

Nellsar Limited

# Loose Valley Nursing Home

## Inspection report

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19 December 2018

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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

This inspection took place on 17 and 19 December 2018 and was unannounced.

Loose Valley Nursing Home 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, both were looked at during this inspection.

Loose Valley Nursing Home is registered to provide accommodation and personal or nursing care for up to 39 older people. Accommodation is provided on two floors; a passenger lift provides easy access between floors. Situated just outside Maidstone town centre, Loose Valley Nursing Home enjoys easy access to local amenities and public transport links. There is a garden to the rear of the building. At the time of our visit there were 18 people living in the service. People had a variety of needs including dementia, communication difficulties, physical health and mobility difficulties.

At our last full inspection on 10 May 2016, the service was rated as Good overall and Requires Improvement in the 'Safe' domain. We revisited the service on 2 March 2017. This was a focused inspection, looking at the 'Safe' domain. At that inspection, we found improvement had been made in the 'Safe' domain and it was rated as Good following that inspection.

At this inspection, on 17 and 19 December 2018 the evidence seen continued to support the rating of Good, there was no evidence or information from our inspection or ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

A registered manager was in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. 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.

Care and nursing needs were assessed before people moved to the service. People received consistent care from trained nurses and care staff, their specific health care needs were met with the support from health care professionals. Care records were up to date, comprehensive and reviewed on a regular basis. People were always treated with dignity and compassion. The care team worked alongside health care professionals to ensure people could remain at Loose Valley and have a comfortable and pain free death.

People received a service that promoted their safety whilst encouraging their rights and choices. Potential risks to people were identified and mitigated. People were protected from the risk of infection by appropriate control measures. The premises and equipment were maintained with due regard to people's

safety.

People were supported to eat and drink enough. Kitchen staff ensured people had access to a variety of food choices. People who required specific diets or additional support with their meals were catered for and supported in a safe way.

Nurses and care staff were trained to meet people's needs including any specialist needs. Staff received regular support and guidance from the management team.

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

People were treated with kindness and compassion. Staff understood the importance of promoting and respecting people's privacy and dignity. People were supported to maintain independence.

People had the opportunity to raise and concerns or make suggestions about the service they received and systems were in place to monitor and improve the quality of the service.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Loose Valley Nursing 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 comprehensive inspection took place on 17 and 19 December 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

Before our inspection we reviewed the information available to us about this home. The manager had completed a Provider Information Return (PIR). The PIR is a form that we ask providers to complete at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications which had been submitted to us. A notification is information about important events which the provider is required to tell us about by law. We took this into account when we inspected the home and made the judgements in this report.

During the inspection we spoke to ten people who lived in the service and four relatives or friends of people living in the service. We spoke the registered manager, two nurses, two care staff, kitchen staff, activities coordinators, the wellbeing and nutritional therapist and the quality and compliance manager. We observed care provided in communal areas and looked at the care records for five people who lived in the service. We also looked at staffing, training and quality assurance records relating to how the service was managed.

## Is the service safe?

### Our findings

People felt safe living at Loose Valley Nursing Home and told us their personal possessions were kept safe. Comments included, "Yes, I feel safe here. Being here is the next best thing to being at home, truly," "I like it very well here" and "I am happy, happy, happy." A visitor told us, "Oh yes, it's lovely. I'd recommend it to anyone and I do all the time. My reasons why, on every level I feel that he's looked after, health wise, spiritually and emotionally."

Care plans and risk assessments were comprehensive, reviewed and kept up to date, they identified any specific conditions and anticipated where people may need further help and support to keep them safe. Care plans contained assessments about whether people were at risk of falls, skin pressure damage, choking or weight loss and, where needed, guidance was provided to reduce these risks. For example, one person at risk of skin damage used pressure relieving equipment to promote their skin integrity. Nurses and care staff followed a routine to ensure the person moved their position regularly and received prescribed creams to maintain healthy skin. People with swallowing difficulties were referred to specialists, advice provided was followed and some people received thickened drinks or softened food to reduce risks of choking.

There were enough nursing and care staff to keep people safe and meet their needs. People told us they did not have to wait for support when they needed it. The registered manager used a needs assessment tool to monitor and review staffing levels. Staffing levels were reviewed on a regular basis and records showed staffing levels had been altered based on changes in people's needs.

Systems continued to be in place for the safe recruitment of staff. There was a rolling programme of recruitment to ensure availability of staff to cover things such as sickness and annual leave, this resulted in minimal use of agency staff. Checks against the Disclosure and Barring Service (DBS) highlighted any potential issues about staff having criminal convictions or if they were barred from working with people. Registrations checks for nurses ensured they were registered, qualified and able to work as a registered nurse.

People were protected from potential risks of abuse and harm. Staff were trained and understood potential signs of abuse. They knew what to do and how to report any suspicions or concerns. The registered manager used a log to track any safeguarding concerns and to record any action taken.

People received their medicines safely from trained and competency checked nurses. Medicines were given to people in a kind and patient way. Medicines were received, stored and given safely; any unneeded medicine was disposed of correctly and appropriate records maintained. Medicines requiring additional safe storage measures were stored and monitored appropriately. Nurses kept accurate records of medicines given; these records were audited by regularly.

