

Your Care Provider Ltd

Valley Park Care Home

Inspection report

Park Street
Wombwell
Barnsley
S73 0HQ

Tel: 01226745751

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27 September 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 20 and 27 September 2018 and the first day was unannounced. This meant no-one at the service knew we were planning to visit. This was our first inspection of this service with this registered provider.

Valley Park 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. Valley Park is registered to provide residential accommodation for up to 56 older people, including those living with dementia. The home is located in Wombwell, near Barnsley. At the time of this inspection there were 38 people living at Valley Park.

There was a registered manager employed at the service. 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.

There were not enough staff employed at Valley Park. This was impacting on all aspects of the service and the tool used to determine staffing levels was ineffective. A different staff dependency tool was implemented after the first day of this inspection, which calculated more staff were required.

The registered provider had failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively.

People's care records did not show whether they had been involved in decisions and had consented to their care, treatment and support. People's care records needed updating to reflect their current care and support needs. We saw plans were in place to improve care records. The local authority was supporting the registered manager to do this.

The quality assurance and audit systems in place to monitor and improve service delivery were not effective. Action plans were not completed when areas for improvement had been identified.

The registered provider employed an activity coordinator for 30 hours per week, however this member of staff also covered for care staff shortages. People told us they would like more activities and things to do.

Staff understood what it meant to protect people from abuse. They knew how to report unsafe practice.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

We saw the premises were clean and well maintained. Staff understood their roles and responsibilities in

relation to infection control and hygiene.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People told us they enjoyed the food served at Valley Park, which we saw took into account their dietary needs and preferences.

We saw the signage and decoration of the premises were suitable to meet the needs of people living with dementia.

Positive and supportive relationships had been developed between people, their relatives, and staff. People told us they were treated with dignity and respect.

There was a complaints procedure displayed in the reception area. People told us they were confident in reporting any concerns to the staff and registered manager.

The service had policies and procedures which reflected current legislation and good practice guidance, however staff did not have access to paper copies of all of them. On the second day of this inspection all the policies and procedures had been printed out so staff could now access them.

Safety and maintenance checks for the premises and equipment were in place and up to date.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were a breach of Regulation 18, Staffing and Regulation 17, Good governance.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were not enough staff employed to ensure people's care and support needs were met in a timely way.

There were systems in place to help keep people safe. Staff told us they were confident any concerns they raised would be taken seriously by the registered manager.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The registered provider had failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively.

Care records did not fully reflect whether a person had capacity to make decisions about their care and treatment.

People were assisted to maintain their health by being provided with a balanced and nutritious diet.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and caring.

We saw people's privacy and dignity was respected and promoted.

Staff knew the people they supported well and so were able to provide person-centred care.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Not all care records were reflective of people's current care and support needs. There were plans in place to address this.

The registered provider employed an activity coordinator for thirty hours per week. People told us they would like more things to do.

The service had a complaints procedure. People told us they were confident in reporting any concerns to the staff and registered manager.

Is the service well-led?

The service was not well-led.

The quality assurance and audits systems in place to monitor and improve service delivery were not effective.

Safety and maintenance checks for the premises and equipment were in place and up to date.

Inadequate ●

Valley Park Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 27 September 2018 and the first day was unannounced. On 20 September 2018 the inspection team was made up of two adult social care inspectors and one 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. The expert by experience had experience in caring for older people and people living with dementia. On the second day the inspection team was made up of one adult social care inspector.

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

Prior to this inspection we received whistleblowing complaints regarding low staffing levels. As a result, we brought this inspection forward and this area of concern was looked at as part of this inspection. Due to the timescales this meant we did not ask the registered provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we contacted members of Barnsley local authority contracts and commissioning service. They told us they were closely monitoring the service and supporting the registered provider to improve as they had concerns regarding the quality of care and support provided to people who used the service. We also contacted staff at Healthwatch, Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During this inspection we spoke with eight people who lived at Valley Park. We carried out a Short Observational Framework for Inspection (SOFI) to observe people's experience of daily life at the home. We met with the registered manager and the regional performance manager. We spoke with 12 members of staff. We also spoke with two visiting healthcare professionals. We spent time looking at written records, which included six people's care records, 11 staff supervision files, nine staff recruitment files and other records relating to the management of the service. We walked around the home and looked in the communal areas, including the bathrooms, the kitchen, and lounges. With their permission we also looked in several people's bedrooms.

