S.E.S Care Homes Ltd

Valerie's Residential Care Home

Inspection report

20 Ravenswood Avenue,
Crowthorne,
Berkshire.
RG45 6AY
Tel: 01344 761 701
Website: www.sescarehomes.co.uk

Date of inspection visit: 19 October 2015
Date of publication: 30/11/2015

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

This was an unannounced inspection which took place on 19 October 2015.

Valerie's Residential care Home is registered to provide care (without nursing) for up to 17 people. There were 12 people resident on the day of the visit. The house offers accommodation over two floors in 14 rooms. Two rooms were 'doubles' but they were used for individuals. People had their own bedrooms and five were en-suite. The shared areas within the service have limited space but the staff team made best use of them to suit the needs and wishes of people who live in the home.

There is a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were kept safe by staff who were trained in the safeguarding of vulnerable adults and health and safety. They were able to fully describe their responsibilities with regard to keeping people, in their care, safe from all forms of abuse and harm. The service took all health and safety issues seriously to ensure people, staff and visitors to the service were kept as safe as possible.

There were enough staff, on duty, to ensure people received safe care. The recruitment process was robust and the service was as sure, as possible that staff employed were suitable and safe to work with people who live in the service. People were given their medicines in the right amounts at the right times by properly trained staff.

People's human and civil rights were upheld. The service had taken any necessary action to ensure they were working in a way which recognised and maintained people's rights. The staff team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provides a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager had made or was making the appropriate DoLS referrals to the Local Authority.

People's health and well-being needs were well met. People were helped to make appointments with health professionals when necessary. Food was nutritious and of good quality. Staff were appropriately trained to meet the needs of people in their care.

The service recognised people's individual needs. Staff had built strong relationships with people and were knowledgeable about and knew how to meet people's needs. They service respected people's views and encouraged them to make decisions and choices. People were treated as individuals and they were treated with dignity and respect at all times.

The service was well managed. Meeting people's needs was the priority for staff and the registered manager. The registered manager was described by staff as very supportive. The service had ways of making sure they maintained and improved the quality of care provided. Improvements had been made as a result of listening to the views of people, their relatives and the staff team.

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 is safe.

Staff were properly trained and knew how to protect people from abuse or harm. People felt they were safe living in the service.

Any health and safety or individual risks were identified and action was taken to keep people as safe as possible. The registered manager made sure the staff team learned from any accidents or incidents.

Medicines were given to people correctly by appropriately trained staff or by people who had been assessed as competent to take their own medicines, safely.

Good

Is the service effective?
The service is effective.

People were helped to take all the necessary action to stay as healthy as possible.

Staff understood how to uphold people's human and civil rights and took appropriate action if people did not have capacity. People were encouraged to make as many decisions and choices as they could.

Staff were well trained to ensure they could meet people's needs.

Good

Is the service caring?
The service is caring.

Staff treated people with respect and dignity at all times.

Staff interacted with people positively, with patience, understanding and respect.

People were helped to keep in touch with their families and other people who were important to them.

Staff had developed strong, positive relationships with people.

Good

Is the service responsive?
The service is responsive.

Care staff responded to people's requests for help quickly. They were flexible and listened to people with regard to their preferences.

Staff knew how to care for people in the way they chose and preferred.

People could choose if they wanted to participate in activities or control their own day.

Good

Is the service well-led?
The service is well-led.

The registered manager made sure that staff maintained the attitudes and values expected.

Good

Summary of findings

The registered manager and staff regularly checked that the home was giving good care. Changes to make things better for people who live in the home had been made.

Records were of good quality, were vital working tools and were accurately completed.

Valerie's 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 was a routine unannounced inspection which took place on 19 October 2015. It was completed by one inspector.

Before the inspection we looked at all the information we had collected about the service. This included notifications the registered manager had sent us. A notification is information about important events, such as safeguarding incidents, which the service is required to tell us about by law.

We looked at four care plans, daily notes and other documentation relating to people who use the service such as medication records. In addition we looked at samples of auditing tools and reports, health and safety documentation and staff recruitment records.

