

Roseberry Care Centres GB Limited

# Valley View and The Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

The inspection took place on 28 June and 1 July 2016. We last inspected the service on 24 October 2013 and found the provider was meeting the regulations we inspected against.

Valley View and The Lodge is registered with the Care Quality Commission to provide accommodation for persons who require nursing or personal care for up to 38 people. The home is divided into two areas: one area provided care for elderly people and the other provided care for young physically disabled people. At the time of our inspection 27 elderly people and 8 young physically disabled people were living at the service. The home does not provide nursing care.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had breached the regulations because the last check of the electrical installation system dated December 2014 was unsatisfactory. We found some actions classed as potentially dangerous were still outstanding at the time of our inspection.

You can see what action we have asked the registered provider to take at the back of the full version of this report.

Other health and safety checks were carried out regularly and were up to date when we inspected the home.

People were happy with the care they received. They told us kind and considerate care workers provided their care. One person said, "It is lovely. They look after me very well." Another person commented, "The nurses [care workers] are very good. The nurses [care workers] are terrific, very friendly." A third person told us, "[Staff are] very nice, they have always been good with us. They are good, they are nice girls, lovely people."

People told us the home was safe. One person commented, "I feel safe here."

Administration records for creams and ointments and fridge temperature checks were inaccurate. Medicines administration records (MARs) for all oral medicines were accurate. Medicines were stored securely.

Care workers showed they had a good understanding of safeguarding and the whistle blowing procedure. All care workers we spoke with said they would report concerns straightaway. They also said they felt concerns would be dealt with effectively. One care worker told us, "I wouldn't have a problem using it [whistle blowing procedure]. I would have no issue with raising concerns." Another care worker said,

"Concerns would definitely be dealt with."

Staffing levels were sufficient to meet people's needs in a timely manner. One person commented, "If I pull the chord in the bathroom they are there in a flash." Another person said, "There seems to be plenty of staff around." Recruitment checks were in place to ensure new care workers were suitable to work with vulnerable people.

Incidents and accidents were logged and investigated with details recorded of the actions taken to keep people safe.

Care workers told us they were well supported and received regular one to one supervision. One care worker said, "I am really well supported. Any problems get sorted straightaway. We have supervision all the time." Fire safety and moving and assisting training was overdue for most care workers. The outstanding training had been booked in for the week following our inspection. Other training was up to date.

The provider was following the requirements of the Mental Capacity Act (MCA) 2005. Deprivation of Liberty Safeguards (DoLS) authorisations were in place where required. We found examples of MCA assessments and best interests decisions made on behalf of people who lacked capacity.

People received the support they needed to meet their nutritional needs. One person told us, "Meals are okay. I am not a person for a hot dinner. I can have what I want to eat. Staff take me to the dining room." We observed the lunch time experience and found care workers supported people in line with their assessed needs.

Care records showed people had regular input from external health professionals, such as GPs, community nurses and speech and language therapists (SALT).

People's needs had been assessed and care plans developed to help care workers provide the care people needed. These were evaluated regularly to help ensure they met people's current needs. We saw care plans had been updated following changes in people's needs.

A range of activities were organised for people to take part in if they wanted, such as group games, music sessions and going outings in the mini-bus. One person commented, "You get taken out to the shops, you go to different cafes. You get out to concerts and we have concerts in here."

People told us they did not have any concerns about their care. They confirmed they knew how to complain if they became unhappy. One person said, "I don't need to [make a complaint]. I would tell the manager if I had concerns." Complaints received previously had been investigated and action taken to prevent the situation happening again.

Care workers said the registered manager was approachable. They also said the home had a good atmosphere.

Regular quality assurance checks were carried out and these had been successful in identifying areas for improvement.

Care workers were able to share their views and suggestions about the service, through attending regular team meetings or talking to the manager. One care worker said, "Every month there is a team meeting. Everybody has their say."