Is the service safe?

Our findings

We brought this inspection forward as a result of whistleblowing concerns raised with the CQC about low staffing levels, particularly at night. Before this inspection we had received reassurances from the registered provider that there were a minimum of four members of care staff employed during the night, 8pm to 8am. On the first day of this inspection we arrived before 8am and we found there were three members of care staff covering the night shift. One senior care worker on the first floor where 18 people resided, and one care worker and one agency member of staff on the ground floor where 18 people lived. At the time of this inspection nine people required the support of two members of care staff to get out of bed, washed and dressed. Staff told us they supported the first person to get up and dressed from 5.30am to have time to support everyone to get up before breakfast.

People told us, "Sometimes I think there should be more staff, but I am not saying we are not looked after", "There's always someone there and the lasses [care staff] here are brilliant. They like you to be up for breakfast and they come and get you up" and "I think they could do with more staff. In the evenings sometimes, you have to wait for drink which I think is because they are sometimes short [staffed]."

We looked at staff rotas for the previous four weeks, the current week and next three weeks. This showed either three or four members of care staff were employed each night. It was not always four members of staff as we had been told. During the day, 8am to 8pm, the number of care staff employed varied between five and six. From our observations, and what people and staff told us this was not enough care staff to meet people's needs in a timely way.

We asked the registered manager how they worked out how many care staff were needed to meet people's care and support needs in a timely way. We were shown a staffing dependency tool which identified the number of hours a person needed per week based on an assessment of their needs. People were assessed as having low, medium, high or very high levels of dependency. The level then equated to a specific number of hours support needed each week. However, we saw the registered manager was using two different dependency scoring systems. For example, one system stated if a person had a high level of dependency they would score between 23 and 32, whereas on the other system they would need to score between 36 and 62 to access the same number of hours support.

We spoke with the registered manager and regional performance manager about this and they told us they would reassess every person's needs against an effective staffing dependency tool as a priority. When we returned for the second day of this inspection we saw a new dependency tool had been completed. This had identified another 160 hours a week of care and support were required. We saw rotas had been updated to reflect this and staff were being asked if they would cover additional shifts while recently appointed new staff completed the recruitment process.

However, at the time of this inspection there were not sufficient competent, skilled and experienced staff deployed to meet people's care and support needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

We checked nine staff recruitment files to see if the process of recruiting staff was safe. None of the staff had been recruited since the new registered provider had taken over the service. We found a recruitment and selection process was in place that specified the checks needed to confirm the staff member's suitability to work with vulnerable adults. For example, last employer references, health checks and exploration of their working history. All staff had been subject to criminal record checks. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

All the care records we looked at contained risk assessments. We saw risk assessments were completed for areas such as falls, choking and skin integrity. Any risks to the person were recorded in the person's care plan, with information on how best to support the person to reduce the risk. Not all of these had been reviewed each month.

We were told accident and incident forms were completed by the staff involved at the time of the incident and reviewed by the registered manager to ensure immediate actions to resolve the situation were completed. We saw the registered manager kept a log of all accidents and incidents.

The service was responsible for managing small amounts of cash for some people living at Valley Park. We saw the administrator kept an individual financial record for each person. We checked the records for two people and found they detailed each transaction, the money deposited and the money withdrawn.

We saw the service had safeguarding adults and whistleblowing policies and procedures. Staff we spoke with were able to explain to us what possible signs of abuse could look like and what they would do if they suspected abuse had taken place. However, not everyone's training in this area was up to date. The registered manager kept a record of safeguarding concerns raised with the local authority, but there was no overview to identify any trends and common causes. The regional performance manager told us this would be implemented.