We spoke with nine people who live in the service,two relatives of a person who lives in the service and a visiting professional. Additionally we spoke with, two staff members, the operations manager and the registered manager. We looked at all the information held about four people who live in the home and observed the care they and others were offered during our visit. After the inspection visit we received written information from a health professional and the local safeguarding team. The local authority did not have any information which would cause them to be cautious about placing people in Valerie's Residential Care Home, at this time.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home. One person said, ‘‘I always feel safe, the staff are never abusive in any way and I would never accept any abuse or bad care ’’. Another person told us, ‘‘Of course we’re safe, physically we’re safer than in our own homes”. A relative told us they were confident people were safe and had never seen anything that concerned them. A visiting professional told us that they had never had any concerns about the attitudes of staff and had never seen anything they were not comfortable with.

People were protected from any form of abuse or breach of their human rights by staff who were fully aware of and able to clearly explain their responsibilities with regard to keeping people safe. All care and ancillary staff had received safeguarding training so they could recognise any signs of abuse or distress and take effective actions. They were able to tell us what they would do if they had any safeguarding concerns. This included reporting issues to the appropriate authorities outside of the organisation, if necessary. The service had a whistleblowing policy that staff were aware of. Staff were confident that the registered and operational manager would take any necessary action to protect people. Risk assessments were reviewed every month by a member of senior staff. There had been two safeguarding incidents reported in 2015. Appropriate action had been taken and they had been reported to the local safeguarding team.

People, staff and visitors were protected from harm by robust health and safety systems. There were up-to-date generic risk assessments which included the garden, lift breakdown, the use and storage of toiletries and wearing jewellery at work. Up-to-date maintenance certificates such as gas safety (28/01/15), electrical installations (2011) and potable electrical appliance testing (19/02/15) were available. People had personal emergency evacuation plans detailing the support they required should they need to be evacuated from the building. The service had emergency plans and checklists in place to assist staff to deal with any emergencies.

The service ensured they ‘learned’ lessons from any accidents and incidents that occurred. Accident and incident reports recorded, in detail, the accident or incident, described what action was taken and any further action or learning needed. If necessary individual care plans were reviewed and amended. Body maps and post falls monitoring forms were in place to assist staff to identify any ongoing issues for people. A monthly audit was undertaken by the registered manager and operational manager to identify any ‘trends’ or recurring issues. A recent ncident/safeguarding issue had resulted in the re-training of all staff, a review of relevant policies and procedures and a change in some of the record keeping.

People’s care was delivered as safely as possible. Any necessary risk assessments were incorporated into areas of the care plan which might pose a risk for the individual. They described the risks and instructed staff how to support people safely. Identified areas of risk depended on the individual and included areas such as bathing, nutrition and relationships. The service used recognised assessment tools for looking at areas such as nutrition and skin health.

People were given their medicines safely. The service used a monitored dosage system (MDS) which meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MAR) were accurate. Written guidelines for when people should be given medicines prescribed to be taken as necessary (PRN) were provided. Medicines were stored safely in a locked trolley, which was kept in the sitting room. Temperature sensitive medicines were kept in a special fridge. However, the temperature that the bulk of medicines was stored in was not checked. The operational manager agreed to review medicine storage to ensure all medicines were kept at the required temperature. Staff were trained in the administration of medicines. Only those who had completed the training and had been competence assessed undertook these duties. Staff’s competency was assessed a minimum of three times a year. Controlled medicines were properly recorded, administered and stored. Some people dealt with their own medicines. This was risk assessed and their competency to continue self-administration was checked every month. The service had reported no medicine administration errors over the past 12 months.

Staff were suitable and safe to work with people because the service had a robust recruitment procedure. These procedures included requesting and validating references, criminal records checks, ensuring candidates had permission to work visas and checks on people’s identity. Application forms were completed and included a full past

Good

Is the service safe?

employment history. An explanation for any 'gaps' in employment history was noted on the file. Two staff had left and two staff had joined the team in the past 12 months.