## 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.  
The last electrical installation safety check was unsatisfactory.  
Other health and safety checks were up to date.

There were sufficient care workers on duty to meet people's needs. Recruitment checks were carried out before new staff started working at the home.

People said they felt safe. Administration records for creams were not accurate. Other medicines records showed people received oral medicines when they were due.

Accidents and incidents were logged and appropriate action taken.

Care workers knew about safeguarding adults and whistle blowing, including how to report any concerns.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.  
Fire safety and moving and handling training had lapsed.  
Training was already planned in for all staff to complete this training.

Care workers were well supported to carry out their role.

Care workers supported people to make their decisions and choices.

People were supported with their nutritional needs and to access health professionals when needed.

**Requires Improvement** 

### Is the service caring?

The service was caring.  
People said they received good care and support.

We observed people were treated kindly and with respect.

Care workers promoted people's independence.

**Good** 

### Is the service responsive?

Good ●

The service was responsive.  
People's needs had been assessed and care plans written. These were reviewed regularly.

There were activities available for people to take part in.

People knew how to raise concerns if they were unhappy.  
Complaints were dealt with appropriately.

### Is the service well-led?

Good ●

The service was well led.  
People and care workers said the registered manager was approachable. They also described a good atmosphere in the home.

Regular quality assurance checks were carried out.

Care workers were able to give their views through attending regular team meetings.

# Valley View and The Lodge

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 28 June and 1 July 2016 and was unannounced.

The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service, the local healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with eight people who used the service. We also spoke with the registered manager, a senior care worker and three care workers on a one to one basis. We observed how care workers interacted with people and looked at a range of care records which included care records for three people, medicines records and recruitment records for five care workers.

# Is the service safe?

## Our findings

During our inspection we were unable to establish whether the electrical installation was safe. The last check of the installation was carried out in December 2014 and was found to be unsatisfactory. The contractor who carried out the safety check identified some areas where there was 'danger present' or were 'potentially dangerous'. We checked some of these areas to confirm whether work had been carried out and found some were still outstanding. The registered manager was also unable to provide us with any documents to confirm the work had been completed and the system was now satisfactory. The provider had contacted the contractor before we left the home to return and complete the required work.

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

The provider carried out other health and safety checks. These included checks of the fire safety systems, water safety, gas safety and the environment. These were up to date at the time of our inspection. There were procedures in place to deal with emergency situations, such as a business continuity plan. Important information needed during an emergency was located in a red box in the reception area for easy access. This included detail of each person's individual support needs in an emergency.

People told us they felt safe living at Valley View. One person commented, "I feel safe here." Another person said, "I do feel safe." Care workers also said they felt the home was safe. One care worker commented, "[People are] absolutely safe. We are quite well staffed, the girls care." Another care worker said, "Everything is checked, the carers make sure they are all safe."

Care workers we spoke with demonstrated a good understanding of safeguarding, including how to report concerns. They were able to give us examples of various types of abuse and the potential warning signs to look out for. For example, changes in personality such as becoming quieter than usual or withdrawn. Six safeguarding concerns identified during 2016 had been dealt with in line with the agreed procedures. Appropriate referrals had been made to the local authority safeguarding team and the Care Quality Commission as required.

Care workers were knowledgeable about the provider's whistle blowing procedure. The care workers we spoke with confirmed they had not had the need to use the procedure whilst working for the current provider of the service. They said they would have no hesitation in raising concerns and felt they would be dealt with correctly. One care worker told us, "I definitely wouldn't think twice [about raising concerns]." Another care worker said, "I wouldn't have a problem using it [whistle blowing procedure]. I would have no issue with raising concerns." A third care worker said, "Concerns would definitely be dealt with."

