

Derbyshire County Council

# Goyt Valley House Care Home

## Inspection report

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Goyt Valley House Care Home is a residential care home providing personal and nursing care to people aged 65 and over. At the time of the inspection, there were 28 people living there. The service can support up to 30 people in the three-storey purpose-built building in the New Mills area of High Peak, Derbyshire.

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

The service did not always support people to follow their interests. People were not always encouraged to take part in social activities relevant to their interests or to be active members of the community.

The service did not have a registered manager. The previous registered manager had left the service in November 2018 and efforts to recruit a replacement had not been successful.

There were enough staff to keep people safe and meet their physical needs. However, feedback we received from people and staff, and our observations during the inspection showed that staff were busy, task orientated and did not have time to provide companionship to people.

Where accidents and incidents had happened, there was not a clear process to record or investigate these.

Risk assessments were in place for people and staff demonstrated they were aware of risks to people's safety and how to mitigate these. However, some risk assessments in people's care plans were out of date.

Care and support did not always reflect current evidence-based guidance and best practice. Recognised tools were used to assess people's needs, but they were not always reviewed regularly or when people's needs changed.

People received their medicines as prescribed. But staff responsible for medicine administration had not always had their competency formally assessed.

Staff told us they did not feel they were given the appropriate training to meet people's needs. Staff did not always receive supervisions or appraisals. The management team had identified that training was required, and more training had been scheduled.

People were not always encouraged to maintain and develop their independence and their social needs were not always understood. People did not regularly have access to the wider community.

People told us they felt confident to express their views and were involved in decisions about their care. Care plans were person-centred and included people's personal preferences.

People were empowered to express their wishes for how they would like to be cared for before up to and at the end of their lives.

People told us that apart from the lack of activities, they were happy at Goyt Valley House Care Home.

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

The service managed the control and prevention of infection well. The home was clean and free from malodours throughout.

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 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to person-centred care and good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?**

The service wasn't always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always Effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always Caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always Responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Goyt Valley House Care Home

## **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

This inspection was carried out by one inspector 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.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider would both be legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left the service in November 2018 and recruitment was on going. The service was being managed by the deputy manager with support from senior care staff.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The PIR was sent in November 2018 and completed by the previous registered manager, therefore some information was out of date. We discussed aspects of the information with the deputy manager and service manager during the inspection.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the service manager, deputy manager, senior care staff and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. One relative contacted us after the inspection to share their feedback of the care their relation received.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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 has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Learning lessons when things go wrong

- Where accidents and incidents had happened, there was not a clear process to record or investigate these. Staff were not always aware of which form should be completed so records were inconsistent. Completed forms were not always reviewed by senior staff or management, therefore lessons were not always learned and there was a missed opportunity to share learning with staff. We discussed this with the service manager who agreed to review the systems.

We recommend the provider reviews their procedures around the recording, investigating and learning from accidents and incidents.

### Staffing and recruitment

- There were enough staff to keep people safe and meet their physical needs. However, feedback we received from people and staff, and our observations during the inspection showed that staff were busy, task orientated and did not always have time to provide companionship to people. One person said, "They are short staffed at the moment, they use agency staff but it's not as nice when it's someone you don't know."
- Staff told us they felt they were too busy. One staff member said, "We don't have enough staff here." However, all people we spoke with told us they never needed to wait and staff always came quickly to help them. We observed that call bells were answered quickly.
- We observed staff cutting their break times short to assist people with personal care because there was no-one else available. We also observed the deputy manager assist with care duties at times because there weren't enough care staff available.
- Permanent staff had been safely recruited, they had been interviewed and subject to pre-employment checks such as references and clearance from the disclosure and barring service.
- Agency staff were used to cover vacant shifts. The provider had failed to check all agency staff had required training or criminal records checks. Though agency staff were required to complete an induction before working at the service.

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people and staff demonstrated they were aware of risks to people's safety and how to mitigate these. However, some risk assessments in people's care plans were out of date. They had not always been reviewed regularly, or as people's needs had changed. We concluded that this was a recording issue rather than a lack of assessment as staff were able to clearly explain to us what

guidance they followed for individual people to keep them safe and protected from avoidable harm.

- People told us they felt safe living there. One person said, "They think ahead about things, like if you might fall or if you might spill something. I feel it is safe and my family agree."