People's care was delivered safely by a suitable number of staff. In the case of shortages staff worked additional hours. Further support was provided by bank staff and the management team. Agency staff were not used because the registered manager felt it detracted from the continuity of care and people's comfort. People told us there were always staff available to help them if they needed assistance. They said that call bells were answered very quickly. Relatives told us that call bells did not ring for long. There were a minimum of two staff between 8am and 10pm. Two staff were available during the night, one slept in and one was waking. The care staff were supported by a team of ancillary staff and the registered manager. Rotas from 21 September and 18 October 2015 showed that the staffing levels did not drop below those stated as minimum. The registered manager calculated staffing levels on a daily basis depending on the needs and number of people resident in the service. The service had an on-call facility which provided telephone support and emergency staff cover, as necessary.

Good

Is the service effective?

Our findings

People told us they received, ‘‘very good care’’. One person said, ‘‘they meet all of my needs and requirements’’. A health professional commented, ‘‘Issues, problems or concerns about residents are acted upon promptly and I have always had confidence that the wellbeing of the patient/resident is at the centre of our focus’’.

People’s health and well-being needs were met by staff who helped them to keep as healthy as possible. Each person’s healthcare needs were described in their care plans. This area of the plan was called the, ‘‘healthcare promotion record’’. This record included visits by and to other professionals such as district nurses and GPs. Hospital and specialist appointments and referrals were noted in detail and follow up appointments completed. A hospital transfer form was in place so that staff could easily access any vital information which would be necessary to send with someone if they needed admission to hospital. The service worked closely with health professionals who provided specialist training and competency assessments for staff in ‘home nursing techniques’, such as insulin administration and diabetes management.

The service did not admit people with behaviours that may cause harm or distress to themselves or others. However, some people had developed and were living with conditions that could cause behaviour disturbances. The service sought the assistance of psychiatric and/or psychology community and hospital services, when these were identified. The service developed detailed behaviour guidelines to instruct staff how to support people with their behaviour but did not use any form of physical restraint. Staff used positive verbal encouragement and distraction techniques to support people. They identified if they were unable to meet people's needs and took the appropriate action.

People were supported by staff who understood consent, mental capacity and DoLS. The registered manager told us that most people who lived in the service retained capacity. She had submitted one DoLS application to the local authority and was considering if any more were needed. The care staff had received Mental capacity Act 2005 and DoLS training. Staff had a very good understanding of what a deprivation of liberty, what constituted restraint and when a DoLS referral may be necessary. They recognised that people’s capacity may vary depending on circumstances such as time, mood and well-being.

People were encouraged to make decisions and choices for themselves. People’s consent to care being given as noted in their care plan was recorded along with other relevant areas such as information sharing. Staff gave people time to make decisions for themselves and used the methods described in their care plans to support them to make choices.

People told us the home was, ‘‘comfortable and a real home from home’ ’The environment was homely and well-kept. The service had completed some refurbishment of the house but there were some areas which were in need of refreshment. Two bedroom carpets and the first floor bathrooms needed attention. Space in the service was limited but had been adapted to allow it to meet people’s current physical needs. There was a lift to enable people to access the first floor. Specialist bathing and mobility equipment was provided as necessary. Communal space was limited but people said it was very comfortable and they enjoyed using it.

People told us that the food was, ‘‘very good’’ .One person told us their only complaint was there was, ‘‘too much of it’’. The menus were well balanced and included healthy fresh food. Relatives told us the service provided food in the way their family members preferred. Nutritional assessments, weight, food and fluid charts were completed for individuals, if necessary. People were encouraged to interact socially with staff and other people. Conversation, laughter and humour accompanied the meal at lunch time. People chose an alternative meal if they did not want what was being offered. All 12 people ate in the dining or sitting room area of the service. Meals were served hot and at the time people chose. People who ate in the sitting room chose to be in company but not directly sitting with others in the dining area.

People were cared for by staff who were appropriately trained to meet their needs. Staff were trained in the areas relevant to their role and to the care of individuals. Special areas of training included the management of diabetes, dementia care and pressure ulcer prevention. Training was delivered by a variety of methods which included e–learning, an external trainer and classroom type training. Ten of the 12 staff, including ancillary staff, had completed

Good

Is the service effective?

a recognised national qualification. The service was using the 'Care Certificate' as the induction for new staff. Staff told us they had very good opportunities for training and were supervised regularly. They said that the registered manager was always available to assist or advise them if necessary. People received one to one recorded supervision regularly, at least six times a year. Staff felt supported to meet the needs of people and offer what they described as, ''very good care''. Staff told us and records showed that they completed an appraisal each year.

