

# United Health Limited

# Valleyview Care Home

## Inspection report

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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Valley View Care Home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

Valley View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Valley View Care Home accommodates to up to eight people over the age of 18 years, male and female, with learning disabilities, sensory impairments and physical disabilities in a single story building. There were six people living in the home at the time of our inspection.

There was a registered manager in post. 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.

At our last inspection we rated the service good overall and outstanding in the responsive domain. At this inspection we found the evidence supported a rating of good in responsive and good overall. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from unnecessary harm because staff knew how to recognise abuse and understood how to report their concerns. People's risks associated with their care were identified, assessed and managed to keep them safe.

Staff understood the importance of gaining consent from people and the actions they should take when people were unable to make decisions for themselves. People were provided with a choice of suitable food and were encouraged to take adequate fluids to support their health. People's health and wellbeing needs were regularly monitored and when necessary people received additional support from health care professionals.

People were treated kindly by staff and their rights to privacy and dignity were recognised and maintained. Staff recognised people's individuality and provided care which met their preferences. People were encouraged and supported to maintain the relationships which were important to them.

Relatives and staff felt the service was well managed by the provider and registered manager. The registered manager listened to people's opinions. Audits and checks were in place to monitor the quality of the service

and make improvements where needed.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service has been reduced to Good. Staff were knowledgeable about people's needs but did not always provide an outstanding level of support. People were supported to experience activities which they enjoyed. Relatives agreed that any concerns would be addressed immediately.

### Is the service well-led?

Good ●

The service remained Good.

# 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This unannounced inspection took place on 29 March 2018 and was undertaken by one inspector.

When we were planning the inspection we reviewed the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

People living at Valley View Care Home were unable to speak with us about their experience of care and support. Therefore we spent time observing care in the communal areas of the home, how staff interacted with people and how well they understood people's needs. We contacted two relatives by phone to hear their views. We also spoke with a visiting health care professional, four members of the care staff, the activity coordinator and the registered manager.

We looked at two care plans to see if they provided an up to date and accurate record of the care people received. We also looked at information related to the management of the service including the recruitment process and quality monitoring arrangements.

# Is the service safe?

## Our findings

People continued to receive safe care. Staff understood their role in safeguarding people from harm. A relative told us, "They understand safeguarding and keep people safe here". One member of staff said, "We have to make sure people are safe, we're their voice. If I was worried I'd go straight to the manager or if necessary I'd report it myself. We've got all the numbers we need to contact the authorities". Another member of staff told us, "I'd report any concerns I had straightaway and make sure it was documented. There's an increased risk when we're out and about so we need to keep an eye out, watch the roads etc.". Staff told us they received training on recognising abuse and poor care which was updated regularly to ensure their knowledge was refreshed.

There were risk assessments in place to ensure people's needs were identified and their care and support was delivered in the best way for them. People with limited ability to move themselves were protected because staff understood the importance of changing their position regularly to prevent pressure damage. We saw one person was supported to change their position by resting in bed after spending time sitting in their wheelchair. This meant pressure was relieved for them to reduce the risk of sore skin. Each person had a personal evacuation procedure in place to ensure they were supported appropriately to leave the building if an emergency, such as if a fire occurred. The personal evacuation plans were reviewed regularly and updated to reflect changes in people's support needs. The provider reviewed accidents and incidents and introduced changes in people's support if necessary. Staff told us there were arrangements in place to share learning from incidents and complaints with them through one to one meetings, shift handover and team meetings. We saw that when an error had been identified this had been investigated. The outcome of the investigation was shared with staff individually and as a group. This was to ensure they understood what had caused the incident and the arrangements which had been put in place to prevent re-occurrence.

People's medicines were managed safely. We saw that medicines were offered to people with their food to make swallowing them more acceptable to them. We heard staff informing them that they were taking their medicines to ensure they understood. A member of staff explained, "We don't hide the tablets. We always tell people that they're taking them but it's easier for them with food. Their doctor has agreed that we can do it this way". We looked at people's medicines administration records and saw they were completed correctly and that staff monitored stock levels to ensure they were accurate.

There were adequate staff to care for people. Staff told us the staffing levels were determined by people's needs and their planned activities. One member of staff told us, "One member of staff comes in early in the morning because [Name of person] gets up early. This means the night staff can concentrate on supporting others". Another member of staff said, "We have two people going out horse riding this afternoon so one member of staff has come in early to get them ready and accompany them". We saw that there were sufficient staff to spend time with people and attend to their needs. Staff told us they completed recruitment checks before they were able to start working with people living at Valley View. One member of staff told us, "After I'd had my interview I had to give names of people to contact for references. I'd already had a police check done for my previous job but I had to repeat it and wait for everything to come back before I could start". This demonstrated that the provider ensured that staff were suitable to work within a caring

environment.

There were processes in place to protect people from the risk of infection. The home was clean and we saw that staff used personal protective equipment when preparing food or providing personal support for people. One member of staff told us, "We have aprons etc. in the kitchen and all the staff have completed food hygiene training. Supplies of gloves and aprons are kept in the bathrooms and people's bedrooms for us to use when providing personal care".

