

# Bhandal Care Group (1ST Care UK) Ltd

## Leen Valley 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

### About the service

Leen Valley Care Home is a residential care home for up to 36 people which provides accommodation for people who require personal care. At the time of the inspection, nine people were living at the home.

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

All staff understood their responsibility to keep people safe from harm. People were supported to take risks and make informed choices, promoting their independence. Risks were assessed, and plans put in place to keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability to support people in a care setting. Medicines were well managed, and people received their medicines as prescribed. People were kept safe from the risk of cross infection. We made a recommendation to the provider to ensure carpets were regularly deep cleaned to minimise odour.

Staff had received training to meet the needs of people using the service. They felt supported by the management team. Staff promoted choice and people were supported in the least restrictive way. People were supported with maintaining a balanced diet including having a choice of meals. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

People received care from staff who knew them very well. Staff were caring, and people were treated with kindness and respect. Staff had a good understanding of people's needs, choices and preferences and they were provided with detailed information about people's needs. People were encouraged to make decisions about how their care was provided and their privacy and dignity was protected and promoted. Staff gained people's consent before providing personal care.

The service was responsive to people's health and social needs. People's care records were reflective of people's individual care needs and preferences and were reviewed on a regular basis. People knew about the service's complaints procedures and knew how to make a complaint. People were encouraged and supported to remain in contact with people important to them.

People benefitted from a service that was well led. The management team promoted a positive culture that was open and transparent. The registered manager demonstrated good visible leadership and understood their responsibilities. Quality assurance practices were robust and used to make improvements. Staff were motivated and talked about people and working at Leen Valley in a way which demonstrated they wanted to support them as much as possible and provide the best standards of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was Good (published 4 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-Led findings below.

# Leen Valley Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The team consisted of one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care worker, care workers and the cook. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Leen Valley Care Home. One person told us, "I am certainly being well looked after. I feel very safe here." Relatives also felt their loved ones were safe and well cared for. One relative commented, "[Person] is very safe here. I know staff are taking care of [person]."
- Staff told us and records confirmed they received training in how to safeguard adults from abuse. Staff were able to tell us where they would find information on how to report any concerns.
- Staff understood their responsibilities to keep people safe. They also felt confident if they reported their concerns to the manager action would be taken immediately.

Assessing risk, safety monitoring and management,

Learning lessons when things go wrong

- People had risk assessments which provided staff with the information they needed to minimise risk in the least restrictive way. The risk assessments reviewed regularly and updated when people's needs changed. We saw staff provide support to people as described in the person's care plan. This meant people were kept safe.
- Staff confirmed accidents and incidents were monitored and any issues were discussed with the staff team to look at reducing future risk.
- Health and safety risk assessments, including fire safety precautions, ensured the environment remained safe. Systems were in place to continuously monitor the home to identify maintenance issues as they arose. This included equipment such as hoists. Staff confirmed they checked equipment each time they used it to ensure it was safe.

Staffing and recruitment

- Staff recruitment remained robust and the appropriate checks were made to ensure only staff suitable to work in the caring profession were recruited.
- There were sufficient staff working to meet people's needs this was confirmed both by people living at Leen Valley Care Home and also by staff. One person told us, "There is always someone about. I don't wait long before someone comes."

Using medicines safely

- Medicines continued to be managed safely and people received their medicines as prescribed. One person told us, "[Staff member] brings my tablets when I need them."

- Only staff who had been trained in the safe management of medicines, and whose competence had been assessed, administered medicines to people.
- One person told us they would like to administer their medicines themselves. We discussed this with the registered manager who told us they would carry out an assessment and make suitable arrangements.

#### Preventing and controlling infection

- The home was clean and tidy and mostly free from odours. We did notice in one bedroom there was a slight odour. We discussed this with the registered manager who arranged for the carpet to be deep cleaned.

We recommend the provider regularly deep cleans bedroom carpets to minimise the possibility of odours.

- Staff told us they had received training in infection control. They were able to describe how they would reduce the risk of any cross infection. People confirmed staff wore protective clothing such as gloves and aprons when they provided personal care.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess people's needs and choices in line with legislation and best practice. Relatives confirmed someone from the service had visited their loved one to carry out an assessment of their needs before they moved to the home. This provided information about whether those needs could be met in the service, the level of support people required and how this could be delivered
- We saw staff contacting GPs and the district nurses if they had concerns regarding a person's wellbeing.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes. Where necessary referrals were made to specialist healthcare professionals for advice and guidance.
- People or their relatives had been involved in the planning of their care and their wishes were respected.

Staff support: induction, training, skills and experience

- Staff told us they had received an induction when they started work and they found this useful and helped them understand the work they needed to do. One staff member who had not worked in the care profession before told us, "I wasn't sure if I would like the work, but the induction helped me. I worked alongside more experienced staff. If I had any queries the manager was always there. I love working here."
- We saw staff were supported to access a range of training courses to enable them to carry out their role. Staff told us they had been enrolled on their National Vocational Qualification to improve their knowledge and skills.
- People told us they thought staff had the skills to look after them. One person told us, "They seem to know what they are doing. I have no complaints they are all very good."
- We saw staff move a person using a hoist. Staff explained to the person what they were doing and why. They reassured the person at each stage of the procedure. They then moved the person carefully ensuring the person was safe. This showed staff had been trained and understood how to move a person safely.

