

United Health Limited

Valleyview Care Home

Inspection report

Highfield street
Swadlincote
Derbyshire
DE11 9AS

Tel: 01283218076
Website: www.unitedhealth.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 4 December 2015. This was an unannounced inspection and the inspection was carried out by one inspector. Our last inspection took place in December 2013 and at that time we found the provider was meeting the regulations we looked at.

The service was registered to provide accommodation for up to eight people with a learning disability. At the time of our inspection eight people were using the service.

The service had a registered manager. 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.

People were protected from the risks of abuse because staff understood where harm may be caused and took action when people were at risk of harm. People were cared for by staff that had the knowledge and skills required to support them. Training was creatively designed with the support of family members to help to understand the complex needs of people who used the service. The staff looked at innovative ways to help people to express themselves and to understand how they communicated.

Creative ways were used to enable the people who used the service to achieve fulfilling lives. Staffing was organised flexibly to enable people to be involved with activities and do the things they enjoyed. People had opportunities to be involved with a variety of activities and staff were innovative when considering what people would like to be involved with.

People chose how to spend their time and were helped to make decisions which were in their best interests. Where people's liberty was restricted, this had been done lawfully to safeguard them. People had access to health care and were supported to attend healthcare appointments when they needed it. Where important treatments were needed the staff worked with health care professionals so people were helped to make decisions whether to proceed with any treatment that was in their best interests.

People were supported to eat and drink the food they liked and given the time they needed to eat. A variety of food was offered and meal times were viewed as a social event and staff made the experience pleasurable.

People were treated with dignity and respect and the staff were kind and caring. Staff recognised where people may be unhappy and helped people to raise concerns they may have to make improvements. Staff recognised people's diverse needs and were committed to meeting these needs and ensuring their unique rights were upheld.

People and staff were encouraged and supported to provide feedback on the service. There were systems in

place to review the quality of the service provided and the provider was committed to developing and improving the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were provided with support to reduce the risk of harm. Where people may have been harmed, staff had made safeguarding referrals to ensure people were protected from further potential abuse. Their staffing levels were organised to meet people's agreed support needs and to ensure they could receive time with staff and do the things they wanted to do. Recruitment procedures meant checks were carried out to ensure staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

People were able to choose how to spend their time and staff sought people's consent when providing any support. Where people may lack capacity; decisions were made in people's best interests to ensure people were supported to be safe in the least restrictive way. Staff training had been creatively designed with the support of family members so staff could have a greater understanding of people's needs and develop the skills they needed to provide exceptional care.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring and respected them. The staff were highly motivated to ensure people developed and maintain relationships and looked at innovative methods to develop communication and for people to express themselves and make choices about their life.

Is the service responsive?

Outstanding ☆

The service was responsive.

People chose how to spend their time and staff were creative and imaginative when helping people to choose new and exciting meaningful experiences to be involved with. Staff knew

people well and what they liked and understood how people communicated and showed emotions. Where staff identified people may be unhappy and wanted to raise a concern, they responded quickly to any changes to help to improve the support they received.

Is the service well-led?

Good ●

The service was well-led.

The staff were committed to providing a quality service and demonstrated positive values to enhance people's care and give them opportunities to improve the service. Staff were supported in their role and able to comment on the quality of service and raise any concern. Systems were in place to assess and monitor the quality of care.

Valleyview 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. The inspection was planned to check whether the provider was 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.

We visited the service on 4 December 2015 and the inspection team consisted of one inspector. The inspection was unannounced.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

People who used the service had complex needs and were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received and how the staff interacted with people. We spoke with three relatives, four members of care staff and two health care professionals. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People experienced care which met their individual needs and enabled them to stay safe. Some people had complex physical disabilities and enjoyed spending time out of their wheelchair. One member of staff told us, "[Person who used the service] enjoys lying on mats on the floor. They can't balance and rock so we use adapted equipment when they are on the floor or in bed to support them." A health care professional told us, "The staff received training how to support people and they have adapted the support to meet their individual needs. It's lovely to see how creative they are at thinking how to make improvements and are supporting people." The staff knew the positions people needed to achieve so they could be safe and comfortable. One member of staff told us, "This has been risk assessed and we have photographs of how to use equipment and sleep systems, so we can always check people are positioned correctly. We check this all the time to make sure it's right as people's posture changes. We are really careful at making sure things like this are right for people. We all had to experience being hoisted in slings. It made me realise how uncomfortable it can be and how unsafe you feel, so I make sure I remember this when helping people to move and getting into the right position." Another member of staff told us, "If the equipment didn't look right, I'd report it. We always check if anything is ripped or frayed and equipment has the safety sticker." When moving equipment was used we saw this matched the information that staff had given us and with the care records.