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of avoidable harm and abuse. Staff were knowledgeable about the different types and signs of abuse and understood their responsibilities to report potential safeguarding concerns. We spoke to the safeguarding board who confirmed that there is a close working relationship with the deputy manager. The deputy manager had referred safeguarding concerns appropriately. Where there were potential safeguarding concerns, the deputy manager discussed these and took guidance from the local safeguarding board, however there was a lack of documentation to evidence this.

Using medicines safely

- Staff responsible for administering medicines had not always had their competency assessed. Staff told us they remembered this happening but couldn't remember when. The deputy manager informed us this was done on an informal basis so there were no documents relating to this.
- People received their medicines as prescribed. There were clear procedures for the receipt, storage, administration and disposal of medicines. We observed staff administer medicines and saw they were kind, patient and supportive to people.
- There was clear documentation detailing which medicine people needed and why. Where people were prescribed medicines that were taken as and when required, there were protocols for staff to follow to guide them to administer this effectively.

Preventing and controlling infection

- The service managed the control and prevention of infection well. The home was clean and free from malodours throughout. Staff had access to the infection prevention and control policy and were knowledgeable about best practice guidelines. Staff were observed to have access to and use the appropriate personal protective equipment, such as disposable gloves and aprons where necessary.
- Staff understood the importance of food safety, including hygiene, when preparing or handling food and followed the required standards of practice.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care and support did not always reflect current evidence-based guidance and best practice. Recognised tools were used to assess people's needs in relation to their weight and skin integrity. However, where people were deemed to be at risk of reduced skin integrity and requiring regular review, the reviews hadn't always taken place. For example, one person was assessed as high risk, it was documented that their needs should be re-assessed weekly, their most recent re-assessment was October 2018. Though we noted that neither this, or any other person at the service had sore skin that required treatment. A visiting health care professional told us that the staff were very good at referring people quickly and following clinical advice in relation to sore skin. Therefore, we concluded this to be a recording issue.
- Where people had epilepsy there were no clear documented guidelines to inform staff how their seizures may present or how staff should respond. We discussed this with the deputy manager who clearly explained each person's seizure pattern, history and how to respond. Staff also demonstrated an awareness of this. However, if agency staff were working they would not have this information to hand. This put people at risk of being cared for by staff who did not know how to recognise or respond to potential seizures.

We recommended the provider review their procedures about their guidelines and recording of people's skin integrity and epilepsy care.

- The deputy manager completed pre-admission assessments to make sure they could meet people's needs before they moved in to the home. At the time of the inspection, there were no people living there with complex health needs, the deputy manager told us that during the period of staff vacancies and without a registered manager they did not feel equipped to meet complex needs.

Staff support: induction, training, skills and experience

- Staff told us they did not feel they were given the appropriate training to meet people's needs. We discussed this with the deputy manager and service manager. Both informed us that they had identified that staff training had fallen behind and had discussed this with the providers training department. Dates for more training had been scheduled.
- New staff were provided with training that the provider deemed to be mandatory. This was completed before starting to work at the home and was documented.
- Staff told us that when new staff did start at the home they shadowed experienced staff until they felt comfortable working alone. However, when asked, the provider was unable to show us completed

documentation relating to shadowing and induction.

- Staff had not always been supported through supervisions and appraisals. We discussed this with the deputy manager who told us that this had fallen behind due to a lack of time whilst she was doing a deputy manager and manager role alone.

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

- People were supported to eat and drink enough to maintain a balanced diet and remain healthy. Where people had previously lost weight, we saw that they had gained weight and maintained the weight gain while living at the home.
- People told us they liked the food and drink served. Comments we received included, "I choose what I want to eat, they ask me, and they just get it right." Another person said, "Always nice food and there is always a choice."
- We observed some mealtimes at the home and saw they were pleasant, people chose to eat in one of the dining rooms, their bedroom or wherever they felt comfortable that day. One person had chosen to take their meal in the corridor, so staff brought them a chair and a table.
- There was clear documentation in people's care plans and in the kitchen to guide staff what people liked to eat and drink

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

- The deputy manager had a close working relationship with the local GP surgery, visiting healthcare professionals and the local safeguarding authority. A visiting health care professional told us that all staff referred people appropriately and followed clinical advice given. During the inspection we observed the deputy manager arrange an emergency medical appointment and transport for a person. This was done quickly and effectively.

