

Cole Valley Care Limited

Cole Valley

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

Cole Valley is a residential care home registered to provide personal and nursing care for up to 45 people. At the time of the inspection there were 19 people using the service; whom were mostly older people living with dementia.

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

People were not yet consistently supported to have maximum choice and control of their lives. Staff were however supporting people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice although record keeping needed to be improved in relation to the use of the Mental Capacity Act 2005 (MCA).

People were not yet fully involved in developing their care plans and making choices around how they spent their time. Leisure opportunities and the use of meaningful activities needed further improvement.

People were supported by a staff team who understood how to protect them from abuse. Staff also understood how to protect people from harm such as injury, accident and wounds. People's medicines were managed safely although some improvement was still needed.

People were supported by sufficient numbers of staff to keep them safe. However, staff did not always have time to provide truly person-centred care. Staff were recruited safely.

People were supported by a staff team who were receiving appropriate training and received support from management.

People's nutritional needs were met and special dietary needs were known and understood. People were supported to protect their health as far as reasonably possible.

People were supported by a staff team who were kind and caring although the quality of interactions with people was inconsistent. Some improvement was still needed to how people were treated with respect and how their dignity was protected.

The manager had developed a range of audits and quality assurance checks that were assisting with driving improvement within the service. The provider however continued to fail to ensure they understood the legal requirements and were completing appropriate checks against the compliance of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate at the last inspection we completed in February 2019 (latest report published 09 May 2019) and there were multiple breaches of regulation. The service was rated as inadequate at the previous inspection completed in August 2018. Prior to this the service had been rated as requires improvement at inspections completed in 2017 and 2015.

This service was entered into Special Measures following our August 2018 inspection. During the most recent inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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 at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Cole Valley

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an inspector, a pharmacy inspector, an assistant inspector, a Specialist Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Specialist Advisor was a qualified nurse.

Service and service type

Cole Valley 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 had appointed a manager although they were not registered with the Care Quality Commission (CQC) at the time of the inspection. A manager registering with CQC means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We reviewed information that had been sent to us by the public, commissioners from the local authority, the local authority safeguarding team, the local clinical commissioning group (CCG) and the police.

We also used the information the provider sent us in the provider information return. 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.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with seven people who used the service and two relatives. Many people who lived in the service were unable to share their views regarding the care they received. To help us understand the experiences of these people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out further observations across the service regarding the quality of care people received.

We spoke with the manager, a care consultant and two directors from the provider company including the 'nominated individual'. A 'nominated individual' is named with CQC as the responsible individual for ensuring the provider's compliance with the regulations. We also spoke with 10 staff members including the cook, the activities co-ordinator, domestic staff, nursing staff and care staff. We reviewed records relating to people's medicines and eight people's care. We also reviewed records relating to the management of the service; including staff recruitment records, complaints and quality assurance records.

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 inadequate. At this inspection this key question has now improved 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.

Assessing risk, safety monitoring and management

- ☐ At the last inspection we found the provider was not meeting the regulation around safe care and treatment. At this inspection we found improvements had been made and they were now meeting the legal requirements.
- ☐ People told us they felt protected from the risk of accidents and injury. One person told us, "I feel safe. I've had no accident, like a fall". Another person told us, "The [equipment such as] bedside supports (and cushions) definitely help". A relative told us, "The new manager is on the ball. His bed is [now] right for him and its sides are protected".
- ☐ The manager had taken steps to review the use of all equipment in the service such as specialist beds and chairs. They had begun to replace all unsafe or ineffective equipment. As a result people were better protected from the risk of harm.
- ☐ The manager had made improvements in numerous areas within the service including the management of risks associated with people's weight, choking risks, wound management and general risk assessments.
- ☐ We found further improvement were still required in some areas including the management of behaviours of concern. Staff did not yet fully understand how to monitor and identify triggers of behaviour. Understanding the triggers can help staff to manage risks proactively and in a positive way.
- ☐ Some people told us they felt at risk as they were not able to easily access their call bell. One person told us, "I use my stick to reach the buzzer wire. Another person told us, "I cant reach the buzzer. I have to shout". We found these people were not at risk during the inspection although this was an area that also required improvement.
- ☐ We found the manager understood the areas of improvement needed in relation to risk management and was able to outline what steps were being taken to make any improvements needed. The manager had prioritised improvements in areas that presented the highest risk to people to ensure safety across the service was improved as quickly as possible.