Medicines records usually supported the safe management of medicines. Records of administration for topical medicines, such as creams and ointments were not accurate. For example, most people's topical medicines were to be applied twice a day when required. However, on all of the topical administration records we viewed there was usually only one entry instead of two. The registered manager told us this was

most likely to be a recording error rather than people not having their creams applied correctly. Where medicines needed to be stored in fridges, fridge temperatures were monitored. However, due to a misunderstanding of the process for recording temperatures, care workers were not recording the actual fridge temperature but rather the minimum and maximum temperature range allowed. We checked the fridge temperature on the day of our inspection and found it to be within an acceptable range. The senior care worker changed the recording straightaway.

Medicines administration records (MARs) were completed accurately for all oral medicines. The MARs we viewed showed no gaps or discrepancies in recording. We saw audits were conducted and identified issues were acted upon. Medicines were stored securely in a locked medicine trolley which was stored in a locked treatment room. Other medicines records, such as for the receipt and return of medicines, were up to date.

Where potential risks had been identified, a risk assessment was completed to help keep the person safe. The assessments we viewed identified the control measures needed to minimise the risk of harm. For example, where people were at risk from swallowing difficulties or falling.

There were sufficient care workers to meet people's needs. One person commented, "If I pull the chord in the bathroom they are there in a flash." Another person said, "There seems to be plenty of staff around." Care workers also confirmed there were usually enough staff on duty to meet people's needs in a timely manner. They said it caused difficulties if staff rang in sick at short notice but this was not often. One care worker told us, "I have no concerns." Another care worker said, "Most of the time it is brilliant, the odd time we are short. We see to people's needs quickly." A third care worker commented, "Some days it is great. We all work well as a team together." The registered manager told us staffing levels were flexible depending on what activities were on-going at the time. Staffing levels were analysed regularly using a recognised dependency tool. This showed the number of care workers actually deployed was consistently in excess of the staffing levels recommended from the dependency tool.

Recruitment checks were carried out to confirm prospective new care workers were suitable to work with the vulnerable people living at the service. We saw pre-employment checks had been carried out, such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new care workers had a criminal record or were barred from working with vulnerable people.

Incidents and accidents were logged and investigated with details of the action taken to help keep people safe. Action taken included contacting health professionals, increased monitoring of the person and referrals to the local safeguarding team. The registered manager analysed incidents and accidents regularly to look for trends and patterns. This included looking at the frequency of falls each person had and the time of day they occurred. For example, the analysis identified that one person was had experienced four falls. Professionals had been contacted for additional advice and guidance to help keep the person safe.



## Is the service effective?

### Our findings

People told us care workers were skilled and experienced. One person said, "The staff know what they are doing. They are well trained."

Care workers said they were well supported to carry out their caring role. One care worker said, "I am really well supported. Any problems get sorted straightaway. We have supervision all the time." Another care worker told us, "I feel well supported by the manager and seniors. You can go to them anytime." They went on to tell us they had just supervision. They said, "It was really good. We discussed any problems, training and what needs updating." A third care worker said, "I have appraisals and supervisions. If I have problems prior I could just go to [registered manager]."

Some essential training was out of date and required updating. For example, fire safety training was overdue for 38 out of 40 care workers and moving and assisting training was overdue for 25 out of 40 care workers. However, the registered manager had already identified this oversight and training dates were booked in for 6 and 7 July 2016 to complete this training. Other essential training was up to date, such as safeguarding and nutrition.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. The new registered manager had been working with the local authority to ensure all DoLS authorisations were in place. Applications had since been approved for 21 people following an assessment of their capacity. The registered manager had devised a matrix to track when authorisations needed to be renewed. We found examples of other MCA assessments and best interest decisions in people's care records, such as covert medicines and to consent to care plans. All of the people we spoke with confirmed they were asked for consent before receiving care or support.

People gave mostly positive views about the meals provided at the home. One person said, "It changes [quality of meals] but we let them know about it. It is nourishing and you get a choice." Another person commented, "Meals are okay. I am not a person for a hot dinner. I can have what I want to eat. Staff take me to the dining room." A third person told us, "The meals are good, we have good meals." A fourth person commented, "[Meals] are alright, I would get something else if I don't like what is on the menu." We saw drinks were available throughout the day, as well as snacks and fresh fruit.