Good

Is the service caring?

Our findings

People described staff as, ‘‘kind and considerate’’. They told us that staff always treat them, ‘‘with the greatest respect’’. A health professional commented, ‘‘I have no issues or concerns about the care being provided’’. A visiting professional told us, ‘‘staff are always respectful’ ’A family member said, ‘‘staff are very caring and kind’’.

People were supported by a kind, caring and committed staff team. Staff used gentle persuasion and displayed kindness and patience when meeting the needs of people with complex behaviours. A relative told us staff , ‘‘go over and above’’. They described how staff will pop in on their days off to check on people who have been ill. They gave a further example of staff working additional (often unpaid) time to ensure people are comfortable before they finish their shift.

Throughout the day people were laughing, communicating with each other, the staff team and visitors to the service. Staff had a good rapport with people. They used appropriate humour to make people feel comfortable and involve them in daily activities. The staff team interacted positively with people at all times. They included them in all conversations and encouraged them to interact with their fellow residents. Physical touch was used appropriately to give people comfort and confidence.

People were given choices and supported to make as many decisions as they were comfortable with, throughout the day. These included choosing meals, activities and where they wanted to spend their time. Staff described what they were doing and why and people were asked for their permission before care staff undertook any care or other activities. Personal care was offered as discreetly as possible. People told us, ‘‘they [staff] always ask and explain everything before they offer assistance’’.

Staff encouraged people to keep their independence and control as many areas of their life as possible, for as long as they were able. Care plans described how staff should encourage and support people to do as much for themselves as they could. An example included people being helped to retain responsibility for their medicines for as long as they could safely do so. People told us that staff helped them to do as much as they could for themselves.

People were helped to maintain relationships with people who were important to them. People told us that their friends and relatives visited regularly and were welcomed to the home. There were no restrictions on times or lengths of visits. A relative told us they visited whenever they wanted and at whatever time they wanted. They told us they were, ‘‘always made welcome and looked after’’.

Staff had developed very positive working relationships with people. They were knowledgeable about people’s needs and were able to clearly describe how to support people with their varying needs. Staff gave examples of how they maintained people’s privacy and dignity. These included closing doors and asking people about their personal needs discreetly. Additionally they described how they made sure that people were supported by the staff member they were most comfortable with, particularly for intimate tasks, wherever possible. All staff had received dignity in care training which had been provided by a nationally recognised organisation called, ‘‘the National Dignity Council’’. This organisation provided certificates and newsletters for staff.

People’s end of life wishes were recorded and care plans for people who required end of life care were put in place, as necessary. Do not attempt resuscitation (DNAR) forms were in place if people chose to have them. Because of a recent incident this was an area that the operational and registered managers were exploring with the GP and people who live in the home. One person had a DNAR that had been signed by a hospital consultant during a hospital stay, the registered manager was discussing the appropriateness of this with the GP.

People’s emotional, cultural, life choices and spiritual needs were noted in their care plans. Staff received equality and human rights training. Staff described how they made sure people received person-centred (individualised) care and respected people’s differences.

Good

Is the service responsive?

Our findings

People told us that staff were always around if they needed help. People and a relative told us that call bells were answered quickly. During the visit staff were responding to people's requests and needs quickly and positively. People were very confident to ask care staff or the registered or operational manager for help or attention. One person told us that, ''staff are very responsive and attentive''. Staff, whatever their role, worked with each other as a team to minimise the time people had to wait for requests for attention or assistance to be met. Staff apologised profusely if an individual had to wait a short time for their need to be met.

People's interests and hobbies were identified in care plans. There were a limited amount of 'organised' activities. People told us they often chose their own activities and preferred their own company. One person said, ''I prefer to entertain myself''. Another person said, ''I do my own thing and only join in if I want to''. They often watched their own televisions, listened to their radios or read books. The care staff offered people opportunities to participate in individual activities if they were not organising themselves. The service provided external entertainers and celebrations for special occasions.

