every incident and accident. Incidents and accidents continued to be reported to the provider. The registered manager had made referrals to appropriate professionals such as falls prevention practitioners when people had frequently fallen. Records relating to the referrals were not always clear. This is an area for improvement.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out checks to explore staff members' employment history.
- The provider continued to ensure staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their PIN numbers to confirm their registration status.
- There were suitable numbers of staff to provide the care and support people were assessed as needing. Assessments of staffing levels were undertaken by the registered manager. Staffing levels were amended

when required to meet people's changing needs.

- People told us their call bells were answered quickly. One person said, "I use the call bell, they come quickly, they don't ignore it." Another person told us, "I do use the call bell, mainly at night; they [staff] come relatively quickly."

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and acted where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise and report concerns outside of their organisation if necessary.
- One staff member said, "I have completed online training about abuse. I would report to my line manager [registered manager], she would follow up with [nominated individual]. It would be dealt with."
- Where safeguarding concerns had been received, appropriate action had been taken to address these.

Preventing and controlling infection

- The service was clean and smelt fresh. Staff used protective equipment such as gloves and aprons to protect people and themselves from healthcare related infections.
- Relatives and visitors told us, "Always smells and looks clean"; "Always smells fresh and it always smells lovely"; "The maintenance guy here is absolutely brilliant. If you request it one day, the next day it is done. He was really good with mum" and "It is lovely here."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support, training, supervision and personal development to enable them to carry out their duties. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- At this inspection nurses and care staff had received statutory mandatory training, infection prevention and control, first aid and moving and handling people. One staff member told us, "We did oral health care training in the summer, it was good. I normally stay with people whilst they are brushing their teeth."
- Staff had received training to enable them to meet most people's specific health needs. However, training records evidenced that care staff had not undertaken training around Parkinson's disease and Motor Neurone Disease despite providing care for people living with these conditions. This meant they may not have all the information they needed to provide person centred care. After the inspection the provider told us that care staff had attended training sessions on Parkinson's disease. One staff member said, "I haven't felt the need for additional training. I use the internet to look up conditions and how they affect people."
- Systems and procedures were in place to provide support to nursing staff to maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process. Systems were in place to support the nursing staff achieve revalidation. Specialised training courses were available to nursing staff to enable them to learn or refresh nursing tasks.
- At this inspection staff had received effective support and supervision for them to carry out their roles. Staff were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the registered manager. One member of staff told us, "We do get support from the nurses and we support each other. Everyone supports each other." Another staff member said, "We are checked and watched in our work. We do have supervision regularly and yearly appraisals."

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

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their

religion, culture and their abilities. People were reassessed as their needs changed to ensure the care they received met their needs.

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

- People told us they liked the food at the service. People told us, "I like the food and especially chicken"; "They tell you what is on menu and you pick the one you like best. The beef stew yesterday was out of this world"; "I can ask for things not in the menu. Today I have chosen chicken pie"; "The food is very good I think a lot of it is fresh. They are pretty good meals. They checked about things I didn't like or am allergic to. I could ask for soup or something if I didn't like it" and "The food is good and the cooking is good. I clear my plate."
- Meals and drinks were prepared to meet people's preferences and dietary needs. These included pureed meals and low sugar diets.
- People had their meals in the dining rooms and in their bedrooms. The menu board in the dining area listed the choices available. On the first day of the inspection this was written in small print and attached to the board. We spoke with the registered manager about this. On the second day the menu choices were written in large colourful print and it was much clearer. Staff told us they helped people to make their meal choices if they needed it.
- There was a good system in place to check that people had drunk enough to keep themselves healthy and hydrated. Records relating to food and fluid intake were clear, consistent and accurate. People were supported to be as independent as possible in measuring and recording their fluid intake to meet their health needs. One person showed us their records which they completed themselves.
- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

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

- The design and layout of the service met people's needs.
- Sign posts were in place which helped people living with dementia. People knew where their rooms were and where to find communal areas such as the lounge, dining room, bathrooms and toilets.
- People's rooms had been furnished with items to suit their individual needs, people had pictures, photographs and trinkets as well as personal items to ensure their rooms were personalised to their own tastes.
- People had access to a small paved courtyard which was secure and could be accessed at any time.