Systems and processes to safeguard people from the risk of abuse

- ☐ At the last inspection we found the provider was not meeting the regulation around safeguarding service users from abuse. At this inspection we found improvements had been made and they were now meeting the legal requirements.
- ☐ People told us they felt safe at the service. One person told us, "I'm safe here, it's very good. Staff have never [been unpleasant]. Staff and nurses are very good to me. They help me". Another person said, "It's [safe]. The nurses make it safe. Staff don't shout at people".

- Staff we spoke with were able to describe signs of potential abuse and knew how to report concerns about people.
- Where concerns had been identified these had been reported appropriately and action was taken to protect people from any further harm.

Staffing and recruitment

- People told us staffing levels had improved in the service, although some people still felt they had to wait for support from staff. One person told us, "There are enough staff here". Although another said, "I think they could do with more staff. When I use the buzzer, sometimes staff come quickly and sometimes I have to wait". A third said, "Sometimes you have to wait for a long time".
- Despite this, we found there were sufficient numbers of staff during the inspection and people were not waiting for extended periods. The manager told us they would continue to monitor staffing levels to ensure people were not waiting for support.
- We saw improvements had been made to recruitment processes. A range of pre-employment checks had been completed before staff started work including ID checks, reference checks and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Medicines were safely managed overall although some areas needed improvement. For example, where people were prescribed as and when required pain relief, clear person specific guidance was not in place to inform nursing staff when to administer and contained no information on the cues to look out for people unable to communicate.
- We saw two people on covert medicines (disguised in food and drink). This was carried out in their best interests under the Mental Capacity Act 2005 (MCA) and representatives such as their next of kin and doctor had been involved in the decision as required. However, further guidance from a pharmacist was not in place. This guidance would ensure the safety of medicines being crushed.
- Despite this, people told us they were happy with the support they received with their medicines. One person told us, "The nurse gives me the tablets. I get them regular". Another person told us, "[Staff] are very confident with them [medicines]".
- There were known systems for ordering, administering and monitoring medicines. We found that people were receiving their medicines on time and when they needed them.
- An electronic medicines administration record system had been recently implemented, and we found no gaps in these records without proper documentation.

Preventing and controlling infection

- Safe systems were in place that protected people from the risk of the spread of infection. For example, staff understood how to use personal protective equipment (PPE) such as gloves and aprons and we saw effective cleaning processes were in place.
- The manager had begun to take steps to replace old, worn and stained furniture that did not support good infection control practices.

Learning lessons when things go wrong

- The manager used events and incidents that arose in the service to learn lessons and to make improvements to the service. For example, the manager reviewed any incidents to identify ways in which they could make changes to reduce the risk of incidents reoccurring in the future.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- ☐ At the last inspection we found the provider was not meeting the regulations around the need for consent and the effective use of the MCA. At this inspection we found significant improvement and the basic requirements of the law had been met although further improvement was still required.
- ☐ People told us staff always sought their permission before providing them with support. One person told us, "In the morning they [staff] help me get washed and changed. They ask you first".
- ☐ We found the manager had begun to take steps to consider people's capacity in relation to decisions about their care. The manager was taking steps in people's best interests where they did not have the capacity to make a decision or provide consent. However, we found documentation was not always present to show that people's capacity had been considered in relation to a specific decision as required by law.
- ☐ The manager had identified where individuals were being deprived of their liberty in order to protect them and the required legal applications had been submitted to the local authority.
- ☐ The manager had also taken steps to identify where people had appointed legal representatives who could consent on their behalf.

Staff support: induction, training, skills and experience

- ☐ People told us they felt the current staff team had the skills needed to support them safely and effectively. One person told us, "They [staff] know how to do it".
- ☐ We found the manager had reviewed the skills and competency of staff and had identified where further training was required. Staff told us they had been completed large amounts of training since our last

inspection and we confirmed this from training records.

- ☐ Where training was outstanding the manager had identified this and had a plan in place for the completion of courses. The manager was observing staff in their role to ensure they were implementing learning from training and to ensure they were effectively providing support.
- ☐ Staff told us they were well supported by the manager and that they were able to gain additional training and support if needed.

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

- ☐ People told us they were happy with the food and drink they received. One person told us, "I get a choice of meal. Its enough to fill me up. There is plenty to drink. I can get a snack. I have no teeth so I get chopped up food". Another person told us, "The food is good and I can eat what I want". People also told us they were provided with culturally appropriate food.
- ☐ We saw the manager had identified people's individual dietary needs and any risks to them in relation to their nutrition. Their needs and any risks were understood by staff, outlined in care plans and risk assessments and met.
- ☐ Where people were at risk of malnutrition or due to a high BMI, this had been identified and appropriate action was being taken.