We saw daily temperature recordings of medicine rooms and fridges were taken and the temperatures recorded were within the safe limits for the storage of medicines. We saw the medicine trolleys and fridges were clean and in good order, labels on bottles and boxes were clear, and drops and creams were usually dated when opened. We did find a small amount had not been dated and we told the senior care worker about this so the issue could be rectified.

Some medicines are classified as controlled drugs (CDs). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. We checked the stock records for several different CDs and found they were correct.

Where people were prescribed PRN (as required) medicines we saw there was clear guidance for staff on how to manage these medicines. Staff we spoke with knew people well and could tell us what they would look for if someone was unable to request their PRN medicines themselves. For example, a person's facial expression may change when they are in pain.

We observed the breakfast and lunchtime medicines rounds. We saw each person had a Medication Administration Record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. Each MAR had a current photograph of the person to aid identification, details on how the person preferred to take their medicines and any allergies they may have. We saw MARs were appropriately completed after medicines were administered, and we saw the senior care worker stayed with the person until the medicines had been taken.

This meant there were systems in place for the safe storage and administration of medicines.

We checked communal areas on both floors in the home which included communal bathrooms, toilets, dining areas and lounges and found all to be clean and in a state of good repair. We saw plastic gloves and aprons were readily available throughout the home and used by all staff at appropriate times throughout both days of this inspection. Staff told us they had sufficient equipment to meet people's needs and reduce the risk of the spread of infections. Every person we spoke with told us their rooms were regularly cleaned and they were satisfied with this.

Is the service effective?

Our findings

We checked to see whether staff received the training and support they needed to undertake their jobs effectively. The staff personnel files we looked at did not contain any evidence of care staff completing an induction or The Care Certificate. This is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

While we recognise the new registered provider did not recruit any of the current staff, we would have expected to see a completed file audit to check staff employed had completed an induction to evidence they were competent in their roles. We were shown a 'Staff File Audit for Manager' which had been completed by the administrator for eight staff files to date. This stated six of the eight files audited did not contain records of an induction taking place. There was no action plan in place for any of the gaps identified by the audit.

The registered provider used a local training company to deliver training to all staff. We were told the training was mostly class room based and the company came into the home to present the training to staff. The rest was based on reading information booklets and completing a knowledge test at the end. We saw the training matrix used to track training had significant gaps where staff training was overdue. For example, out of a total of 43 members of staff 11 were overdue for safeguarding adults refresher training and 30 were overdue for moving and handling training. We saw staff were booked on for moving and handling training later in the month.

The registered provider had a supervision policy and procedure. This stated, 'Every employee will be invited to a supervision session with their manager or supervisor at least 6 times each year, and more often if a performance problem is under discussion.' On the staff supervision files we looked at we did see evidence of regular supervision and annual appraisals taking place, however the value of these sessions was limited. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

There was a form to complete by the supervisor for every session and there was space to record any issues the member of staff raised. We saw these records were brief and often contained the same statements for different staff. For example, when staff were asked to self assess their performance we saw there were only three different answers recorded in all eleven files we looked at. In addition, we saw several instances where staff had raised concerns around low staffing levels and associated poor staff morale. There were no actions recorded in response to these concerns and there was no evidence they were discussed and followed up at the member of staff's next supervision session. There was space at the back of form to record any required actions. These were brief and none specific. For example, 'Training – all set' and 'Documentation – daily'.

As the registered provider had failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively this was a further breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw there were restrictions on people's freedom to leave and move around the home as key codes were required to enter and exit the building and to move between the two floors. This meant some people's liberty at Valley Park was potentially being restricted. We saw the registered manager kept a record of all the DoLS applications made to the local authority with the outcome, where known. The record did not give an overview of which DoLS, if any had conditions attached. However, the registered manager was able to tell us who had conditions attached and where this was the case we saw this was reflected in the care records we looked at. Where conditions were in place we saw these were met.

From our conversations with staff it was clear they understood the importance of the MCA in protecting people and the importance of gaining consent before providing care and support.

