

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 well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Cole Valley is a residential care home providing personal and nursing care to up to 45 people. The service provides support to older people with physical disabilities and who are living with dementia. At the time of our inspection there were 18 people using the service.

The care home accommodates people in one adapted building over two floors with bedrooms on the ground and first floor. People had access to a garden.

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

Governance systems were in place but were not effective. The provider's governance systems had failed to identify the concerns and shortfalls we found on inspection in relation to environmental risks, supporting people to consent and the quality of care. This concern about ineffective systems was a repeated concern over the previous five inspections. People and relatives spoke highly of the registered manager and felt able to approach them with concerns.

Where environmental risks had been identified, the provider had not always been proactive in addressing the concerns. Medicine management required improvement to ensure medicines were given at the correct time. Infection control practices had improved since the last inspection and people and relatives were happy with the cleanliness of the home. People told us they felt safe. We observed there were enough staff to meet people's needs.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Mental capacity assessment and best interests' decisions were not in place for all people who lacked capacity to make specific decisions. Oral hygiene assessments were in place, but support was not being carried out in relation to people's assessed needs. People were happy with the food and improvements had been made to the environment since the last inspection. Staff completed training and competency assessments were in place.

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 (published 05 August 2021) and there were breaches of regulation. The provider completed an action plan and sent monthly reports to show what they would do and by when to improve.

At this inspection we found improvements had been made to meet the previous breach in the regulations under safe care and treatment. However, enough improvement had not been made in the governance of the service and we identified a further breach of regulation. The provider has failed to achieve a good rating over

the last six inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 26 April 2021 and breaches of legal requirements were found in relation to safe care and treatment and governance. The provider completed an action plan and monthly reports after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We inspected and found there was a concern with how people were supported to consent, so we widened the scope of the inspection to include the key question effective.

This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cole Valley on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to how people were supported to consent. We identified a continued breach of regulation relating to the governance of the service. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service and will publish details of our regulatory response once this has been concluded.

Special Measures

The overall rating for this service is 'Requires improvement'. However, the service will remain in 'special measures' as the service has been rated as 'Inadequate' in a Key Question over two consecutive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 was not 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 well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a specialist advisor (who was a qualified nurse) 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.

Service and service type

Cole Valley is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cole Valley is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home and five relatives about their experience of the care provided. We spoke with ten staff including the Registered Manager, nurse, care worker domestic staff and kitchen staff.

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

After the inspection

We continued to review information in relation to the governance of the service. We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At our last inspection systems had failed to ensure safety was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 safe care and treatment. However, some further improvement was required.

Assessing risk, safety monitoring and management

- Whilst most care plans were detailed about how to support people, where one person was regularly refusing care and could become distressed and agitated towards staff there was a lack of guidance. There was no robust review of incidents to identify why the person may be acting in this way, and staff we spoke with had limited knowledge about their history and likes and dislikes. This meant opportunities to engage with the person and improve care had been missed and the person regularly did not have support with personal care.
- At our last inspection we found people did not always have risk assessments in place when they required specific equipment. At this inspection we found improvements had been made and people had detailed risk assessments and care plans in place to guide staff on how to support them with equipment.
- When people had fallen, analysis was completed to look into the cause of the fall and timely action was taken to reduce the risk of further falls. Care plans and risk assessments were updated regularly, and guidance was in place for staff to keep people safe.

Using medicines safely

- Where people were prescribed insulin to control their diabetes, they were not always supported to take it at the time they needed it. We found no evidence that people had been harmed, however, this increased the risk of unstable blood glucose levels and complications in the person's health condition.
- Where people had medicines prescribed to be given at certain times there was no system in place to record the time medicines were given, this meant there was no oversight to ensure it was given at the correct time. It was important for people to get their medicines at the time prescribed to control the symptoms of their illness. We fed this back to the registered manager who immediately updated their systems to record this.
- People and relatives told us they were happy with their medicines support. One person said, "I take it myself; they observe me taking it." A relative told us, "If there's a change of medication they communicate."
- Some people self-administered their medicines. A risk assessment had been completed to ensure the person could maintain as much independence as possible, whilst ensuring all safety aspects had been

considered.

Preventing and controlling infection

- We were somewhat assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. We saw some PPE was disposed of in general waste bins and the kitchen staff were not routinely wearing face masks correctly. The registered manager took steps to address our concerns during the inspection.
 - We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had not taken all action to mitigate risks in relation to Legionella's disease following a risk assessment. Although there were some routine checks on the water system to reduce the risk, a legionella risk assessment completed in November 2021 identified high risk actions which needed to be completed. These had not been completed at the time of our inspection in March 2022. At the end of the inspection the registered manager confirmed they had a date for the work to be completed the following week.
 - We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were supported to maintain contact with their relatives and friends. A system was in place to support people to have visits from relatives and any other important people in their lives. This system was in line with the latest government guidance.