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

- ☐ While further refurbishment was still needed in the service, the manager had taken steps to begin making improvements to the environment. For example, the manager told us about further plans to make more effective use of the building and to make the environment more dementia friendly. We will review the progress of these plans at our next inspection.
- ☐ People told us they were now able to make use of the garden and we saw the outside space was being used more effectively. People told us about a BBQ that had taken place outside the prior week which had been enjoyed. We also saw people making use of the garden during the inspection to enjoy leisure time or to have a meal.

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

- ☐ People told us they were supported to access healthcare services when needed in a timely way. People were involved in managing any health conditions and people were able to tell us about the support they received.
- ☐ We saw people's health conditions were understood and any associated risks were monitored and well managed.

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

- ☐ The manager had reassessed the needs of everyone currently living at the service to ensure they could provide safe and effective care that met their needs. They were involving professionals such as Speech and Language Therapists (SaLT), Tissue Viability Nurses (TVNs) and occupational therapists (OTs) where appropriate to ensure people's needs were fully understood.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- ☐ People told us they felt most staff were kind and caring towards them although some inconsistencies in this area remained. One person told us, "They [staff] give me confidence in myself and help me. I think I feel supported by them". However, they went on to say, "Most of the time they [staff] do speak nicely. You do get the odd one who is rough and can be off handed. I don't mind really as long as I feel alright". Another person told us, "Staff are kind and know me. I get a kiss and a chat... We talk about anything and everything. They have a laugh with me as well. I'm comfortable and happy here". A third person said, "They [staff] are kind. They have improved...The staff don't give emotional support. They're too busy".
- ☐ People's comments were reflected in our observations during the inspection. We saw the approach of staff overall had considerably improved since our last inspection. For example, we saw some excellent, high quality interactions with people. However, we also saw some interactions which still required improvement and did not demonstrate a consistently kind and caring approach.
- ☐ We saw people were more relaxed in their home environment and we saw people smiling and laughing.. One relative told us, "[My family member] is quite content now. [They] used to be very agitated". This reflected what we saw.
- ☐ We saw, and staff told us, people's basic dignity was now being protected by ensuring they were regularly supported to the toilet.

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us, they were treated in a dignified and respectful way and their independence was promoted. One person told us, "Staff knock on my door and ask can we come in. They ask if I want to wash and close the curtains and doors". Another person told us, "I think they [staff] do [respect me]. They don't shout. They talk politely".
- ☐ We saw people were supported in a more dignified and respectful way than at prior inspections. We found overall there had been a significant improvement however some improvement was still needed. For example; we saw one person's dignity was compromised when they were supported to move in a hoist while wearing a skirt. Staff had not ensured they were sufficiently covered while they were moved.
- ☐ People gave us further positive examples of how they were supported well and respected. One person told us their preferred gender of staff was respected and staff understood they did not like anyone of the opposite gender in their bedroom. Another person told us, how staff actively encouraged them to do as much as possible for themselves.

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

- People told us they could express their views and were involved in every day decisions. One person told us, "They [staff] listen and do what I ask from them". Another person told us how despite a high turnover of staff they felt new staff knew them well. They told us, "Staff changes have been happening. Staff have got to know me and my likes". Another person said, "[Staff] ask me what do you want today and explain things to me".
- People gave us examples of how they were given a choice around what time they got up and went to bed. People told us they could choose what time they ate and one person told us if they were having a sleep staff knew not to wake them and they would save their meal for later.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant people's needs were not always met.

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

- ☐ At the last inspection the provider was not meeting the regulations around providing person-centred care to people. At this inspection we found the provider had made improvements although they were still not meeting the requirements of the law.
- ☐ People told us they felt staff mostly did what they needed or wanted them to do however they did not feel involved in their care plan or planning their care. One person told us, "I don't know about any care plan. Sometimes staff talk to me about my care". Another person told us, "Staff don't ask me how I am getting on". A third said, "No [care plan]. They [staff] don't have time for me because I am old". Relatives gave us mixed views around their involvement. One relative told us they had been involved in planning care well and another told us they had not.
- ☐ Records showed people had not been fully involved in care planning. The manager told us they planned to develop areas such as person-centred care and people's involvement in their care plans. We will check this has been done at our next inspection.
- ☐ People told us and records confirmed there was more choice being offered in areas such as personal care although people felt staff did not always have time to meet their preferences. One person told us, "I prefer a shower and get that. If they don't have time they will give me a wash in the bed". People also told us they felt staff were well intentioned but they did not feel staff had time to offer them emotional support or to spend quality one to one time with them.
- ☐ We saw an activities coordinator was in place and the standard of activities had improved however further improvement was still needed. For example, steps had not yet been taken to get a good understanding of people's past history, interests and preferred hobbies in order to develop a personalised programme of meaningful activities. One person said, "I'll have a game of skittles sometimes. Staff didn't ask me my interests. No visits out or singers and entertainers have been". Another person told us, "They don't do much activities really. They do a bit and I join in a little bit. No one really asked me about my hobbies".