People were safeguarded from harm as staff recognised potential signs of abuse or harm. One member of staff told us, "We have a responsibility to make sure people are safe. Anything suspicious and we report it. I have no problems reporting concerns through whistle blowing too and have done this. It was all dealt with really well. It was brilliant and a much better outcome for the person. You have to speak out." Another member of staff told us, "We have supervision every month and we look at any concerns and if anything is wrong. If anything is wrong it's sorted out very quickly. It has to be, because this is people's home and they shouldn't have to experience poor practice."

When new staff started working in the service, the staff told us that recruitment checks were in place to ensure they were suitable to work. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. One member of staff told us, "I came here for my interview and was asked questions which focused on respect, dignity and responsibility. I can see now I work here how important these things are. I also had an opportunity to meet people and it felt really homely here. I had a good feel about the home and I was right." Another member of staff told us, "I couldn't start here until after I had two references and a police check to make sure I was okay to work here with people."

The staffing was organised against the agreed support plan and we saw this enabled people to spend quality time with staff on an individual and group basis. We saw staff were available to provide support throughout the day and spent time with people to meet all their support needs, and keep people safe. Staff were not rushed and where people wanted to their attention this was given and staff took their time when engaging with all activities. Where activities were planned, staff worked flexibly to ensure people had opportunities to do the things they liked. One member of staff told us, "We are fortunate to work here and

have the opportunities to spend time with people. It's fantastic that they can do the things they like and go out to different places each week."

We saw people were offered their medicine with food. The tablets were placed on top of any food and we heard staff inform people they were there. One member of staff told us, "We always tell people they are there and we know we are not able to crush or slice tablets, so we need to get them prescribed in the right way. We know we can't give people tablets without them knowing and if we crushed them people wouldn't be able to see them." Another member of staff told us, "If people don't want to take their medicines or don't swallow them, we contact the doctor. It's important that people take their medicines to stay well and we would consider what to do in people's best interests where people don't understand." Systems were in place to monitor how medicines were given and administered and the registered manager assessed staff's competence. This meant staff needed to demonstrate they had the knowledge and skills to administer medicines to ensure that people received the right medicine at the right time.

Is the service effective?

Our findings

People received care by staff who been trained to support them. New staff completed an induction and were working towards completion of the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I've been completing the Care Certificate. The last module I did was about reviewing the code of conduct and safeguarding people. The Care Certificate gives you a real insight. The manager goes through everything and checks our understanding and makes sure we have really understood everything."

Staff demonstrated a good knowledge of people's needs. For example, one person had complex needs and showed signs of distress. The staff understood the reason for the behaviour was due to the person feeling unwell. One member of staff told us, "We know when they shout out they are having problems with their breathing. Some of us have had more specialist training so we can help them to breathe better." We saw when the person became distressed staff responded and provided support to help them feel more comfortable. Where there had been incidents of complex behaviour, these had been recorded. One member of staff told us, "We need to know how often things are happening and when. We review this so we can see if there are any patterns and try to understand what the reason may be for that behaviour. People here aren't able to communicate verbally, so it's about looking at other areas to see what they may be telling us." We spoke with a health care professional who told us, "The staff are very good at identifying people's moods. One person has a sun lamp as the staff identified they were affected by the lack of sun and light in the winter." A member of staff told us, "It's so important to build good relationships with people; if you don't do that, how would you identify things like mood differences in the winter?" This demonstrated the staff sought to improve people's care, support and treatment by identifying and implementing best practice in conjunction with health care professionals which led to better outcomes for people.

The provider had innovative and creative ways of training and developing their staff that made sure they put their learning into practice to deliver outstanding care to meets people individual needs. For example, staff told us they had received 'empathy training' where they experienced what it felt like to receive care. One member of staff told us, "We wore blindfolds and were taken around in a wheel chair. The manager thought about what impairments people had and tried to copy this so we could experience it as each person would." Another member of staff told us, "To complement this training family members came in and spoke about what it was like to have a child with a disability and shared experiences with us." We spoke with family members who were involved with the training and they told us, "We were able to tell them exactly how we felt. It was important that staff realised what it is like to be a parent and what it was like for [person who used the service] growing up; we talked about our experiences both good and bad. We also spoke about the difficulties with communication and how frustrating it must be not to be able to communicate. We had the opportunity to talk about raising concerns and whistle blowing. They were very receptive and we wanted the staff to understand they needed to part of a blame worthy company; this means where things are wrong, to speak out and learn from this. If you talk about the minor things then the major things don't happen. We need to learn from mistakes, and we can see that's what they do here." The staff told us this training had had

a positive impact in the way they supported people. One member of staff told us, "It really opened your eyes and certainly made me realise the important role we play here. It had more impact because we know these experiences were real and made me more committed to providing the right care and more confident to challenge anything and speak out."