Regular servicing and checks of the premises and equipment ensured it remained serviceable and safe to use. Potential environment risks were identified and mitigated, these were reviewed annually and included

all areas of the service. They included gas, electrical and fire detection safety checks, servicing of lifts, wheelchairs, slings and hoists as well as hot water temperature checks. A schedule of audits ensured these checks took place when needed and a maintenance book enabled staff to report any hazards or faults they found.

Effective systems prevented and controlled the risk of infection. The service was clean and smelt fresh during our inspection. Staff completed infection control training and followed the provider's policy and procedure housekeeping staff followed a daily schedule of cleaning. Appropriate systems ensured cross contamination was minimised with the use of red laundry bags for soiled laundry. The management team completed regular infection control audits. Staff used protective equipment such as gloves and aprons. Bathrooms contained wash hand basins and there were supplies of liquid soap and paper towels for peoples' use.

The registered manager took opportunity to learn and improve the service when things went wrong. Staff knew how to report accidents, incidents and near misses. The registered manager reviewed these reports and looked for patterns or trends. All accidents were reviewed, any action or learning was used to inform risk assessment reviews. These were also audited monthly and sent to the senior management team.

## Is the service effective?

### Our findings

People were complimentary about the food and the level of choice they received. Comments included, "I enjoy the food. The food is enough without wanting extra," and "The food is varied. You can have what you like and they are open to suggestions to add to the menu."

People continued to be provided with the support they needed to maintain a balanced diet. A nutritional assessment was completed when people moved to the service and their dietary needs and preferences were recorded. A nutritional lead, employed by the service provider, ensured people's nutrition and hydration were maintained, together with suggestions of innovative ways to fortify meals when needed. Kitchen staff were aware of specific dietary needs such as softened and diabetic diets. Where people required support to eat their meals, staff did this in a dignified way. Adapted crockery and cutlery was provided when needed which enabled people to eat independently. Fluid charts documented people's liquid intake and helped to safeguard against dehydration. Staff updated these throughout the day.

Long-term health needs were monitored and supported. For example, in relation to diabetes, blood glucose levels were checked as directed and insulin was administered by nurses according to prescription. Care plans included information about people's diabetes and provided guidance to staff about visible symptoms of high or low blood sugar levels. Visits or interactions by health care professionals were recorded within care plans and any changes to people's care needs were discussed in daily meetings and records updated promptly.

People's needs were assessed and care was planned to ensure their needs were met. Care records had clear guidance for staff on how to support people with their needs in the way they wanted. Care plans and risk assessments described how to support people with any behaviour that challenged, including guidance informing staff of proactive and reactive strategies to support people; staff had received training about challenging behaviour. Nationally recognised assessment and management tools to monitor pressure wounds, wound care and pain management were used. These were kept under continuous review to ensure changing needs were met.

Protected characteristics under the Equality Act 2010 were considered during needs assessments and within people's care plans. Each person was supported to complete preference questionnaires when they moved to the service. Staff respected people's rights and choices. For example, one person had made the decision not to follow advice from health care professionals. Staff respected this person's choice and supported them in the safest way possible. There were equality and diversity policies in place for staff to follow.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they had received an induction, on-going training, competency assessment, supervision and where required appraisals. There was a rolling programme of training to meet people's needs including their specialist needs. Nurses were supported to maintain their registration with the Nursing and Midwifery Council (NMC).

People's needs were being met by the design of the premises. Adaptations to the environment had been



made to meet the needs of people living with dementia and with physical disabilities. There was dementia friendly signage used throughout the building to help people who may be disoriented to place and time to find their way around more easily. The service was wheelchair accessible and a passenger lift provided step free access between floors.

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 law 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 make 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 with appropriate legal authority. 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 service was working within the principles of the MCA and was supporting people as identified in their DoLS assessments. The manager tracked all DoLS applications, authorisations and whether any conditions to authorisations were in place.

## Is the service caring?

### Our findings

People told us they thought the staff were caring and they were treated respectfully. One person said, "If you ask them to do anything, they do it willingly without making a fuss, or making a face." A visitor told us, "They are really caring, like a family. He's surrounded by people that care about him."

People told us and observations we made showed people were treated with kindness; the service continued to be caring. Staff took time to listen to people and responding appropriately and compassionately. People were happy, relationships between people and staff were relaxed and informal. When one person became anxious, staff quickly comforted them and offered reassurance. Staff knew how the person would behave if they felt more relaxed, they described this to us and we saw it happen as the person became more at ease following the support from staff. Staff told us they enjoyed working at the service and felt close to the people they supported. One member of staff commented, "We are like a family. I would be happy for any of my family to stay here."

People were expressed their views and were involved in making decisions about their care and support. People were supported and encouraged to maintain relationships with family and friends and could have visitors whenever they liked. Family members were encouraged to take part in people's care reviews. If people did not have friends or family members to support them at reviews, the registered manager ensured they had access to external advocates if they wanted to. Advocates are independent of the service who can support people to make decisions and communicate their wishes. Regular resident meetings were held where people had the opportunity to discuss issues such as activities or the menu.