The care records we looked at did not always demonstrate people's mental capacity had been considered. Care records did contain capacity assessments, however these were not always fully completed. Where a relative had signed consent to care records for people lacking capacity it was not recorded if they had the legal authority to do so. We did see evidence of some best interest decisions being recorded for people who lacked capacity to consent to potentially restrictive interventions, such as bed rails. However, these were brief and were often made by the member of staff without evidence of consultation with relatives or other health and social care professionals.

We spoke with the regional performance manager about this. They were aware of these issues and they told us they were working with the local authority to improve their care records, including better recording of people's capacity and consent to care.

People told us they enjoyed the food served at Valley Park. Comments from people included, "The food's all right, good. There's bacon and egg every day if you want them", "The food's all right. They [staff] ask us what we want", "They [staff] are pretty good at knowing what we like, I have heard them saying 'I know what you like'. I find the food very satisfactory, nicely served", "The food is brilliant, [name] is a good cook. We open the doors and sit out on the patio on a sunny day. It's nice to look at the flowers and that. I enjoy the food" and "It [the food served] is always up to standard, it [lunch] was lovely."

We observed breakfast and lunch being served on both floors during the first day of this inspection. Tables were attractively set with material tablecloths and place mats. Condiments were on each table. The food served looked appetizing to us and it was well presented on people's plate. For lunch there was a choice of a hot meal or salad. People had chosen their meal earlier in the day, but as some of the people were living with dementia they did not all recall this. However, we saw one person who did not want their chosen meal and they were offered an alternative.

We saw staff were patient and chatty when serving meals and asked people if they were happy with what they had received. Staff offered people a selection of drinks throughout the meal times and encouraged

people to eat and drink where appropriate. Adapted crockery and cutlery was used as required to promote people's independence.

Where people required support to eat and drink we saw this was given with dignity. Staff sat next to the person at eye level and chatted with the person explaining what they were doing and asking the person if they were enjoying their meal. Some people had specific dietary needs for health or cultural reasons and we saw these needs were catered for.

We checked whether the premises were appropriate for people living with dementia. We saw people's rooms had their names on them and there was clear signage for communal facilities, such as toilets and bathrooms. There was an activity room, which we were told could also be used as quiet space for people and their relatives. There was also a room set up as a pub called 'The Valley Park Arms'. There were historical pictures and colourful prints displayed on the walls, which offered talking points to aid reminiscence.

Is the service caring?

Our findings

Every person we spoke with was complimentary about the staff. People told us, "The staff can't do enough for you. A young lass [member of care staff] got everything ready, dressed me and took me for breakfast", "They know what they [staff] are doing they are really friendly and brilliant, you couldn't get anywhere better than this", "I find the staff kind, they come and wash you in bed. They always knock [before they come in]", "They [staff] are all right good, not a bad one among [them], but they get real busy", "The staff are brilliant every one of them, they can't do enough for you", "I couldn't praise the staff highly enough I have never been happier in my life. They are always pleasant. Coming here was the best thing I ever did, I am near my church. Staff take me if my [relative] doesn't", "They [staff] all look after you, it's lovely [living here]. If you need any help you just have to mention it and they get it" and "They [staff] are all friendly, it's one big happy family, nothing is too much trouble."

Staff we spoke with could tell us how they were able to treat people with dignity and respect. People we spoke with confirmed they were treated with dignity and respect. Comments included, "They always call me by the right name, they ask that when you come" and "They always knock and I shout, 'come in'."

We saw staff knew people well. Staff told us they got to know people and their personal preferences. We saw care staff calmly engaged with people to distract them when they appeared to become agitated with themselves or another person. Staff were able to diffuse these types of situations by chatting with the person about things they knew they were interested in.

Staff were friendly with people, their visitors and each other. The interactions we saw were warm and affectionate. We heard a lot of laughter and lively conversations and it was clear people were comfortable with the staff around them.

There was a photograph of the dignity champion in the reception area alongside an explanation of the action they were taking. Champions take on additional responsibility in their area of interest, including taking a lead in making a difference to someone's care experience as well as promoting best practice throughout the service. This champion had made the pledge to 'influence and inform colleagues'.