Some people had complex health needs including having equipment to help them breathe. Some staff had received training so they could fit new breathing equipment and provide care. One member of staff told us, "The tube needs to be cleaned regularly to stop it becoming blocked with mucus or fluid, if this happens; [person who used the service] becomes agitated. We need to know what signs to look for as they can't always tell us. It's good that we have received this training as it means that someone they know can do."

People used a variety of equipment to mobilise and to relax in. This included moulded wheelchairs and mats. One member of staff told us, "We had training and I learnt about people rocking and how to position people correctly. For [person who used the service] they rock in their chair so we need to make sure their straps keep them safe but are not too tight so they can't move. I didn't realise until the training that people were trying to find their centre of balance, so need to be able to move." We spoke with the health care professional who told us, "The staff are very good at supporting people and looking at ways to adapt the techniques they have been taught to meet people's needs. I visited once and they had completely rewritten the care plan using the principles I taught them. They checked this out first to make sure it was suitable. The staff are excellent."

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

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw where people lacked capacity to make decisions; assessments and best interest decisions had been completed. One member of staff told us, "We do everything we can to help people to make decisions each and every day. Some decisions we understand that people can't make because they may not understand. We help with the assessments so we can demonstrate whether they have the capacity. We always start with the assumption that they can make a decision." Another member of staff told us, "I need to think about how I give power back to people so they can make those decisions. The training has made me think more. For example, I used to think that if people pulled off their apron at meals times it was about their behaviour. It made me think, is it that they just don't want to wear it? So now I leave it off and they are happier. They were making a decision and I should respect that."

One person needed medical care and was supported to make the decision to have the treatment with an Independent Mental Capacity Advocate (IMCA). An IMCA safeguards people who lack the capacity to make specific important decisions: including making decisions about serious medical treatment options. IMCA's represent people where there is no one independent of services, such as a family member or friend, who is able to represent them. One member of staff told us, "It's important that people can support them to make a decision so we can be sure it's in their best interests. The IMCA had to build a relationship with them first though and we are here to help with that."

Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for and assessments had been completed. We saw assessments had been carried out and DoLS orders had been authorised. One member of staff told us, "People can still go out. A DoLS doesn't mean that people are restricted here, far from it. It's about people being properly supported."

Meal times were flexible to enable people to have individual support and ensure they could have the time to eat their chosen meal. When preparing for lunch, we saw staff asked people if they were hungry and wanted to eat. One person had dirt on their clothes from an activity. The staff member supported them to change into clean clothes before the meal. They spoke with the person and explained what they were doing and why. During the meal, staff sat with people and supported them to eat. Where food was split, this area was cleaned to respect people's dignity. Some people had a visual impairment and staff described the food that had been cooked. One member of staff told us, "Meals are not just about eating the food. People have complex needs and we need to give other clues so people can enjoy the food and know what it is." Some people need a softened diet. One member of staff told us, "Some people have blended food but if we put spaghetti on toast, it softens the toast, and this gives them different textures to eat and makes things different for them." Staff received support from health care professionals to understand the best methods to help people to eat and how to provide a healthy diet. The care records included this information and one health care professional told us, "They staff are very responsive and very good at supporting people in the best way."

Is the service caring?

Our findings

The provider and staff had a strong, visible person centred culture and were exceptional at helping people to express their views so that they understood things from their point of view. Staff understood how people communicated and responded to different vocal sounds and gestures. One member of staff told us they had received training for 'intensive interaction'. They explained this training developed their skills to interact with people through using their own style of communication and sounds. They told us, "It's about using language or sounds or gestures that people use and understand and sometimes mirroring this. It helps to develop a more meaningful relationship with people and to understand how people are communicating with you." We saw the staff using this technique when interacting with people. A member of staff told us, "We have found people do respond better and we people are more vocal with us. We recognise that sounds are the building blocks of language and repeating sounds people use, helps with communication. This all helps to develop our relationship and trust as well." A relative told us, "The staff know [person who used the service] better than me. They recognise when they want something and when they are happy. They are so good." This demonstrated staff had developed their approach and were creative in overcoming barriers with communication.