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

- People received appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants, mental health teams and specialist nurses. The GP visited the service regularly. Records showed that staff took timely action when people were ill. One member of staff said, "Nurses deal with people's health care, Medway Community Healthcare community nurses and other professionals are also involved."
- People were supported to see an optician, dentist and chiropodist regularly. People told us, "Staff ring the doctor if I'm not well. I am waiting for flu jab. Nurses check my blood pressure check regularly, I am on Warfarin so have to have a regular blood test"; "They call the doctor when needed" and "Nurses change dressings every other day." One person and their relative raised that health professionals had occasionally cancelled appointments. They told us this had not always been followed up and alternative appointments had been rebooked. We spoke with the registered manager about this who agreed to follow this up immediately.
- Relatives told us, "They have registered her with their GP. She has been seen and they have changed her

medicines. We are very impressed that she has picked up and is improving" and "They have been responsive to health, she has had GP in regularly as she had a chest infection and had a sore toe."

- People living with diabetes were supported to test their blood sugar levels on a regular basis. Clear records were made, where readings were higher than normal for the person staff had contacted relevant healthcare professionals.
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records. We observed several healthcare professionals visit people during the inspection including paramedics and falls prevention practitioners.
- When people's needs changed, this was discussed at staff handover. Handover records were checked each day by the registered manager to keep an updated view of people's care and support and health needs. A staff member said, "We pass on information, we have handover sheets."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had correctly applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The registered manager monitored when they were authorised or due for renewal, some people had conditions attached to their authorised DoLS and these were met. A DoLS assessor visited a person in the service during the inspection to carry out an assessment following a DoLS application.
- Care records showed that MCA assessments had taken place in relation to specific decisions. People with capacity to consent to decisions about their care had signed consent forms.
- We observed people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities. Records confirmed when people had made choices for example declining to have a flu vaccination. Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them.
- Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). Copies of the LPA documentation had been checked by the management team to verify that relatives had the authorisation to make decisions on behalf of the person. Records showed that best interest meetings had taken place and best interest assessors were involved where people lacked capacity to consent to a specific decision.
- People's choices and decisions were respected. Care records clearly showed where people had been given choices and clearly showed when people had declined. For example, where people had chosen not to shower and had a wash instead.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- One person told us about their experiences of expressing their views. They were unable to communicate verbally, so they used an electronic tablet to type messages to anyone they were communicating with. The person was able to nod, shake their head or use their fingers to communicate closed (yes or no) answers to questions. Their relative said, "Staff don't give him time to type his responses. Sometimes he has typed 'don't go I want you to listen' and they have not seen the message and walked away." The person told us this made them feel, "Pretty miserable."
- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support. However, people's views about how they preferred to receive their care were not always listened to and respected. One person told us they liked to shave every few days to keep their facial hair short. They confirmed that they had only been offered one shave since living at the service for more than four weeks. They clearly had long facial hair which confirmed was not their choice.
- Some people felt their dignity had not been upheld. Two people who had lived at the service for more than four weeks had not been offered or supported to have a bath or shower. One person who had lived at the service for eight days told us, "I asked about shower/bath today. I have had a wash every day I am booked to have a bath. I would like two [baths] a week."
- One person told us their dignity was not respected because some staff had poor personal hygiene which had impacted on their enjoyment of their food. They said, "The only bad thing is some staff have a strong body odour. It is offensive and the smell puts me off my food if they are feeding me or assisting with personal care." We reported this to the registered manager who agreed to address immediately. They also agreed to monitor this and talk with any staff including agency staff in a sensitive manner about this.
- One person explained they had an undignified response by a staff member when they had recently requested help and support in the night to use the toilet. The person reported that the staff member had told them, "You are wearing a pad do it in that." They told us this made them "Very angry" and they went on to say, "I forced them to help me." They explained that this had not happened again since their relative had complained.