Staffing and recruitment

- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable and of good character. However, the provider had failed to ensure a risk assessment was in place for one member of staff where there had been previous concerns about their conduct. The registered manager told us they had taken action to monitor the staff member, but there was no record to evidence this.
- Our observations were there were enough staff to meet people's needs. Relatives told us and we observed a calm atmosphere in the home and staff responding to people's needs. One relative told us, "It's very calm, you don't hear people shouting, and there is no panicking [by staff]."
- There was a high use of agency care staff during the day. One staff member told us this made things more difficult when they had to support new agency staff who were shadowing them. However, some agency staff had worked at the home for a long time and the provider was continually recruiting.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and action taken to minimise risk, however the providers monthly auditing system to monitor themes and trends had not been completed for eight months. This was despite falls and incidents occurring after this time. This meant opportunities had been missed to consider what lessons could be learnt and to improve the care people received.
- We found the registered manager had taken substantial action following the last inspection to make

improvements in infection control and prevention. A relative told us, "We wear full PPE, we always put a lateral flow negative test in and have a temperature check." Peoples' comments about the cleanliness of the home included, "Very clean" and "Cleaned every day."

Systems and processes to safeguard people from the risk of abuse

- There was a calm atmosphere within the home and people and relatives told us they felt safe. One relative said, "I just think there is always somebody on hand." Another told us, "[Person] used to be upstairs, put provisions were made for them going downstairs, an assessment was made for their own safety."
- Staff had received safeguarding training and understood the signs of abuse and the action they needed to take if they had concerns. One staff member said, "We would go straight to either the team leader or the manager. We could call CQC direct and raise a concern."
- The registered manager understood their safeguarding responsibilities and knew when to make referrals to the local authority and CQC. When individual safeguarding concerns were raised, they took action to reduce the risks to the person.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider was not consistently working within the principles of the MCA and people's rights under the MCA were not protected. People had one capacity assessment completed to assess if they could consent to their care and treatment and if an application to the local authority for a DoLS assessment was required. However, no further decision specific assessments were completed when restrictions had been put in place, for example people were being restricted by the use of bed rails, staff supervision checks and sensor mats. There were no best interests decisions recorded to evidence how these restrictive decisions had been made in the person's best interests and if this was considered to be the least restrictive option.
- People's capacity had not been reviewed to see if there has been changes in their capacity to make specific decisions. Where one person's capacity had been queried by a medical professional, there had been no further review to assess if the person could make a decision about their care and treatment. After we raised this with the registered manager, they carried out a mental capacity assessment and made a DoLS application to the local authority.
- The registered manager and staff had limited knowledge of MCA and DoLS. Staff were unable to tell us who had a DoLS authorised and not all staff had received training. This meant staff might place restrictions on people where this was not necessary.
- Records showed a relative had signed consent forms for medication to be administered and personal care to be given, when they did not have the legal authority to do so. For another person there was a presumption that they could not make decisions due to their cognitive impairment.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent.

- We observed staff gaining consent before providing care to people and supporting people to make choices, for example in relation to food and drink, and where they wanted to be in the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- One person's care plan hadn't been updated following an assessment from Speech and Language Therapists (SaLT) and their most recent recommendations were not in the person's care plan. We did not find the person had come to any harm, as kitchen records reflected the up to date guidance and staff knew of the recommendations. However, there was an increased risk to the person of receiving the wrong diet which increased their choking risk, due to the inaccurate records. The use of agency staff also increased the risk due to them not knowing people's needs.
- A pre-admission assessment was carried out to find out if the service could meet the person's needs before they moved to the home. Risk assessments and care plans were put into place following the assessment and reviewed on a monthly basis.
- Where people's needs had changed, or they required specialist support from a professional the appropriate referrals were made. For example, where people received nutrition and medicines via a Percutaneous Endoscopic Gastrostomy (PEG) the dietician had recently reviewed the person's needs and a comprehensive care plan was in place.

Supporting people to live healthier lives, access healthcare services and support

- People's oral hygiene needs were assessed but staff had not received training in how to support people with their oral hygiene. Daily records were not completed to show oral hygiene support was given to meet people's assessed need. We found one person's oral hygiene had been reviewed and identified plaque and debris in their mouth. We raised our concern with the registered manager who said this was an area they were working on and had discussed further with staff.
- People had been supported to access mental health services where there were increased concerns. Staff had worked with professionals to ensure they had all the necessary information about the person's needs.

Staff support: induction, training, skills and experience

- People told us staff knew how to support them and do their jobs. One person told us, "They are very professional people." Another commented, "Training is provided [to staff]." Mandatory training was completed by staff but there were some gaps in other training for example, in MCA and DoLs and supporting people who may display aggression. We found gaps in staff knowledge when supporting people in these areas.
- At our last inspection clinical competency assessments were not in place for the registered nurses. At this inspection we found a range of competency assessments had been completed, for example, in relation to medication, infection control, moving and handling and clinical competencies.
- Care staff received induction training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Agency staff were 'block booked' to provide consistency in care where possible. Agency staff we spoke with said they received an induction when starting at the home and shadowed a permanent member of staff in order for them to get to know people's needs.