People were offered personalised (person-centred) care. Staff were able to demonstrate their understanding of how to give people personalised care. People had detailed, good quality individualised care plans which described their needs, tastes, preferences and choices. The plans of care included area such as lifestyle choices, my life history and a typical day in my life. The care given to people followed the care described in their care plan. However, people told us the staff were very flexible and always listened to them if they wanted things done a different way.

People told us they were involved in planning and reviewing their care if they wanted to be. A relative told us they and their family member were invited to the annual multi-disciplinary reviews. They said that their comments about the care were listened to. Care plans were reviewed by senior staff every month and people's views were included in the review. Monthly reviews were called audits and had been recorded throughout 2015. They included any changes made such as, changes in people's health and well-being, any up-dated risk assessments and any care plan changes to meet any other of the individual's needs.

People, relatives and staff were encouraged to comment on the way care was being offered. There was a robust complaints procedure in place. People and their relatives told us they would be comfortable to complain and would do so if necessary. One person said, ''if I had a concern I would be very happy to talk to the manager and am equally happy she would listen to me''. Another said, ''I would complain if I needed to but that is very unlikely''. A relative told us they had, ''no concerns or worries about the service''. They told us they had raised a few minor issues in the past and these had been dealt with immediately. The registered manager told us the service had received no complaints, directly, over the past twelve months and numerous compliments. The cards with written compliments were displayed on the notice board in a communal area. The CQC had recently received three complaints about the service, one was unsubstantiated and the other two had been dealt with appropriately and resolved. The service had not received one complaint and had not recorded the other two, specifically, as complaints in the service. They were 'logged' at head office. The registered manager and operational manager undertook to ensure they reviewed the complaints and compliments recording system.

Good

Is the service well-led?

Our findings

People told us the registered manager was, ‘‘always about’’. One person said, ‘‘you can talk to the manager at any time and the other manager [operational manager] is available most of the time, too’’. Staff told us, ‘‘the manager is open, friendly and very approachable’’. They told us that the management team was very supportive and would even help with personal issues. However, they said the service and management had clearly defined personal and professional boundaries. People, relatives and staff told us the service was well-managed and the priority of the staff team was to meet the needs of people who lived there.

People, staff and other interested parties were listened to by the management team of the service. Residents and relatives meetings were held at irregular intervals throughout the year. The last meeting was held in May 2015 to discuss a recent death, do not resuscitate instructions (DNARs) and end of life wishes. The March 2015 meeting focussed on what people thought about the quality of care being offered to people. Quality assurance surveys were sent to people and their families every year, the last one was sent in February and March 2015. People staying in the home for a short stay were asked to complete a questionnaire after every visit. Staff meetings were held approximately monthly, although they were sometimes delayed or postponed because of other priorities. Their content included training, reflective practice and discussions about new procedures. Staff told us they could discuss any issues during staff meetings and, ‘‘have no need to hold back anything’’.

The service’s reviewing and monitoring systems ensured the quality of care they offered people was maintained and improved. The registered manager regularly worked in the service alongside care staff. She monitored staff attitudes and values whilst working with them to ensure they were offering care to the expected standard. Audits and checks were completed at various intervals on all aspects of the care being given. Examples included weekly kitchen cleanliness, maintenance logs and rotas. Two weekly complaints logs, evacuation register and residents daily charts. Monthly care plan audits, risk assessment checks and staff supervisions. Additional quarterly and annual audits included dignity in care and nutritional needs audits. The operational manager visited the home regularly and completed a focussed audit every month.

Improvements were made as a result of listening to people and the various quality assurance and monitoring and reviewing systems. These included making better garden maintenance, decoration of some areas and new flooring. Further enhancement of the environment was needed and planned.

People, staff and visitors were aware of the accountabilities and responsibilities of the management team. The operational and registered manager told us that the registered manager was given the authority to make decisions to ensure the safety and comfort of the people who live in the home. These included emergency maintenance and repair issues and ensuring staffing levels could meet people’s immediate needs, safely. The service made sure there was a senior or experienced staff member on-call at all times.

Some records relating to people who lived in the service were of very good quality and content. They were accurate and detailed. They gave staff clear directions about how to meet people’s needs safely and in the way they preferred. Records relating to other aspects of the running of the service were well - kept and up-to-date.