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

- There was a lack of dementia friendly signage to assist people living with dementia to navigate the building and avoid confusion. For example, people had signs on their bedroom doors with their names and safety information. However, if a person struggled to read their name, it was difficult to distinguish one door from another. One relative told us, "[Name] was going into other people's rooms as the name on the door doesn't stand out." We discussed this with the deputy manager who told us they had already identified dementia friendly signage as an area for improvement and would address this after the inspection.
- The physical environment was spacious, there were a selection of communal areas and secure outside spaces for people to use. There were two dining rooms, two main lounges and smaller lounges that people could spend time alone in, or with visitors. There was a small, homely kitchen where people and visitors could make drinks and snacks if they wished to.

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 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 service was working in line with the MCA. People had their mental capacity assessed, best interest decisions were documented, and people were supported in the least restrictive way possible. For example, one person preferred to keep their door locked, so there was an agreement that staff would keep a master key and use this to check on the person if they had reason to believe they may have required assistance.
- DoLS were applied for, reviewed and any conditions stated on the DoLS were adhered to.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always encouraged to maintain and develop their independence and their social needs were not always understood. People did not regularly have access to the wider community. People told us they did not have enough to do to occupy their time and were, at times, bored. There were no regular trips out. One person said, "If they did trips out I'd be interested in going." One staff member said, "People only go out if their families sort it, we just don't have time."
- People's privacy and dignity were respected. We observed staff knock on people's doors, call them by their preferred name and ask their permission before assisting with any acts of personal care. Personal care needs were discussed discreetly. Throughout the inspection, all the people living there were clean and dressed in their preferred clothes.

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

- People's diverse needs and preferences were explored in care plans. Their life history, personal preferences and any religious beliefs were documented, and staff knew people well. People were not restricted from following their individual needs and preferences, however, the provider could do more to promote this.
- Staff expressed to us that they were too busy and no longer had the opportunity to get to know people well. One staff member said, "We don't get to know people like we used to, we don't promote their independence and people don't have things to do around the home."
- Staff were kind and caring, our observations during the inspection and feedback we received from people confirmed this. One person said, "Staff are great, they're nice people." Another person said, "The carers are very good, I get on with all of them." After the inspection a relative contacted us, they said, "We are so pleased that [relative] is in such a lovely place. The staff are second to none, they are all so kind and caring."
- We observed numerous interactions between staff and people that were kind, pleasant and demonstrated a close bond between them. We saw people laugh with staff and engage in brief conversations about things that interested the person. Though all interactions were short because staff were constantly busy.

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

- People told us they felt confident to express their views and were involved in decisions about their care. Care plans were person-centred and included people's views. We did not find documented evidence of care plan reviews, though relatives told us they were invited to discuss their relations care needs.
- There was a 'residents committee'. The deputy manager explained to us that one person and a relative

were on the committee and they would meet to discuss care within the home. However, this had not been promoted. There were no signs informing people of the committee meetings and we did not see records of committee meetings. None of the people or relatives we spoke with told us about the committee.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- The service did not always support people to follow their interests. People were not always encouraged to take part in social activities relevant to their interests or to be active members of the community. We observed prolonged periods of time where there was no stimulation in communal areas, some people read a newspaper, but other people had nothing to do.
- There were very few activities and staff were too busy to spend time with people. People and relatives feedback confirmed this. One person said, "I wish there was more to keep my brain active. They allowed me to bake a long while back and I'd love to do that again. It feels so aimless at the moment." Another person said, "I used to do activities. I'd join in if they did those sorts of things here." Another person said, "I haven't seen anything going on, there's nothing going on here." All the people we spoke with told us there wasn't enough for them to do.
- One staff member told us that the only activity they had time to do was cut and paint people's nails. They expressed concern that men who lived there didn't have any activities to interest them, "Men miss out here, there's no activities for them." Another staff member said, "There are some activities, but they are ad-hoc, they are not appropriate for people." Another staff member said, "We have been asked to try to do activities but it's just not possible, we are too busy."
- We reviewed the activities calendar which was on display in the home, this was blank apart from one sign which stated a person came around selling sweets once a month.

