

Roseberry Care Centres GB Limited

# Valley View and Penshaw House

## Inspection report

Back Lane  
Penshaw  
Houghton le Spring  
DH4 7ER

Tel: 01913857776

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## 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 ●

# Summary of findings

## Overall summary

### About the service

Valley View and Penshaw House is a residential care home which can provide personal care for up to 44 people. Valley View accommodates people on the ground floor of an adapted building. Penshaw House, opened in June 2019, provides 6 self-contained suites. The home accommodates older people, some of whom were living with a dementia and younger adults. At the time of this inspection there were 43 people living at the service.

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

People told us they felt safe and were happy with their care. Risks to individuals and the environment were well managed however some staff had limited knowledge of evacuation procedures. People were safeguarded from abuse. Medicines were administered and managed safely. Staff were recruited in a safe way. The home was clean.

We received mixed views about staffing levels from some people, relatives and staff. Staffing levels did not impact on the service people received, although some staff's interaction with residents was variable. We saw at times during the inspection staff were not always visible. We have made a recommendation about the deployment of staff to ensure enough staff are always available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received appropriate training and supervision. People's health was well managed. Staff worked closely with other professionals to provide effective care.

Staff were kind and had developed caring relationships with people. Staff respected people's privacy and dignity. People's independence was promoted. Staff ensured people maintained links with their friends and relatives.

People's care was based on detailed assessments and person-centred care plans although some records needed review. A range of activities were available. People felt confident raising concerns. Complaints had been dealt with effectively. Staff were aware of good practice in end of life care. People's religious beliefs and preferences were respected.

The provider and manager monitored the quality of the service to make sure they delivered a high standard of care. People and relatives were encouraged to provide feedback.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 24 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Valley View and Penshaw House

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, one assistant inspector and an Expert by Experience. 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

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

The manager registered with the Care Quality Commission had resigned from the service on 3 February 2020. The service had a new manager who was applying for their registration with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people and three relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, six care staff, the activities co-ordinator, the cook, a domestic and the administrator.

We observed how people were being cared for and reviewed a range of records. This included four people's care files and medication records. We looked at the personnel files for four staff and we reviewed records related to the management and quality assurance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Systems were in place to ensure there were enough staff on duty. However, people and their relatives expressed mixed views about staffing levels. Comments included, "They [staff] are running around like headless chickens" and "You can always do with more but here there's enough. I don't think anyone gets neglected."
- Staff told us they did not feel there were enough staff during busy periods. One member of staff said, "We don't have enough staff at meal times when the home is full."
- Staffing levels did not impact on the service people received, however we saw at times during the inspection staff were not always visible and interaction was variable.

We recommend the provider consider current guidance on the levels and deployment of staff and acts to update their practice to ensure enough staff are available at all times of the day.

- The provider operated a safe recruitment process.

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were assessed and managed.
- The environment was well maintained and equipment was safe.
- The provider had systems to support people in the event of an emergency, such as a business continuity plan. Each person had a Personal Emergency Evacuation Plan which contained information about how best to support them during an evacuation. However, some staff had limited knowledge of evacuation procedures. The manager assured us this would be addressed.

### Using medicines safely

- People's medicines were managed safely by staff who were trained in administering medicines.
- People were happy with the support they received to take their medicines.
- Medicine audits and checks were completed regularly.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. People told us they felt safe.
- The manager and staff understood safeguarding procedures.

### Preventing and controlling infection

- The home was clean.

- Staff followed the provider's policies and procedures to promote good infection control.
- Equipment was available to help prevent the spread of healthcare related infections.

#### Learning lessons when things go wrong

- The service responded appropriately when accidents and incidents occurred. Records were analysed to identify patterns or trends. Incidents were used as a learning opportunity.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were recorded in detailed assessments and in line with best practice. These were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff were appropriately trained. New staff completed a comprehensive induction to the home.
- Staff were supported in their role through supervisions, observations and an annual appraisal.

