Valorum Care Limited

Champion House - Care Home with Nursing Physical Disabilities

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Champion House - Care Home with Nursing Physical Disabilities, known as Champion House, is a care home that can accommodate up to 27 people who require support with nursing or personal care needs, some of whom have a learning disability. At the time of our inspection, there were 26 people living at the service.

People's experience of using this service and what we found
People told us they felt safe and enjoyed living at the service; their comments included, "I am very happy where I am and wouldn't change anything." Relatives gave the same positive feedback.

Some aspects of medication management were not always safe. We found improvements were required in the management, recording and auditing of medication used to thicken drinks for people who were at risk of choking and of creams prescribed to manage risks to people's skin integrity. We have made a recommendation in relation to the management of thickeners and prescribed creams.

The service did not have a registered manager. Although there was a temporary manager in place and a permanent manager had been recruited, we found effective oversight had not always been maintained in some areas of the such training, supervision and quality of audits. We have made a recommendation in relation to the implementation of effective quality assurance processes.

Risks to people's care were assessed and managed well. Some areas of moving and handling risk assessments required further detail.

The service followed safe recruitment practices and we found enough staff were available to support people. The service frequently used agency staff to ensure adequate staffing levels and the provider told us they were in the process of recruiting more staff.

At the time of our inspection, the provider was following current guidelines in relation to infection prevention and control, visiting and vaccination as a condition of deployment.

The provider completed person-centred assessments and care plans were updated when required. People were supported to access relevant healthcare services when they needed them, and they were supported to eat and drink well.

Staff's training and supervision was not always up to date but the provider told us about their plans to ensure this was addressed in the short term. Staff told us they felt well supported in their roles. People and relatives told us staff were knowledgeable and skilled.

People were supported by staff who were caring and respectful. People, relatives and when appropriate, advocates, were involved in making decisions about the care people received.

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. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. There was a person-centred culture at the service. Support provided promoted people's choice and control. Communication plans had been developed to ensure staff communicated well with people. There was adapted equipment at the service to meet people's needs and promote their independence. We observed positive interactions between people and staff.

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

Rating at last inspection
This service was registered with us on 31 July 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good (published 27 June 2018).

Why we inspected
This was this service first inspection since it had registered under a new provider on 31 July 2019.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements in place at the time of our inspection.

Recommendations
We have made two recommendations. We recommended the provider review the management of thickeners and prescribed creams and we recommended the provider implement effective audits.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring. Details are in our Caring findings below.	**Good**
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**

Champion House - Care Home with Nursing Physical Disabilities

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements in force at the time of our inspection. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by one inspector and an Expert by Experience on the first day, and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Champion House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Champion House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. There was a temporary

manager in place and a permanent manager had been recruited. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced on both inspection visits.

What we did before the inspection
Before the inspection, we reviewed all the information we held about the service including previous inspection report and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included Healthwatch Leeds, the local authority safeguarding team and commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with six people using the service and five relatives about their experience of the care provided. We observed care in the communal areas of the home to help us understand the experience of people. We also gathered information from 11 members of staff including the temporary manager, regional manager, quality manager, nurses, carers and physiotherapist.

We reviewed a range of records. This included three people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at three staff files in relation to recruitment. 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.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

● During this inspection, we found some areas of people's prescribed medication were managed well and other areas required improvement. We did not identify any medication errors, however, the management of thickeners for people who were at risk of choking was not always safe. We found people's records were not always detailed and staff were not recording the number of scoops used to thicken drinks to evidence this was being done in line with people's requirements. Tins of thickeners were not always locked away. There had not been any choking incidents related with drinks. Most staff had their fluid and nutrition training up to date. We asked the manager to review how thickeners were managed at the home and they said they would complete this task without delay.

● Some people living at the home had been prescribed creams to prevent or manage risks to their skin integrity. We reviewed how prescribed creams were managed and found that records of application of these were not consistently maintained. Our observations of the cream containers and in our conversations with staff, there was a strong indication that these were being regularly applied. People living at the home did not have pressure ulcers. We asked the manager to review this area of people's care.

We recommend the provider consider current guidance on the management of thickeners and prescribed creams and take action to update their practice accordingly.

Assessing risk, safety monitoring and management

● Risks associated with people's care were assessed and relevant control measures and care plans put in place. One person told us, "I can travel independently in my chair. The staff assessed me before I did this to make sure I was safe."