People were supported to be as independent as they could be. Care plans included information about what people could do for themselves and guidance for staff about how to support the person to be as independent as possible. Staff knew about people's background, preferences, likes and dislikes and supported people in a way that they preferred. Staff told us they helped people make as many decisions as possible about the support they received. The culture and commitment of supporting people to express their views, helped people maintain their dignity and independence.

People continued to be supported to maintain important relationships outside of the service. Relatives told us there were no restrictions on the times they could visit, they were always made welcome and invited to events. Staff recognised people's visiting relatives and greeted them in a friendly manner, offering them drinks. Visitors told us they could speak to people in private if they wished. They gave positive comments about how well staff communicated with them, telling us staff contacted them if they had any concerns about their family members.

People's privacy was taken into consideration with the discreet support of staff. Staff described making sure people had privacy by knocking on bedroom doors and waiting for a reply before entering or reminding people to close the bathroom door when they used it.

Staff made sure people's private information was kept safe. Computers were password protected so they

could only be accessed by authorised staff, and care records were locked away when they were not being used by staff.

## Is the service responsive?

### Our findings

People told us they were offered a range of activities, however, if they were unable or had chosen not to participate, this was respected by staff. In these circumstances people often received one to one interaction by activity staff. Comments included, "He joins in most of the activities, and thoroughly enjoyed his birthday parties "and, "As for improvements, there are none that are required. Things that can enhance the home have already started or are planned."

The provider continued to employ co-ordinators to organise and manage activities within the service. People were encouraged to make suggestions about activities and interests and these were used plan events or one to one interactions. Activities included arts and crafts, board games, nail care and music sessions, together with visits from local school children and a hairdresser. People's bedrooms contained items of choice, such as televisions, radios and books as well pictures and photographs which were familiar to people.

The service provided was responsive to people's needs, they and their relatives were involved in planning the care and support needed. Care plans were individual and gave guidance for the nurses and care staff to follow. For example, information to promote skin integrity including, monitoring checks, pressure relieving equipment and creams to be used as well as repositioning schedules. People who had specific dietary needs, or needed feeding via a tube, had detailed risk assessments and care plans to ensure their needs were be met. Staff followed best practice by sitting people up to take their medication or to have a drink or something to eat. People were referred to Speech and Language Therapy (SALT) or the dietitian where required. Advice and recommendations made were incorporated into people's care plans.

Care plans and risk assessments continued to be reviewed on a regular basis to ensure information was up to date and reflective of people's needs. Staff were knowledgeable about how people liked to be supported and used information contained in care plans to meet people's their needs.

People's concerns and complaints had been listened to and used as a tool to improve the service. A complaints policy and procedure was in place and available to people and their relatives. Complaints were investigated and responded to. Records showed procedures were followed and complaints were responded to in line with the provider's policy. Information was accessible to people in line with the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

People were supported with dignity at the end of their lives, care was taken to ensure that the person's needs were regularly assessed and met. Care plans contained provision for current pain levels and medication needs, as well as recommended action if pain levels increased. For example, to liaise with the person's doctor for anticipatory medicines. Advanced care plans were in place, where possible, with input from family members and these detailed people's wishes regarding funeral arrangements.

## Is the service well-led?

### Our findings

There was an evident commitment throughout the service to provide people with high quality care. People and visitors were complimentary about the openness and availability of the registered manager and their staff team. Comments included, "The staff are excellent," and "The manager has been so supportive, not just to my husband, but to me as well." Staff told us they were happy and proud to work at Loose Valley Nursing Home and described the manager as dedicated, supportive and fair.

Staff felt there continued to be an open culture; they were kept informed about any changes in people's needs, their job and role. The registered manager had a clear understanding of their role and responsibility, they felt supported by a clinical lead and team of nurses and care staff and valued by the service provider. Staff understood the management structure, who they were accountable to, their job role and responsibility. The registered manager and staff spoke passionately about providing people with a quality service.

There were a range of audits in place to monitor and improve the quality of the service people received. The registered manager completed regular audits including medicine management, health and safety, care records and an entire systems audit. A regular provider visit audit was completed by the quality and compliance manager, this included speaking with people, staff and visitors, observations and care records. These audits generated action plans which were monitored and completed by the management team. Particular actions were allocated to a person responsible for its completion within set timescales. Due regard to national guidelines helped ensure the care delivered was up to date and followed best practice guidance.

People and their relatives were involved in developing the service. The registered manager held regular resident and relative meetings where service developments and improvements were discussed. There was a representative from the management team, catering team, nurses and care staff, this enabled people's questions or suggestions to be promptly acted on. People could provide feedback about the food and make suggestions about meals they would like on the menu. A newsletter provided information about planned events and activities. People, their relatives, staff and community professionals were asked for their views about the service. The last survey was completed in 2018 and feedback was positive.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of all significant events at the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area and on their website.

The registered manager attended local forums and received email updates about current best practice and any changes to legislation. The management team had developed working relationships with healthcare professionals for the benefit of people living in the service.