The failure to treat people with dignity and respect is a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- People were able to spend time with their relatives and friends in private in their own rooms and in

different communal spaces around the service. A visitor said, "I am always made to feel welcome. Staff are very nice, they offer a drink and we are given a quiet place to sit and chat."

- We observed staff knocking on doors before entering people's bedrooms and checking with them it was ok to enter. This included when people's doors were open. People told us, "They give me privacy, they come in and ask if I'm ok and if there is anything I need"; "Staff knock on door when coming in, they sit me up at meal times, I eat very well"; Staff knock on door before coming in and close door and curtains when doing personal care"; "They shut the doors and curtains, they keep things private" and "All the staff are friendly, they knock on door. Door is always open I prefer it."
- People's personal records were stored securely in the office.
- Nurses discreetly asked people if they were in pain and wanted pain relief during medicines administration rounds. Staff discreetly checked with people to see if they wanted assistance to go to the toilet.
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach. One person told us, "I manage to brush teeth myself with my electric toothbrush." Another person said, "I do my own wash, staff help me in the bath." Another person said, "They help me with my teeth, they started that recently. I clean my own."
- People had been asked if they preferred a male or female carer and their choices were respected. One person told us, "I don't mind male or female staff. He [male staff member] is very good."
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.

Ensuring people are well treated and supported; respecting equality and diversity

- Despite the negative experiences that some people had, most people told us staff were kind and caring and treated them well. Comments included, "I really like it here, it is nice. The girls are brilliant and so helpful"; "To me the staff are kind and caring"; "I am very happy here. The staff are nice"; "They keep me warm and comfortable"; "Staff are nice especially [staff member], she is my favourite"; "I choose to move into care. They are very nice in here and very friendly"; "A couple of them are friendly" and "I'm very lucky to be here. The staff are nice."
- Most relatives gave us positive feedback. They told us, "It is lovely here. My mum is happy here and all the staff look after her well. They know about mum's likes and dislikes and make sure she is dressed smartly and is washed and made to look nice"; "She has improved immensely; taking medicines properly, she is eating. When we looked round everyone was friendly and happy" and "Staff are kind and caring."
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting with people.
- People's religious needs were met. We observed a harvest festival communion taking place in the lounge on one day of the inspection which a small group of people participated in. Other people enjoyed the hymns. One person said, "I join the church services and complete my morning prayers." Another person told us, "I attend the communion service and monthly church service. I have a bible."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection we made a recommendation that the registered manager ensured documents relating to people's care and support needs are reviewed and updated if changes are required.

At this inspection, we found that the registered manager had responded to the recommendation.

- People had care plans in place, which reflected their current needs and interests. Care plans were detailed. For example, one person's care plan detailed that they took great pride in their appearance and liked to wear make up and jewellery. Staff knew this and supported them to achieve this.
- Care plans were in place to detail specific areas that staff needed to be aware about. For example, where people were prescribed blood thinning medicines care plans were in place to detail that staff should monitor and check for any areas of bruising and detailed what additional action should be taken if the person fell.
- Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs.
- Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed. People received care that was personalised and met their needs. People and their relatives (if this was appropriate) were involved in care planning and review of care plans. One person told us, "I had one visit from the manager, we did the paperwork, I was pleasantly surprised when I moved in. They told me and my son that they will reassess in three months."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in the service was available in a variety of formats to meet people's communication needs.
- Some people had support to manage their communication. One person told us, "My friend reads letters for me, writes card and gets me to sign them."
- There were a variety of posters and information in the service in an easy to read format including how to

recognise and report abuse.