Staff respected people's decisions and supported them to do the things they wanted to do. One person wanted to walk around with a particular member of staff. The staff member responded and walked with them. When they stopped they sat next to them and stroked their hand and spoke quietly with them. We saw the person became less anxious. The member of staff told us, "We can make plans but we have to respect people's wishes if they want to do something else and there's enough of us around so people can change their minds." Another member of staff told us, "Because it's small here, people get the attention they deserve and we have time with people. This means if they want a bath, they can have a bath. That's such a lovely experience for people too, as we have a big spa bath and it's lovely."

We saw when people were supported to move, staff introduced themselves and asked for permission to help them move in their wheelchair and explained why they wanted them to move. For example, one member of staff said, "Would you like to move nearer to the Christmas tree, you can't see what's happening here?" When they moved, the member of staff included them whilst decorating the tree and commented on the baubles and decorations, giving the person the opportunity to see the items closely and feel the objects.

Staff addressed people by their preferred name and we saw people responded. Staff used people's first name or called people by their title and surname. One member of staff told us, "We like to use what people prefer. It's really important that we use the name they want and can identify with." Another member of staff told us, "Some people we support are not able to hear, so it's not only about saying their name but approaching them and letting them know you are there. We have to think how would we feel if someone just starting doing something without letting us know."

We saw where people needed support with personal care, staff helped people to move out so care could be provided in private. One member of staff told us, "We are lucky to have both male and female staff here, so we try where possible to give people a choice. It doesn't always work that men want other men to provide

the care; it's also about how well you get on with people and trust. If we recognise this, we can give the best care." We saw at lunch time where one person was not eating, one member of staff said, "Would you prefer [staff name] to help you?" The other staff member helped the person with their meal and they smiled and started eating. One staff member told us, "It isn't personal. We all have people we like more and we respect that."

The staff were highly motivated and were kind and compassionate in their approach to care. We saw people spent long periods of time with people, talking with them, holding their hand and giving people a hug when they wanted this. A member of staff told us, "For some people here, touch and affection is everything, for some people it's not what they want. We have learnt to support people differently. Good care is not about doing the same for everyone but doing things how people want it done. For some people this means a hug, and we very happily give hugs."

Is the service responsive?

Our findings

The provider and staff were flexible and responsive to people's individual needs and preferences and found creative ways to ensure that people lived as full a life as was possible. For example, a member of staff told us, "Everyone here is a unique person." Some people had complex needs and sensory impairments and activities were chosen that would stimulate their senses. One member of staff told us, "[Person who used the service] likes to spend time in our sensory garden. We had this built for this reason. [Person who used the service] loves the motion of transport and also the rain. We have created different activities based on what they like. For example, we have a water tray and drip water on their head which they love. We also have a vibrating board we can play music through. They cannot hear the music but they can feel the vibrations and beat of the music throughout their whole body. They really love this experience." Another member of staff told us, "We have a sensory pillow which comes just to where the cochlea is so when we play music they can 'hear'." This demonstrated the staff had a good knowledge of using the sensory equipment to help people experience different activities and sensations.

We saw people participated in a range of activities according to their interests. One member of staff told us, "People go out every week. Sometimes we go out for lunch and some people enjoy carriage riding at a local specialist horse riding centre. It's about what people want to do, though we also try different things all the time and then evaluate whether people liked doing this." Some people enjoyed listening to loud music and went to a local outdoor amphitheatre and listened to local bands play. These people also went to a Motorhead concert and a Bruno Marris Concert. One staff member told us, "My ears were ringing it was so loud but [person who used the service] really enjoyed it. It was such a good experience for us all. When we went to see Bruno Marris, we all got to meet him too. We try and arrange as many special experiences for people as we can. People here deserve the best and we do everything we can to make sure they get that." One relative told us, "[Person who used the service] has a good life. They have a home and live a wonderful life. I couldn't be happier to see them so happy. I never have to worry at all."