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

- People told us they were happy with the food. The registered manager carried out a dining experience audit on a monthly basis to ensure people were happy with the choices available to them and the dining experience.
- Kitchen staff had clear information about people's dietary needs. We saw a clear system which indicated which people were diabetic, received nutrition via a PEG and which people were at risk of choking and needed a modified diet.
- Our observations were there was a relaxed atmosphere at mealtimes with staff and people talking together and people appearing to enjoy their food. Some people preferred to eat in their bedrooms and this choice was respected.

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

- People had access to a small garden with table and chairs and some potted flowers. We saw people enjoying spending time outside. The garden was accessible to people living with dementia.
- Since the last inspection the provider had refurbished some areas of the home and further decoration was being undertaken to the areas of the home to the empty bedrooms. People were encouraged to personalise their bedrooms.
- Signs were placed on doors to help people who may be living with dementia to orientate themselves.

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 our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had not established or maintained effective governance within the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, good governance.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17 good governance.

- Where environmental risks had been identified the provider had failed to take timely action to address the concerns. Although audits had identified the need for action to reduce the risks of people being exposed to legionella, work to mitigate the identified risks had not been undertaken for more than four months at the time of our inspection visit. A risk to how oxygen was stored in the medicine room was identified in an audit in February 2022, however, at the time of our inspection visit the oxygen was still not stored safely. The registered manager told us they had ordered a chain to secure it, this arrived on the second day of our inspection.
- Governance systems had failed to identify other environmental risks such as the key to the cupboard storing hazardous substances being accessible to people, which meant it could potentially be accessed by people living with dementia. In addition, the gate at the top of the stairs did not lock which presented a risk to people who were at risk of falls. Although we didn't find that anyone had come to harm in relation to these concerns this did increase the risk of harm to people. When we raised this with the registered manager, they took immediate action to address the concern.
- There were ineffective systems to ensure medicines were always managed safely. The provider's oversight had not identified that medicines were not always being administered as prescribed or that there was no system in place to record when time specific medicines were given. This meant no action had been taken to address the concern and review the impact on the person and their health.
- Audits of care plans had been ineffective to identify that care plans were not always up to date with professional's recommendations and contained enough guidance for staff to follow to mitigate risks to people's health.
- Systems had failed to follow the Mental Capacity Act. Mental capacity assessments and best interests' decisions had not been completed and the registered managers and staff knowledge was poor. Some care staff had not received any recent training in this area. This increased the risk of people's rights not being

upheld.

- The provider's oversight of the service had been ineffective to identify and address concerns. Although audits had been completed, they were not robust and had not identified the concerns we found on inspection in relation to MCA, care plans and medication. The registered manager told us they had not received regular supervision, but a new quality manager had recently been employed and was going to start to provide more support and oversight.
- The provider had failed to ensure there was a culture of continuous learning in the service. We found continued concerns at this inspection which had been identified at previous inspections, in relation to MCA, governance and environmental risks. Although the provider had completed an action plan and provided monthly updates since the last inspection, this had not been effective to make and sustaining the necessary improvements to ensure people always received good quality care. The provider had not achieved a good rating for the home over the last six inspections.

We found no evidence that people had been harmed however, systems had failed to ensure effective monitoring of the quality of the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager had improved systems in relation to mitigating risks of transmission of COVID-19, including enhanced cleaning, ensuring appropriate screening for visitors and cleaning of equipment.

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

- Systems had not ensured that person-centred care was always promoted. One person's care plan did not contain person-centred information and staff did not know the person's history, likes and dislikes. People's oral hygiene needs were not routinely met.
- People told us they had attended 'residents meeting.' One person said they had been asked for their view about how the service could improve at the meeting. We saw records of the last meeting which included discussions regarding food preferences, mealtimes, staffing and activities. However, it was not clear how any suggestions were followed up and how feedback was given to people.
- We observed staff supported people to make choices about their care and people confirmed this. People told us they could get up and go to bed at the time of their choosing. One person said, "Yes, I lay in every day."
- Relatives told us they were involved in regular reviews about people's care. One relative said, "They tell me everything, communication is very good."

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

- Although people and relatives spoke positively about the care that was provided, decisions were made for people without the correct processes being followed. This meant for some people, ways to engage them in decisions about their care had not been fully explored.
- Relatives spoke highly of the registered manager. One relative said, "They are very nice, and listen." Another commented, "I think [registered manager] and the assistant manager have made the home great."
- Staff attended regular staff meetings to discuss their responsibilities and changes within the home. Staff felt able to raise concerns with the management team. One staff member said, "[Registered Manager] is lovely, very approachable. I've not had to raise any concerns, but if I did it would be kept confidential."
- Staff completed equality and diversity training. There was a diverse staff group working at the home and a room had been converted into a multi faith room in order to provide quiet and private space for people to use.

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 registered manager was open and transparent during the inspection and took action in response to a number of the concerns raised, for example by updating records, and taking action to address environmental risks.
- The management team understood the duty of candour and contacted relatives when an incident occurred. Relatives told us about the good communication between themselves and the staff. One relative told us, "We trust everybody giving care."

Working in partnership with others

- The service worked in partnership with other professionals and agencies, such as community psychiatric nurses and social workers to ensure that people received the care and support they needed.