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

- Staff were knowledgeable about people's special dietary needs and preferences.
- People were supported to eat, drink and maintain a balanced diet. People told us they enjoyed the food and were offered alternative choices if they didn't like something. Comments included, "The food is nice" and "You can have as much to drink as you want."
- People's weight and fluid intake was monitored closely. Professionals were involved, as appropriate.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves. The proper legal process had been followed and DoLS had been applied for where necessary.

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

- People received health care support when needed. One person told us, "I see the chiropodist for my feet."
- People's care records showed relevant health care professionals were involved with their care. This included, GPs, speech and language therapists, dentists, opticians and chiropodists.

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

- The home was comfortable and well furnished. People's rooms contained personal possessions to reflect their individual personalities. The décor took into account people's individual needs and preferences.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained 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

- Staff were kind and treated people with respect. People and relatives were happy with the care provided. Comments included, "The staff are nice people" and "Staff are helpful with me when I ask questions. They have patience and time for you."
- Relatives could visit whenever they wanted and were made to feel welcome. One relative told us, "I come every day and have a meal."
- Staff showed concern for people's wellbeing. Equality and diversity were recognised by the provider and staff. People were supported to maintain their religious beliefs.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. People told us staff asked their permission before providing their care and support.
- People's independence was promoted. People told us, "I like to get out and wander around the garden", "I went swimming and to the Empire in the summer" and "I like to go shopping."
- People were shown patience and understanding. One relative told us, "Staff encourage [name] to do things and they get them chatting. [Name] likes to tell stories about the olden days."

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

- People and their relatives were involved in decisions about their care. One person told us, "I have a say." One relative said, "They [staff] respect [name's] wishes."
- Staff understood people's communication needs and engaged people in conversations.
- Information was available for people about how to access advocacy services. Advocates provide impartial support to people and communicate decisions.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

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

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

- People had personalised care plans. They described the care and support people required to meet their needs. However, some care records needed review. The manager assured us this would be addressed.
- People were empowered to make choices. They had as much control of their care, as possible.

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

- Staff protected people from social isolation and supported people to maintain important relationships. One person told us, "I have been on a trip to Emmerdale, Beamish and the farm."
- People took part in activities, events and outings of their choice. These included, dominoes, bowling, board games, bingo, life skills and reminiscence. People told us, "I do exercises, have a game of bingo and listen to the radio" and "I do jigsaws, quizzes and they often have entertainers."

Meeting people's communication needs

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

- People were given information in a way they could understand. Care records clearly described the level of support they required with their communication needs.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints.
- People and relatives felt confident to raise concerns.

End of life care and support

- People and their relatives were supported to make decisions and record their preferences for end of life care. Staff were aware of good practice in end of life care. Professionals were involved, as appropriate, to ensure people were comfortable and pain free.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understand quality performance, risks and regulatory requirements

- The manager and staff understood their roles and responsibilities.
- Since the manager was appointed on 24 February 2020, they had gained the confidence and trust of staff and had a clear plan to support continued improvement.
- The provider monitored the quality of the service to make sure a high standard of care was delivered.

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

- There was a person-centred culture at the home. People, relatives and staff told us the manager was approachable and supportive.
- Staff morale and teamwork were good. Staff were enthusiastic about ensuring people received good care and support.

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

- The views of people, relatives and staff were sought. The manager had arranged to hold meetings and work was in progress to send out annual surveys. Feedback was used to make changes and improvements to the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider acted in an open and transparent way. They submitted statutory notifications to CQC following significant events at the home.

Continuous learning and improving care

- The provider had a quality assurance system to review and drive improvements in the home.
- The manager responded positively to the inspection process and took immediate action on feedback issues raised during the inspection.

Working in partnership with others

- Staff worked in partnership with key stakeholders to achieve positive outcomes for people.
- The provider had good links with the local community.