● People told us they felt safe at the home. Relatives agreed their loved ones received safe care. Their comments included, " [Person] is very safe, and I don't have any concerns, I can tell [person] is happy."

● Moving and handling risk assessments were mostly detailed but not all indicated which sling loops should be used. This is important to make sure staff are using the equipment in line with people's specific requirements. After we shared this feedback with staff responsible for reviewing this area of people's care, they showed us documentation they had put in place to address this issue.

● Although we found there was a discrepancy between the provider's list of equipment and certificates, we were assured that all equipment used to move and lift people had been certified in line with the Lifting Operations and Lifting Equipment regulations. The manager told us they would update their equipment list.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● There were safeguarding policies and procedures in place. The manager knew about their responsibilities

in this area.
● Safeguarding incidents had been reported when required. Analysis of incidents was taking place and learning from them implemented, when required.
● Not all staff had up-to-date safeguarding training but staff we spoke with were knowledgeable about signs of abuse and neglect and knew what action to take if they came across any safeguarding concerns.

Staffing and recruitment
● The service followed safe recruitment practices. The provider had a staff recruitment procedure in place to ensure employees were of good character and had the qualifications, skills and experience to support people using the service.
● Staffing levels were determined by the level of support people required and this was calculated using a dependency tool. The manager told us additional staff were allocated to support people on a one-to-one basis. People, relatives and staff did not raise concerns about staffing levels at the service.
● The manager told us agency staff were regularly used while their recruitment programme was ongoing. We reviewed documentation the provider had developed to strengthen the consistency of care delivered by agency staff.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using personal protective equipment (PPE) effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

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

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

The provider showed us the progress they had made in relation to their infection and prevention control action plan.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff's training was not always up to date; the manager and regional manager told us about the ongoing focus on ensuring all staff had their training up to date in the short term. Staff's training was diverse and relevant for the needs of people living at the home.
- Staff told us they felt supported by regular supervision and had access to advice if required. However, records of conversations had not always been kept in line with the provider's policy. The manager told us the action they were taking to ensure supervisions were recorded.
- New staff completed an induction which included training and shadowing experienced members of the team. The manager told us about their plans to introduce more regular supervision during the induction period to support staff.

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

- People's nutritional and hydration needs were appropriately managed. Some people had particular needs around their nutritional and hydration requirements. These were known by staff. Most people's care plans were detailed and consistent around this area. People's weight was being monitored when required, to manage any risks to their health.
- People told us they enjoyed their meals and they could choose what to eat and when. Comments included, "The food is nice, we get a choice, I had Weetabix and toast and I can go and get a drink when I want. If I want a biscuit or fruit I can ask", "I get a good choice of food and if I don't like it, I can have an alternative. I get to have my favourite food," and "The best thing about living here is the food."

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

- People's needs were holistically assessed. Care plans had a one-page profile that had information about people's likes and dislikes, and their main health and care needs.
- Staff were knowledgeable about people's needs. A relative told us, " [Person] is safe, he has nil by mouth, and everyone is familiar with this."
- We saw care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's needs in relation to the protected characteristics under the Equalities Act 2010 were considered in the planning of their care. For example, people's communication needs and preferences were recorded in their care plan; having this information available ensured staff were able to better support and communicate with people. People's medical conditions were described in their care plans and included details of how these manifested in their individual circumstances.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
● People's health needs were assessed and regularly reviewed.
● People were supported to live healthier lives through regular access to health care professionals. Our conversations with people, relatives and review of records confirmed this was happening.

Adapting service, design, decoration to meet people's needs
● People's bedrooms were personalised with items they had bought that reflected their preferences and interests.
● Bedrooms and communal areas were adequate for the use of wheelchairs and had equipment to meet people's specific needs. For example, some bedrooms had tracking hoists, profiling beds, and adapted equipment to ensure people were able to independently use the call bells to call assistance, if required.