We observed over lunchtime to help us understand people's dining experiences. We found the dining room had been prepared before people arrived including tables being set with tablecloths, placemats, napkins and cutlery. People were only brought to the dining room when their meal was ready, so they did not have to wait too long. There was a menu on the table and a pictorial menu on display on the wall. However, we observed people were not offered a choice at the time and were just given a meal. The registered manager told us people made their choice earlier in the day. We saw some people did not eat their meal and were offered alternatives such as sandwiches. Where people required assisted feeding this was provided uninterrupted.

People were supported to access health care when required. One person commented, "They really look after you. I have fallen twice. If I fall they come quickly, they got the doctor." The registered manager told us community nurses visited the home twice a day.

## Is the service caring?

### Our findings

People gave us only positive feedback about the care they received at Valley View. One person commented, "I like it. It is a canny [nice] home." Another person said, "It is lovely. They look after me very well."

People told us care workers were kind and considerate. One person commented, "The nurses are very good. The nurses are terrific, very friendly." Another person said, "[Staff are] very nice, they have always been good with us. They are good, they are nice girls, lovely people." A third person told us, "Staff are champion, they are caring. They are willing to help." A fourth person said, "The staff are kind and caring." A fifth person told us, "[Staff] are very nice, they are lovely." We observed throughout the two days of our inspection care workers were always friendly and polite towards people.

People were supported sensitively so that their privacy and dignity were respected. One person commented, "I feel comfortable with the staff." Care workers described how they provided care and support in a dignified and respectful manner way. For example, speaking to the person all the time and closing the person's curtains. One care worker said, "We try to keep people's dignity. It helps just to speak to them respectfully." Another care worker said, "We get to know people, build up trust with them. We talk them through each step and keep them covered so they feel safe."

People told us they were supported to make choices and fulfil their preferences. One person said care workers would ask them, "Are you ready now for this, are you sure." They went in to say, "If they can help they will help and if they can get anything for you they will. They are very kind." Another person told us, "I just watch the telly [television], I am not a socialiser. I can do what I want." A third person said, "You get your hair done. You have company but I like to be in my room watching telly [television]." We heard one person ask a care worker if they could have some classical music played. The care worker said this was fine and played the requested music in the reception. We observed the person was sat listening and told us they were enjoying the music. People told us they had decorated their bedroom to suit their own tastes and preferences. One person said, "I chose wallpaper for my room."

Care workers understood the importance of promoting people's independence. People confirmed they were able to be as independent as they wanted to be. One person commented, "I am very independent. I like to deal with things myself." We observed care workers encouraging and motivating people. For example, encouraging one person to keep going when supporting them to walk to their bedroom or encouraging people to eat and drink throughout the day.

## Is the service responsive?

### Our findings

People told us care workers responded to their needs and were available to offer help and support. One person commented, "Staff are willing to help." Another person said, "The staff are around to help." A third person told us, "They help me with whatever I need."

People's needs had been assessed both before and after admission to the home. The assessment considered people's needs relating to areas such as eating and drinking, mobility, personal hygiene and emotional wellbeing. People's preferences were clearly documented as a reminder to care workers. For example, one person specifically likes a particular type of sandwich and likes a cup of tea which had been made in a particular way.

Care plans had been written for all identified needs. These described in detail the support each person required from care workers. For example, one person experienced swallowing difficulties. Their care plan described the specific diet the person required to help keep them safe. The care plan also described correct posture to adopt when eating and drinking. Care plans had been evaluated every month. Where people's needs had changed care plans had been up dated or rewritten. For example, one person's nutrition needs had changed following an assessment from a speech and language therapist. We saw the person's care plan and risk assessment had both been updated to reflect the new advice and recommendations. People and relatives were invited to a six monthly review of care plans to check they were still meeting the person's needs.