## Is the service effective?

### Our findings

People continued to receive effective care. Staff were supported to expand their knowledge and gain the skills they needed to understand people's needs and care for them effectively. One member of staff told us, "The training is really good. I'd never experienced seeing seizures before and it was quite scary. I had the training and found it really interesting. I now know about the different types of seizures people living here have and how to support them". Staff told us they were provided with an induction when they started working in the home. A relative told us, "I know as soon as the staff start working here they're shown what to do: how to look after people". One member of staff said, "I had an induction when I first started. I shadowed other staff and spent time reading through everyone's care plans as well as policies". Staff received on-going support through supervision sessions. Staff told us they felt they were supported. One member of staff explained, "When we have supervision we can talk about any concerns we have, how you're feeling or if you've got any problems".

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation to ensure best practice care was embedded across the home. For example there was information included in each person's care plan regarding their individual disabilities and illnesses. Some people had uncommon conditions and the printed information gave staff the opportunity to understand the impact that had on the person.

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 or 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 saw that the provider understood the MCA and were working within the principles of the Act. Staff understood the need for consent in terms of day to day interaction with people and how each person would indicate their consent through their body language. For example we saw that one person used supports on their limbs. We saw staff show the person the support and they held up their limb for the support to be fitted which implied their agreement. A member of staff told us, "[Name of person] will let you know when they don't want to wear the support by either not putting them on or taking them straight off". Decisions made on behalf of people had been agreed to be in their best interest and were documented. One member of staff told us, "People with a learning disability have the same rights as all of us. If people can't make decisions we have to make them for them particularly when it involves keeping them safe". The registered manager had made the necessary applications to ensure any deprivations to a person's liberty were conducted in line with the law.

People were supported to have a good diet which met their needs and preferences. A relative told us, "My relative has to have their food pureed. Staff make sure they still have a treat and melt chocolate for them".



Staff knew the foods that people liked and provided them with healthy choices, for example a meat substitute was used to provide an occasional lower fat option for a pasta sauce. People were prompted to eat independently if they could or staff supported them in a patient and unhurried manner when required. Staff monitored people's weight regularly and we saw whenever there was a concern action was taken to support people's nutritional wellbeing. For example, one person periodically refused their meals and consequently lost weight. We saw staff had introduced supplements and enhanced the persons diet to increase their calorie intake until they returned to their normal eating pattern.

Staff worked well together and with other organisations to deliver effective care, support and treatment. One visiting healthcare professional told us, "No problems here, they're always on the ball". A relative agreed and said, "I never worry about [Name of person] here. The staff always know when they're not well and they have a very good doctor to care for people". We saw staff contacted health professionals when required to ensure people were supported to maintain their health and wellbeing.

People's bedrooms were personalised with individual decoration on the door and within the room and there were photographs displayed of people taking part in activities. There was a sensory room within the communal area of the home. We saw people enjoying visual and sound stimulation to enhance their senses and improve their wellbeing. The building was on one level which enabled people who were mobile, free access to their bedrooms when they wanted time alone. There was an enclosed garden for people to use when they wanted to spend time outside.

## Is the service caring?

### Our findings

The home continued to be caring. People received care from staff who were kind and respected them as individuals. People who used the service were not able to tell us about their experience of care so we observed how people and staff interacted together. A relative told us, "The care is magnificent. People couldn't be looked after better". We heard people being referred to by their preferred name and we heard staff addressing them before offering any support. Staff engaged with people and offered non-verbal support and reassurance through gestures such as placing a hand on their arm whilst interacting with them. Staff understood how to communicate with people individually and we saw they provided information in the way which was the most appropriate for the person. We saw that people looked comfortable with staff and responded to them in a positive manner. For example we saw one person smile and stroke the member of staff's face as they spoke with them.

People's privacy and dignity was promoted. Where people were unable to maintain their own decorum staff ensured they protected people. For instance, we saw in people's care plans that staff were reminded, when choosing clothing for people, to pick clothes which would conceal any personal protection items they wore. This demonstrated that people's dignity was recognised as a priority. People were able to return to their bedrooms if they wanted time in private. We saw that staff supported people to do so and we heard them knocking on doors before entering. Staff demonstrated patience with people. One person frequently removed limb supports that they should use for protection. Staff responded calmly each time and said, "Come on [Name of person]; let's put these back on again shall we".

People were encouraged and supported to maintain the relationships which were important to them. Relatives told us they could call at any time. One relative told us, "We look forward to visiting. We always have a laugh with the staff". We saw that people were supported to attend family occasions outside of the home, for example birthday parties and funerals. Another relative said, "We take our relation away on holiday a couple of times a year".