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

- The service employed an activities coordinator. A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Some people chose to stay in their bedrooms.
- Activities included, arts and crafts, bingo, singing, armchair exercise, board games, card games, quizzes and memory games. There were regular sherry mornings, a monthly shopping trip and regular church services. Animals were invited to visit people, a pet therapy dog regularly visited people which they enjoyed. Relatives were invited to bring dogs in to visit their loved ones. External activities were brought into the service which people enjoyed. These included, singers, fun fitness, music and movement and motivational activities.
- The activities coordinator visited people in their bedrooms to provide one to one activity for people that chose to stay in their rooms or those who were too unwell to join in with group activities in communal areas. We observed the activities coordinator supporting people to engage with communion, host a sherry morning and reminiscence session. The activities coordinator was highly motivated and engaged well with people and their relatives.
- People told us, "I am given four weeks of activities [on a rota] I used to attend all that I could. Now I prefer to be nearer the loo. I like to do word search, play cards and read magazines. [activities coordinator] comes and chats she brings round things, she brought me ginger cake this morning"; "I have not been interested in the activities going on. What was nice last week was St Jude's church visited, they did a service and recognised me" and "We have limited activities. I do join in, I like quizzes and exercises."
- A relative told us, "Mum is encouraged to join activities but chooses not to, she likes watching films and TV."

Improving care quality in response to complaints or concerns

- There had been complaints about the service within the last 12 months which the registered manager had responded to. We spoke with one complainant who was not satisfied as they had not received a formal response. Complaints records did not always evidence what the outcome of the complaint was and how this had been communicated to the complainant. This had not followed the provider's complaints procedure. We raised this with the registered manager who said that they had given verbal feedback, but they would review the complains process. After the inspection the registered manager wrote to the complainant to provide an outcome and to apologise.
- People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. Comments included, "I have no complaints"; "If unhappy I would tell someone, they would listen"; "They have listened to me"; "I would complain to matron if needed, I have not had to make a complaint"; "If we had concerns, we would go to office"; "No complaints raised, but I would talk to nurses" and "I have go no complaints really."
- The complaints policy was on display and gave people all the information they needed should they need to make a complaint. This was available in an easy to read and accessible format.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- A staff member told us how they supported people when they were reaching the end of their life. They said, "I have been involved, sometimes someone wants someone to talk to and be there. I let them know I

am there, have music on and check they are comfortable. It is upsetting for everyone when a person dies, you get to know them."

- A relative of a person who had passed away before the inspection visited the service and brought boxes of chocolates to say thank you to the staff. They told the registered manager how pleased they were with the care their loved one had received. They said, "Thank you so much for looking after mum you have done a lovely job."

- Another relative had written to the service following the death of their loved one. They wrote, 'I would like to thank everyone who cared for him during his relatively short stay (4 weeks) we feel very lucky that we found Valley View as he was so happy whilst he was there. The staff were all so kind and went out of their way to make him feel loved and looked after during his last weeks.'

- Some people had consented to DNAR (do not attempt resuscitation) with their GP or consultants. Medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people were comfortable at the end of their lives.

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 requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- At the last inspection, audits were not robust. At this inspection we found that there were systems in place to check the quality of the service including reviewing care plans, incidents and accidents, health and safety, mattresses, bedrails and bumpers, moving and handling equipment, medicines, infection control, night checks and maintenance. However, where issues had been identified there were no records to show that actions had been taken and whether the issues were resolved in a timely manner. For example, in a mattress audit carried out in March 2019, several mattresses had failed due to worn or torn surfaces and staining. Actions had not been recorded to show whether the mattresses were disposed of or replaced. We discussed this with the registered manager who amended the record to evidence action had been taken. Failure to make records could result in conflicts and mean that actions to address concerns are not timely.
- The systems to review and check the quality of the service were not always robust, they had not identified the concerns we raised in relation to medicines management, fire safety and dignity and respect.
- Records was a consistent issue across the service. For example, one person's care records showed that they had fallen and their falls assessment detailed if they scored higher than three a referral to the falls clinic was required. There were no records to show that a falls clinic referral had been made. We discussed this with the registered manager who amended the record to evidence a referral had been made. No records were made of clinical meetings held between the nursing staff which took place every two weeks. This meant that the clinical discussions between the nursing staff were not recorded.
- At the last inspection we raised that there was a lack of management oversight and management action at the service. This was because the registered manager had spent more than half of their time working as a registered nurse as part of the care team which may have contributed towards the lack of management of documentation. At that inspection the provider informed us that additional time would be spent enabling the registered manager to effectively manage the service. At this inspection the registered manager

remained rostered to work on shift as part of the care team for majority of their contracted hours. This remains an area of concern. We discussed this with the registered manager and they agreed they spent more time on shift than managing the service.