People had opportunities to take part in a range of activities both inside and out of the home. Activities were on-going throughout both days of our inspection. We observed people taking part in group games, music sessions and going out in the mini-bus to local groups in the community. People confirmed there were plenty of activities if they wanted to take part. They confirmed they were able to choose how they spent their day. One person commented, "You get taken out to the shops, you go to different cafes. You get out to concerts and we have concerts in here." Another person said, "I go next door to do activities. Dominoes, colouring in, word searches. I help with the activities. We have exercises on a Thursday, we go on the bus and go to the pub." A third person told us, "I like watching telly [television]. I sit with staff for a chat, they are very nice. I go out, I go all over."

Residents' meetings were advertised prominently in the reception area. However, the registered manager told us they were not very well attended. People told us they could speak with the care workers anytime.

People told us they knew how to complain but none of the people we spoke with had concerns about their care. One person said, "I don't need to [make a complaint]. I would tell the manager if I had concerns." Another person told us, "Everything has been alright, I have no concerns [If I had concerns] I would talk to [registered manager] in the office or one of the carers." A third person commented, "I have none [concerns] whatsoever. If I had concerns, I would talk to one of the girls. They are easy to talk to they are lovely, they are lovely girls." The provider had systems in place to log and investigate complaints. Two complaints had been received during 2016, these had been fully investigated and action taken to help prevent the situation

happening again.

# Is the service well-led?

## Our findings

The home had a registered manager. Care workers also confirmed the registered manager was approachable. One care worker told us, "The manager is definitely approachable." Another care worker commented, "[Registered manager] is a really good manager. If I have problems [registered manager] sorts them out quickly." The registered manager had submitted the required statutory notifications to the CQC.

There was a welcoming and friendly atmosphere in the home. One person told us, "I like the atmosphere here." Care workers described the service as having a good atmosphere. One care worker said, "The atmosphere is really lovely, all the girls get on, they are all friendly." Another care worker commented the atmosphere was "brilliant, happy". They went in to say, "I love coming to work, the residents all get along."

There were opportunities for care workers to share views and suggestions about the service. One care worker said, "Every month there is a team meeting. Everybody has their say." Another care worker told us, "Staff are vocal at team meetings." A third care worker commented, "Staff meetings are every three to six months. Senior meetings are separate from staff meetings." Meeting minutes we viewed confirmed staff meetings were held regularly. The meetings were used to discuss key aspects of the service. For example, outstanding training was discussed during the last meeting and care workers had been reminded that training needed to be completed by 31 July 2016. Other issues discussed included special diets, hand hygiene and new care planning documentation.

The provider consulted people to find out their views about the home. The last consultation was carried out in July 2015. 30 questionnaires had been issued with 12 people providing feedback. The feedback we viewed was mostly positive. For example, 11 out of 12 people describe the quality of their care as either 'very good' or 'good', whereas one person had rated their care as 'fair'. All 12 people had rated the helpfulness of the staff team as 'very good'. The registered manager told us questionnaires for this year were due to go out to people shortly.

Quality assurance audits were carried out to check on the quality of people's care and support. All of the care plans we checked had been audited. Where actions had been identified these had been completed in a timely manner. Actions included updating risk assessments and care plans and asking people to sign various documents to evidence consent. Other audits completed included health and safety audits, infection control and medicines. The most recent medicines audit identified people required more recent photos on their MARs to help care workers with identification when administering medicines. The registered manager was already progressing this action.

The new regional manager for the home had carried out a full assessment shortly before our inspection in June 2016. This included a review of accidents and incidents, skin integrity, weight loss, medicines, complaints, safeguarding and health and safety. A comprehensive action plan had been developed following the review with deadlines set for all actions identified. These were to be followed up during the next regional manager visit in July 2016.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was unable to provide assurances, due to the electrical installation being deemed as unsatisfactory, that the premises were safe for people to use. Regulation 12(d).</p>