The provider's failure to ensure people were receiving person-centred care that took into account their personal interests and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care

- ☐ We saw action had been taken to ensure people's religious and cultural needs were being met. One person told us, "I get visitors from the church. They are very helpful". Another person told us, "I am a bit

[religious]. The church comes here occasionally and they come and talk to you".

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 new manager was aware of the requirements of the AIS and was able to describe how they would take steps to provide information in alternative formats if needed. At the time of the inspection, there were no documents such as key policies including the complaints policy available in alternative formats. This could include easy read that would assist those living with conditions such as dementia.

Improving care quality in response to complaints or concerns

- ☐ People told us they knew how to raise a complaint if needed. One person said, "If I had a complaint I'd talk to the nurse in charge". Another person told us, "I'd go to the senior nurse. I'd trust her". While the culture in the service was now more open and transparent some people still told us they were not certain if their complaint would be heard.
- ☐ We saw the manager was keeping a record of any complaints received. Complaints were being investigated and responded to in an open and transparent way.

End of life care and support

- ☐ We saw basic end of life care plans were present in people's care records. However, these did not yet consistently include details about people's personal preferences around how they wanted their final days or hours to be.

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 inadequate. At this inspection this key question has now improved 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

- ☐ At the last inspection the provider was not meeting the regulation around the good governance of the service. At this inspection we found improvements had been made but they continued to not meet the legal requirements.
- ☐ The new manager had taken steps to make improvements to the governance and quality assurance systems within the service and was aware of the areas of improvement needed within the service. However, quality assurance checks had failed to recognise the areas of improvement still needed within the service.
- ☐ The nominated individual from the provider had been completing provider level checks with the view to assessing quality, risk and areas of improvement needed. However, although the provider told us these checks were being completed on a monthly basis we confirmed with them there had been no checks completed since May 2019. We also found the provider's quality assurance checks were reviewing compliance against legislation that had been superseded several years prior to the inspection.
- ☐ The provider had recognised the failure of past managers in identifying areas of concern and failing to safely manage risk as a contributing factor to their failure to achieve compliance with legislation. They had also recognised their failure to sufficiently monitor the performance of managers within the service. Despite this, they had continued to fail to ensure they were understanding their role and responsibilities and fulfilling their legal obligations.

The provider's failure to ensure robust governance systems were in place was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- ☐ There was no registered manager in post at the time of the inspection. A new manager had been appointed although they had not yet submitted an application to register with the Care Quality Commission. We will be addressing the provider's failure to ensure a registered manager was in post following our inspection.

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

- People told us they felt the service was improving and they were positive about new management arrangements. One person told us, "It could be more better. It's on the right road". Another person told us, "I think it has been getting a bit better". A third person said, "The home is improving here a lot". A relative also told us they felt things were improving. They said, "The new managers are good. The old one was a nice person but she wasn't a good manager. I told them we want some love in the home".
- The manager in the service was creating an open and inclusive environment within the service. Staff spoke very highly of the new manager and the support they were receiving. They told us they felt they could question practice and raise concerns openly and were supported to do so.
- People were being supported by a staff team who felt empowered and were positive about the improvements being made in the service.
- The provider remained unable to accurately critique the service as a whole. They had not developed an open plan outlining the remaining issues and how they were going to ensure these were addressed.

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

- People did not yet consistently feel fully involved in the development of the service. One person told us, "There's no residents meetings. I'm not asked my views about the service". Another person told us, "I'm not aware of meetings".
- We saw the current management team had recently held meetings although engagement and attendance was low. The manager told us they would review this and look to make improvements to ensure people were fully engaged and felt able to share their views.

Working in partnership with others

- The manager was developing good working relationships with healthcare professionals and associated external organisations.
- They told us of their plans to develop stronger community links and relationship to enhance the quality of people's lives moving forwards.

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
Treatment of disease, disorder or injury	The provider had not ensured that people were receiving fully person-centered care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not established effective governance arrangements within the service.