## Is the service responsive?

### Our findings

We found the evidence at this inspection did not continue to support the rating of outstanding and have reduced the rating in this domain to Good. Since our last inspection, there had been some staffing changes in the home. The registered manager told us the changes had been implemented to ensure there was adequate cover during the week and at the weekends. Although the staff we spoke with provided information to illustrate their knowledge of people, the care they provided was not as intuitive as we had witnessed at our last inspection. For example staff recognised that one person's behaviour indicated that they were hungry however they did not prioritise the serving of their meal at lunchtime. A relative told us, "There have been some changes. There's a mix of staff, young, older, experienced and new. [Name of person's] key worker knows them really well and the new staff are learning".

Staff provided people with opportunities to enhance their lives through new experiences. One member of staff told us, "We don't see people's disabilities. We try and provide them with activities which meet their abilities. We take people to music concerts and on holiday". A relative told us, "My relative does a lot. They love horses, not afraid at all. They go riding every week and love their holiday in Blackpool, because of the horses on the beach. We also noticed that they were becoming less mobile and so staff included them in a walking group which has really helped". A member of staff explained, "It's important that we find out how people interact and express themselves. Some people have a short attention span so may only enjoy doing something for one minute but it's still important if we see they enjoy it".

People had the opportunity to use information technology to enjoy new experiences. We saw there was a computer with a touch screen which people were supported to use. One programme showed balloons floating in the sky and we saw that people reached out to touch them. We saw one person walked around constantly and had a condition which could make their feet painful. Staff explained how the person would indicate their discomfort by stamping their foot. A member of staff told us the person really enjoyed having a foot spa and would sit and relax whilst having this. We saw the person sat as soon as they saw the foot spa and relaxed for the duration. Staff recognised the importance of supporting people to express their diversity. For example we saw that staff observed people's reactions to the clothes they wanted to wear. A member of staff explained, "We hold up items of clothing and they will stare at the one they prefer. For example, [Name of person] likes pink". We saw this colour preference was recorded in the person's care plan and they were wearing items of this colour. Some people attended day care services which gave them opportunities to expand their life experiences away from the home. This demonstrated that staff responded to people's needs.

The service had looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw there was information on display in an easy to read format such as pictorial.

Staff maintained links with the community. One member of staff told us, "We held a charity plant sale last

year and we're planning to do the same this year. We've got the seeds ready to plant. We hold the sale in the garden which people can access without coming into the home. We just have to choose our charity for this year".

People's care plans provided a comprehensive insight into their past lives, the people who were important to them and how their care should be provided for them as individuals. We read that there was attention to detail in the care plans, for example staff were given specific guidance on how people should be settled for the night. Staff told us that for one person this meant tucking their pyjamas trousers into their socks. This was to protect their legs from self-injurious behaviour. People living at Valley View Care Home were unable to tell staff about their end of life wishes. We saw that relatives had been consulted for their views. Information was recorded in people's care plans regarding their care at that time and the families preferred arrangements when the person was deceased.

Relatives were supported to raise complaints and concerns if necessary. One relative told us, "If there is anything you need to raise its discussed and resolved immediately". Another relative said, "I've never had any complaints but I know I could get on the phone and I've no doubt it would be sorted out straightaway".

## Is the service well-led?

### Our findings

There was a registered manager in post. 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. Staff and relatives we spoke with were complimentary about the registered manager and the management arrangements. The registered manager was meeting the requirements of their registration with us. Prior to our inspection they had completed a Provider Information Return (PIR) detailing what the home did well and improvements they planned to make. We read in the PIR that the home was planning a recruitment open day in the near future when the local community would be invited into the home to meet with and gain insight and knowledge about care in the community.

The service worked with other agencies to ensure people received the optimum care. For example, we saw that specialist learning disability teams, social workers and medical professionals were all involved in supporting people to maintain their mental, physical and psychological health. A copy of the home's CQC rating was displayed prominently for visitors to see and was also on the provider's internet website. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

There were opportunities for relatives to share their views on the care people received. We read the feedback from the latest annual satisfaction survey. The survey reflected positive comments from relatives about the way care was provided and the safety of people living in the home. We saw that changes were made in response to comments received. For example we saw that staff photo boards had been compiled following a suggestion from a relative.

Relatives and staff told us the home was well-led. One relative told us, "The registered manager does a great job here. I think she's a good boss". Another relative said, "The registered manager is credible and understands that by doing things properly, people get looked after". Staff we spoke with agreed and said they felt well supported. One member of staff said, "I can go to anyone for help or support. The supervisor, team leader and registered manager and I'd be happy to do so". Staff told us that communication was good. One member of staff said, "We have meetings so that we can discuss people, what's going on in the home and any concerns we have". The registered manager produced a newsletter twice a year to keep relatives and staff up to date with what was going on in the home and forthcoming events.

The quality of the service was monitored to drive improvements in care and safety. We saw the results of the audits were analysed so that the provider could, where necessary, make improvements to the way care was provided to people. Accidents and incidents were monitored and the information was used to identify if there were any trends so that action could be taken to reduce risks to people. We saw that when, for example a trend was identified, and action was taken to reduce risk of reoccurrence. This meant the provider took appropriate action to protect people.