- Registered persons had not always notified us of specific incidents relating to the service in a timely manner. These notifications tell us about any important events that had happened in the service. There had been a delay of 24 days for a notification about a serious injury and a delay of 20 days about alleged abuse. The registered manager explained there had been a communication error that had taken place regarding the serious injury as this had occurred whilst they were on leave.
- The provider had carried out checks of audits and records within the service to ensure they were fulfilling their role and monitoring the quality of care. However, they had not identified the areas of concern we had found.
- The provider's statement of purpose states that their aims are, 'To provide a high standard of individualised care to all its residents at all times whilst striving to ensure that residents live in a clean, safe environment. Dignity and respect of residents is to be maintained by staff and visitors at all times. Staff are well trained, to ensure that sensitivity and person centred care is shown to all residents regardless of why they are here.' It was clear from the experiences of people living at the service and our observations that the provider was not always meeting their aims and objectives for the service because some people felt they were not treated with dignity and respect.

Registered persons have failed to have effective systems in place to assess, monitor and improve the quality and safety of the service and failed to ensure that records were accurate and complete. This is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

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

- People and their relatives told us they knew the registered manager and most people felt that there was an open culture. Comments included, "It is a lovely place it has a homely friendly feel. The staff that are obliging and sweet"; "[Staff member], [registered manager] and [nurse] are good" and "I would recommend it to others as the staff are so lovely."
- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team. A member of staff said, "The nurses and [registered manager] are very approachable, even if you go to them with personal issues." Another staff member told us, "Overall the nurses are approachable, I feel I can go to whoever. I can speak to them. The culture overall it is good I think. They make sure we are doing our jobs as carers."

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 provider and registered manager had a good understanding of their responsibilities under the duty of candour.
- The management team demonstrated that they were committed to ensuring that people received

improved experiences and high-quality care and that lessons were learnt from this inspection and inspections in the provider's other local services. The registered manager continued to receive support from the provider.

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

- The service had held 'resident's meetings' on a regular basis, where people were asked their opinions about the service. One 'resident's meeting' was held on the second day of our inspection. People that attended were engaged in discussion and sharing feedback about the service as well as making suggestions about up and coming celebrations. One person commented in the meeting that they were, "Very happy with the food. It was excellent. My appetite has grown since being here."
- The provider had sent out surveys to people and their relatives to gain feedback about their experiences, in June 2019. The results of the survey were displayed in the hallway. The results showed that 21 people took part, but not everyone answered every question. The feedback was positive. The results showed that 15 people said they were aware of different activities. One person had suggested more card games. This had been listened to; the activities coordinator had purchased some cards and larger easy to see cards. All 21 people said they were happy with living at service.
- Compliments had been received. One card displayed showed a relative had commented, 'Thank you so much for all the tender care you gave my sister [name], she was very happy with you all.' Another read 'Thank you again for all the care you showed mum both personally as well as each member of your staff over the last year.'
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. One staff member said, "We have staff meetings, we are told a week before about the meeting. It is normally in the middle of the day."
- The chef told us they take feedback from people on a daily basis in an informal manner. The chef helps to serve food and they chat with people in this process about choices and whether people are happy with the food. The chef explained sometimes they notice that people have not eaten as much as they usually do, and they ask if it is the food. People usually reply that it is not, it is just that they are not feeling very hungry.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician.
- Staff told us they worked closely with the nursing team, which enabled them to learn new skills.

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 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>Registered persons have failed to treat people with dignity and respect.</p> <p>Regulation 10 (1)</p>
<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Registered persons have failed to take appropriate actions to ensure medicines are managed in a safe way.</p> <p>Regulation 12 (1)(2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Registered persons have failed to have effective systems in place to assess, monitor and improve the quality and safety of the service and failed to ensure that records were accurate and complete.</p> <p>Regulation 17 (1)(2)</p>