Staff told us they enjoyed working at Valley Park and this was apparent in how they provided care and supported people. Staff told us they would be happy for a relative to live at the home if they needed this type of care and support.

Is the service responsive?

Our findings

Working with the local authority the registered provider had acknowledged the need to review and rewrite every person's care records to ensure they reflected their current care and support needs. We were told half of these had been completed so far and this was evidenced by a completed audit at the back of the care record by the regional performance manager.

The care records we looked at were a mix of the old style and those recently rewritten. They contained a profile and photograph of the person at the front. There was a section 'all about me' to record people's social histories, their interests, and likes and dislikes. These varied in how much information was recorded. There was space to record visits by professionals and relatives. Again, these varied in the amount of information that was recorded. There was a person-centred care plan for each area of daily living, as well as any cultural or religious needs. There was space for each care plan to be evaluated monthly to record any changes in need. We saw these did not always take place every month.

People's end of life wishes were not recorded in their care plans. The regional performance manager had identified they needed to make improvements in this area to ensure they considered and recorded people's wishes and decisions about their end of life care. They were aware of the importance of staff having this information to fully support people

The registered manager and the regional performance manager were not aware of the accessible information standard. This standard ensures people who have information or communication needs relating to a disability, impairment or sensory loss can access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment. The standard requires the service to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand. On the second day of this inspection we were shown a newly created policy with regard to this standard. However, this still needed to be implemented.

As the registered provider did not maintain an accurate, complete and contemporaneous record in respect of each person this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The registered provider employed an activity coordinator for 30 hours per week. During the first day of this inspection the activity coordinator was required to accompany a person to a medical appointment. This meant they were away from the home for over an hour and therefore unable to provide any activities to people during this time. We were told there were other occasions when the activity coordinator had been required to provide care and support to people due to staff shortages. On the second day of this inspection the activity coordinator was on annual leave.

We saw photos of events and activities displayed throughout the home, although these were not always dated and did not always explain what event or activity had taken place. There was also a timetable of

events displayed, which included a variety of activities. For example, crafts and quizzes and baking. The activity coordinator told us they also printed out quizzes and puzzles and leaves them in the rooms of people who do not want to join in group activities. They told us they also spent time with people individually. The activity coordinator told us they had good local links with a dancing school and nursery, and Age UK volunteers visited regularly.

Most people told us they enjoyed the activities on offer at Valley Park, however they would like more. Comments included, "There's not a lot to occupy us. I like the entertainers. I am quite happy. I went out shopping and I am going on a trip to the park", "There's not a lot of activities, no variety from day to day, every day is the same. I'm not complaining, just stating a fact", "I don't go to activities, they are going away [on a day trip], but I don't want to go. The games lady [activity coordinator] comes and talks to me, and I have my nails done", "I don't like crowds so I don't go to activities. I haven't been offered anyone to come to do games or anything in my room, but I might like it if they did" and "I'd like a bit more activity is my personal opinion. I would like to go out a bit more."

During the morning of the first day of this inspection we saw people engaging in a game with the activity coordinator. People were laughing and chatting and clearly enjoying themselves. However, during the afternoon people were sat in chairs in the downstairs lounge with little to do. The television was on but no one was watching it. People were dozing and there was little conversation. During the morning on the second day of this inspection the activity listed was 'baking scones'. The activity coordinator was on annual leave and the activity did not take place.

We recommend the registered provider consider good practice guidance in relation to providing meaningful activities to support the mental wellbeing of older people in care homes.

The registered provider had a complaints, suggestion and compliments procedure. It gave information. It gave information on who to contact to make a complaint and who to contact if people were unhappy with the original response. We saw the procedure was displayed in the reception area.

The registered manager told us there had not been any complaints since the arrival of the new registered provider. Our conversations with people confirmed this was probably the case. Comments included, "I wouldn't know who to complain to, but I have no complaints", "I'd complain to the manager, but up to now I have no complaints", "I'd tell the boss if I had any complaints. I love it here" and "[If I needed to] I would complain to staff and tell them why. They are all easy to talk to."