People went shopping and chose what clothes and food to buy. We saw people were dressed in individual styles. One member of staff told us, "People definitely know what they want. We help people by picking out two outfits in a style we know they like. This makes it easier for people to choose. Too much choice is sometimes too much and we know for some people being out in shops can sometimes be too much too. We want people to enjoy the experience not to become agitated." Another member of staff told us that one person liked to go to a particular barber to have their hair cut. They told us, "We needed to learn how to support people with different hair types. Where people are from Afro-Caribbean backgrounds, we needed to make sure we knew what to do. We found a local barber who specialises in Afro-Caribbean styles and they have taught us what we need to do to make sure we provide the right care in between cuts. It's important that we recognise people have unique needs and we need to make sure we celebrate these differences."

People's care and support needs were reviewed with people who were important to them and professionals were invited to contribute to the review. One member of staff told us, "Communication is very good here. We all need to work together and do the right thing. It's no good if we all do different things for people." We saw where reviews had taken place the care records had been reviewed to reflect those changes. A health care

professional told us, "The staff are excellent at approaching us if anything needs reviewing or have any concerns and its implemented straight away." The comprehensive review demonstrated that staff were committed to ensuring they delivered exceptional care and strove to continually improve the service they provided.

People were supported to express how they felt and staff who had developed good relationships with them and understood how people communicated. One person made different sounds to express themselves. The staff understood whether the sounds may indicate whether they were happy or sad. One member of staff told us, "You have to be aware of everything. Sounds, body language and facial expressions." This is even more important when trying to find out if things are wrong. Some people make sounds that strangers may think is because they are unhappy, but that's not always the case. Sometimes they are expressing happiness. People can't make a complaint so we have to know what makes a person unhappy and how they show this. If we know this we can share this with the manager and get to the bottom of what the problem is." Another staff member told us, "Some people have an advocate or family members will speak up for them and some people don't, so it's really important we help people to speak out." An advocate is someone who can help people express their views and wishes and make sure their voice is heard.

Relatives knew how to make a complaint and who to go to if they had concerns. One relative told us "[Person who used the service] is the most important thing in my life. I want the best for them and if it wasn't then I'd say. This isn't always about making a complaint but saying what you think could be improved and they always listen. They get the little things right here too so it doesn't get to the stage where you need to complain. There had been no recent complaints, though we saw where complaints or concerns had been received, the registered manager considered the circumstances of the complaint, listened to people's views and responded to any concerns to ensure continuous improvement.

Is the service well-led?

Our findings

The service had a registered manager. The Staff told us that the manager provided leadership, guidance and the support they needed to provide good care to people who used the service. A member of staff told us that the manager was approachable and provided support when they needed it. They told us, "They really care what happens here and are always around. If we want to speak with them we just have to say. I never feel that I can't talk with them."

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff and appraisals. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. One member of staff told us, "I've never worked anywhere like this before. They are genuinely interested in seeing you develop and why wouldn't they. The more I know the more I can support people better." Another member of staff told us, "We know what is expected of us. We are committed to making sure people's rights are met and we have strong values about what people deserve. It's good that we all share these values and work so well together."

People who used the service and their family and professionals were regularly involved with the service in a meaningful way, helping to drive continuous improvement and were consulted about the quality of the service. There was an annual service review and people were sent questionnaires to complete. We looked at the last review and comments from people and relatives included; 'Valleyview is well run and friendly establishment with high standards and committed staff who care dearly for the service users. We are more a big family than a care home.' One relative we spoke with told us, "The staff always want to know what we think and if things could be better. I'm not sure they could be. It's such a comfort to know that [person who used the service] lives in such a wonderful place and is happy. Nowhere is perfect but this place is as near to perfect as you'll ever get."

Staff we spoke with knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice to their managers. One member of staff told us, "I know everything would be done to address issues here because I've seen it done. We are a small team and we know if anything is wrong and report it. I'm really lucky to be part of this and want it to get better and better, so we speak out and make improvements."

Quality assurance audits were carried out twice a month by the registered manager and identified where improvements could be made. The audits included checking people's care records reviewing accident and incidents and safeguarding referrals. Where safeguarding referrals had been made, staff were involved with looking at what lessons could be learned to ensure systems were part of a continuous review for improvement. A comprehensive review took place twice a year and reviewed any previous audit to ensure actions had been taken. We saw where concerns were identified these were recorded for action and staff told us they were responsible for making necessary changes and improvements.

Staff were encouraged to contribute to the development of the service. They told us that staff meetings were held to discuss issues any service developments, changes to people's support and where improvements could be made. One member of staff told us, "We all have a part to play here and we want to make it as good

as it can be. It's good that the manager listens to what we have to say and wants to hear from us."