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

- Care plans were person centred and people's needs, and preferences were known by staff. However, as there were staff vacancies, including a manager vacancy, staff did not always have time to ensure that personalised care was delivered. Staff were kind and caring and told us they would prefer to have more time, so they could deliver more person-centred care.
- Some information in care plans was out of date, for example, in relation to specific health needs. We discussed this with the deputy manager who explained that not all care plans had been reviewed due to staff shortages and the limitations this placed on their time.
- The deputy manager and staff told us about one person who had become increasingly anxious and displayed certain behaviours at certain times of day that could be perceived as challenging. The deputy manager and staff were able to tell us how they assisted the person to feel more relaxed and the positive impact this had on their wellbeing. However, when we reviewed this person's care plan, there was no information about this. Staff were aware because they discussed plans verbally with each other. This meant

that if agency or new staff were on duty, they would not know how to respond.

#### 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.

- The service was not meeting the AIS. There were large print books and talking newspapers available, however we did not see this promoted within the home. The only guidance we found detailing how information should be communicated was for staff to read things to people. There was no thought to provide information in different formats, so people could read it themselves, or for the use of technology to assist this.

This evidence demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Improving care quality in response to complaints or concerns

- Complaints and concerns were handled as described in the providers complaints policy. People told us they knew how to complain and would be confident to raise any issues with the deputy manager.

#### End of life care and support

- At the time of the inspection there were no people living at the home who were identified to be approaching the end of their lives. We spoke to a visiting healthcare professional who told us that where people had received end of life care at the home, this was carried out with kindness and compassion. People's wishes were respected, private areas were provided for relatives to use so they could be there as long as they wished, and guidance left by community nurses was followed appropriately.
- People were empowered to express their wishes for how they would like to be cared for before up to and at the end of their lives. There was clear documentation stating what people's wishes were. Some people had declined the opportunity to discuss their wishes for the end of their lives, this was respected.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service did not have a registered manager. The previous registered manager had left the service in November 2018 and efforts to recruit a replacement had not been successful. We discussed this with the service manager. They informed us of the difficulties in recruiting suitably trained managers in the area. They had advertised the post but applicants either hadn't been suitable or hadn't turned up to interview.
- The deputy manager was liked and respected by staff, people and relatives. People spoke highly of her supportive management style. However, as she was standing in for the manager role, senior care staff were standing in for the deputy manager role and this had impacted on care staff having to do more work. Numbers of care staff had not increased in response to changing roles.
- Governance and performance management was not always reliable and effective. Systems were not regularly reviewed. Where accidents and incidents had happened, staff did not record these in a consistent way. They were not always reviewed by the deputy manager and therefore there was a missed opportunity to review safety measures.
- The provider had failed to review procedures for employing agency staff, so they had no reassurance that agency staff had the required training or had been subject to background checks.
- People who were at risk of losing weight had their food and fluid monitored but the documentation used by the provider did not prompt them to record total quantities of food or fluid, or to know what their target daily intake should be. We found that records were not consistently completed by staff. There was no audit process and the records had not been reviewed.
- Kitchen and medicine audits had not been completed as per the providers policy. Staff responsible for medicine administration had not regularly had their competency do to his formally assessed. Staff were not receiving regular formal supervisions or appraisals. The deputy manager explained that due to the increased workload of covering for the managers role, governance and audits had not always been completed.
- Care staff told us they had to work harder at the weekend as there were less support staff on duty. We reviewed the staff rota's and saw that there were no laundry staff on duty at the weekend and there were not always cleaning staff at the weekend. The numbers of care staff had not increased to accommodate the extra work they needed to complete.

This evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated



## Activities) regulations 2014

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

- People told us that apart from the lack of activities, they were happy at Goyt Valley House Care Home. We saw people whose health and mobility had improved since living there. People and relatives told us they felt comfortable speaking openly with the deputy manager.

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

- The deputy manager organised and held resident, relative and staff meetings. Though some people and relatives told us they were not aware of these happening. Staff meetings had been held in June and July 2019, but previously to that the last staff meeting was October 2018. Some staff told us they didn't attend staff meetings.

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 is legally required to submit notifications to us when certain events happen. We reviewed these and saw they had been submitted appropriately.
- The provider is required to display the ratings from their most recent CQC inspection prominently on the service, so people can see it. We saw this was displayed in the entrance hall and was easy for people to see.

Working in partnership with others

- The provider operated a system of shared learning between services. On the day of inspection, a manager from another of the providers services came to the home to support the deputy manager.
- The deputy manager maintained a close working relationship with the local GP surgery, other healthcare professionals and the local safeguarding authority.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The care and treatment of service users was not always appropriate, it did not always meet their needs or reflect their preferences
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the care provided. The service did not have a manager registered with CQC.