Is the service well-led?

Our findings

There was a registered manager in post. They were also employed by the previous registered provider and so had been in post since March 2017. The registered provider had recently employed a regional performance manager to support the registered manager. They had been in post for approximately four weeks at the time of this inspection.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager had an audit schedule to follow. However, although we saw these were completed they did not include any action plans with timescales for completion. For example, we read the infection control audit and this identified carpets needed cleaning and catheter care training was required for staff. There was no associated action plan.

One the first day of this inspection we saw the registered provider had never completed their own audits to check actions were being taken. By the second day of this inspection the regional performance manager had completed one resulting in a comprehensive action plan with timescales for completion.

In addition, the registered manager told us they undertook a daily walk around the premises to identify any issues. These were not always recorded and did not take place on the days when the registered manager was not working at the home. Again, actions were identified but were none specific with no associated action plans. For example, 'some beds need making' and 'bins need emptying'.

A notification should be sent to the Care Quality Commission every time a significant incident has taken place. The registered manager told us they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. However, the CQC had not been notified when a Deprivation of Liberty Safeguard (DoLS) had been authorised for four of eight people living at Valley Park. CQC had received notifications for the other four people. The registered manager was unable to offer explanation as to why. The remaining four notifications were retrospectively submitted following this inspection.

As the registered provider had not ensured that there were effective processes in place to assess, monitor and improve the quality and safety of the services provided this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

We were told the registered provider had a comprehensive set of policies and procedures covering all aspects of service delivery. However, these were held electronically and therefore only available to managers and the administrator. We were told the policies and procedures had all been printed out and placed in a file that was readily available to staff in the senior care worker's office. We saw there was a file, however it only contained a small fraction of the policies and procedures listed in the index at the front of the file. In addition, none of the policies and procedures we looked at were dated, which meant we had no way of knowing if they were up to date, regularly reviewed and therefore reflective of current legislation and

good practice guidance. We spoke with the regional performance manager about this and they agreed the rest of the policies and procedures would be printed off and placed in the file for staff to access. When we returned for the second day of this inspection we saw this had happened.

We asked if people and staff were asked for their views on the service provided and given any opportunities to make suggestions for improvements. We were told the previous registered provider had undertaken a satisfaction questionnaire with people living at Valley Park in February 2018, however the results from this had never been analysed. The regional performance manager told us the registered provider was planning to send out satisfaction questionnaires every six months.

We were told there had been a recent staff survey undertaken in August 2018. The results of this were still to be analysed. The staff survey was to be sent out each year.

A suggestion box alongside blank comments forms had recently be placed in the reception area. On the first day of this inspection we found one completed comment form in the box dated over a week ago. The regional performance manager told us the box should be emptied weekly. They were not aware of any process in place to respond to and analyse any comments received.

We saw the activity coordinator produced a monthly newsletter which gave people information about upcoming events. It also reported on recent events alongside photographs of people taking part. We saw records of 'family and resident's meetings' taking place and dates of future meetings were displayed in the reception area. We saw records of regular meetings with staff. Staff we spoke with confirmed there were regular meetings.

We checked maintenance records for the premises. Water safety and legionella testing, and electrical installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, there were records of weekly tests of the fire alarms.

During this inspection we found two breaches of the Health and Social Care Act 2008 and we have made a recommendation within this report for more meaningful activities being made available to people. We recognise the registered manager and regional improvement manager are already taking action to improve the service, however these actions need to be fully implemented and sustained before Valley Park can be considered as 'good' overall.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured that there were effective processes in place to assess, monitor and improve the quality and safety of the services provided.</p> <p>The registered provider did not maintain an accurate, complete and contemporaneous record in respect of each person living at Valley Park.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>At the time of this inspection there were not sufficient competent, skilled and experienced staff deployed to meet people's care and support needs.</p> <p>The registered provider had failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively.</p>