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 MCA 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 manager understood the principles of the MCA and was aware of their responsibilities under the Act. We saw staff consulted with people and involved them in decisions about their care and support.
● Records of mental capacity assessments were decision specific and best interest decisions recorded how families and relevant healthcare professionals had been involved.
● The provider made Deprivation of Liberty applications to the local authority when required.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about all of the staff who worked with them. Their comments included, "All the staff are friendly" ; "I get on with everyone here," and "The staff are very helpful and pleasant; they definitely listen and if they can give you any help they will. I can talk to the staff if I have a problem, on the whole, they are good." Relatives also gave positive feedback about staff. Their comments included, "The staff are brilliant here. I wouldn't change anything, the staff genuinely care"; "I think the staff are great, that's what makes it so good, they go above and beyond," and "The way they [staff] speak to [person] is lovely."
- We observed kind and helpful interactions between staff and people.
- Staff spoke to people respectfully and told us how they adapted their communication when speaking with particular people to meet their communication needs. Staff gave examples of when they had used alternative or augmentative methods facilitate communication with people. This showed people's diverse needs were considered and respected.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they felt involved in planning and reviewing care.
- We saw evidence of advocates being involved in decisions about the care. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.
- There were regular residents' meetings and we saw residents were asked to comment and plan aspects of the day to day of the service, such as meals and activities.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's privacy and dignity.
- People's independence was promoted. For example, regular physiotherapy sessions were offered by in-house therapists and we saw people using an adapted indoor bicycle.
- People's records were kept secure and staff's conversations in communal areas were appropriate and people's private matters were discussed with respect for their privacy.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- We reviewed documentation confirming people were supported to be involved in activities out in the community and at the home. People living at the service had allocated 1:1 hours with staff.
- However, we also received mixed feedback in relation to activities at the home. People's comments included, "I go out once a week in the bus but would like more. We play cards and dominoes with the other residents," "I would like to go out more," "We go out on organised trips, we plan them between us," and "We do plenty of activities. We go out on the minibus, we went to Scarborough, I would like to go abroad on holiday." Relatives told us, "[Person] goes out and about and [their] 1-1 [staff member] takes [person] anywhere [they] want," and "More outings would be really good."

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

- People received personalised care which responded to their individual needs and choices.
- People's care plans contained detailed information for staff on how best to support people. This included information about people's routine, eating and drinking preferences and health conditions. Some people's health presented particular risks; these had been assessed and adequate plans put in place, including how to deal with emergencies.
- People and relatives told us staff knew people well. Comments included, "The staff are good, they understand [person], main thing is they are open and honest, [person] is well looked after and they know [person] well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and plans put in place to support people with this area of their care. Staff told us how they adapted their communication when speaking with people who had communication requirements.

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on.

● The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed and found it to be appropriate.

End of life care and support

● Discussions surrounding people's decisions and choices about the care required at the end stages of their life was documented and relevant people were consulted.

● The health of some people living at the home had deteriorated and although they did not yet require end of life care, they had been prescribed anticipatory medication, to be administered when required.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service management was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 service required a manager who was registered with the CQC. There was not a registered manager at the service. A new manager had recently been appointed and there were alternative management arrangements in place in the meantime,
- Management oversight and the quality assurance processes implemented were not always effective. For example, the management of people's thickeners and prescribed creams was not always safe and this issue had not been previously identified in the provider's own medication audits. Staff's training had not always been kept up to date and staff's supervision sessions had not always been recorded.

We recommend the provider consider current good practice guidance in effective quality assurance processes and take action to update their practice accordingly.

- The manager was supported by a dedicated senior management team and a core staff team.
- The provider had fulfilled their duty to inform CQC and the relevant authorities of incidents happening at the service.
- Processes were in place to record and respond when something went wrong. For example, we saw how a staff member had received additional supervision following a complaint and how a safeguarding incident had improved the way people were supported with their finances.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they were satisfied with the care provided. One relative said, "As a family member am very pleased, Champion House genuinely care. They are welcoming and it's very natural. I am so grateful [person] is living there."
- There was an open culture within the service. Staff told us that the managers were supportive, that they could raise concerns with them and they were listened to.
- Staff told us they felt well supported by the service's management team and the team worked well together.
- There were systems in place for gathering the views of people using the service. Regular meetings with people using the service were taking place and relevant discussions were held about the day to day delivery

of the service. The manager told us of their plans to reintroduce relative's meetings and how they continued to gathered feedback from relatives.
● The systems in place promoted effective communication with staff, including handover meetings and staff meetings.

Working in partnership with others;
● The service worked in partnership and collaboration with a number of key organisations to support care provision and joined-up care. This included working effectively with health care professionals such as speech and language therapists and physiotherapists to make sure people had their health and social care needs met.