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

- People told us they enjoyed the food they had at Leen Valley Care Home. We received comments which included, "The food is very good." "I really enjoy my meals." And "The porridge here is the best I have ever had." Relatives also commented on the food. One relative told us, "[Person] really loves their food."
- People told us there was some flexibility around meal times. One person told us, "If I want my breakfast a bit later like this morning that's ok I can." Another person who has to visit the hospital regularly told us the

cook always ensures they are able to take a meal with them to the hospital.

- The care staff and the cook understood the nutritional needs of people and were aware of the importance of monitoring people's food and fluid intake where people were at risk of malnutrition.
- Care plans identified people's likes and dislikes as well as any risks associated with their diet. People were given a choice of meals each day and people told us if they didn't like the choice the cook would give them something else.
- Where people had been identified at risk of malnutrition, referrals were made to access the dietician.

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

- People's rooms were personalised and decorated with personal effects and were furnished and adapted to meet their individual needs and preferences.
- There were signs around the service to support people in finding their way round. For example, signposts to the lounge or signs identifying toilets and people's bedrooms. This meant where people were living with dementia they would find it easier to move around the service unaided.
- The garden was secure and people told us they really enjoyed sitting out in the better weather.

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

- People told us they were able to see healthcare professionals such as a GP, chiropodist or dentist if they needed to. People's care plans reflected their health care needs. We saw people's oral health was monitored and referrals made to a dentist if required.
- Some people's physical health was affected by their mental health needs and staff kept people's health under close review. Staff recognised when people became unwell. One staff member told us, "We know people really well. We just know if they are not well. They are different. They might behave differently. We report it to our senior and we monitor. If we have any worries at all we phone the doctor."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff had completed MCA training. They understood the need to ensure people gave consent before care tasks were carried out and gave examples of how they managed to gain consent.
- People who used the service confirmed they could make choices and staff listened to them. Staff ensured people were supported in the least restrictive manner.
- Not all staff were sure of who had a DoLS in place and felt it was the senior carer or manager's responsibility to know this. We discussed this with the registered manager who told us they would discuss this with staff in the next team meeting to ensure everyone understood their responsibilities.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were well cared for by kind and caring staff. One person told us, "They (staff) are absolutely wonderful. The carers working today are wonderful, they dance and make us laugh."
- People's equality, diversity and human rights had been considered and upheld. Staff valued people as individuals. They spoke about people warmly and respectfully and were observed to be compassionate and caring in their interactions.

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

- People were supported to make decisions about their care and relatives were also involved.
- Care plans included information about people's life histories and their preferences. Staff knew about people's individual needs and interests. People told us staff always asked them about their care and what help they wanted.
- Throughout the day we observed staff supporting people with their care and asking them what help they needed.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their dignity was respected. One person told us, "There are two male carers and if they help me with a wash they are very good they never make me feel uncomfortable."
- Staff knew how to support people's privacy when providing personal care and understood how important it was.
- We observed staff interacting with people in a meaningful way. Staff told us they really appreciated having time, particularly in the afternoons, to spend with people and be able to talk with them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff delivered personalised care that met people's needs. People's care plans reflected their needs, providing staff with the detail they needed to ensure they provided person centred care.
- One person told us, "Staff are very good, they know what I like and they know what help I need."
- Another person told us, "I was having a few problems sleeping as it was quite noisy where my room was, so they (staff) have moved me to this quieter room. I really like it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's individual communication needs. This included information about communication aids used by people, such as hearing aids or glasses.
- The registered manager understood the Accessible Information Standard. They confirmed they would be able to provide documents and information in accessible formats to people using and visiting the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in contact with family and friends in person. One relative told us how the registered manager and a senior carer supported her loved one to attend family parties. They said, "If (registered manager and senior carer) hadn't taken [person] to the party we wouldn't have been able to get them there. It made all the difference."
- One person told, "During the better weather I was able to sit in the garden every day. I loved that."
- The registered manager had arranged for one person, who had become isolated within the service, to attend a community centre each week. The person commented, "(Registered manager) organised it. I enjoy going. It gets me out."
- Staff told us about the different activities they encouraged people to be involved in. One staff member told us, "We recently took everyone to a local church where we had tea and cake and played bingo. It was a great success."
- We saw visitors throughout the day and we were told there were no restrictions on when people could visit.

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

- Information was available throughout the service on how to raise any concerns or complaints.
- People told us they felt confident they could complain and things would be taken seriously. One person told us they had raised concerns with the registered manager and it had been dealt with quickly and was happy with the outcome.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- Care plans identified if people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNARCPR) decision in place. They also identified people wishes in the event they became unwell.
- Staff we spoke with understood the importance of providing dignified care to people who were at the end of their lives. One staff member told us, "When people reach that stage of life, we are really good here. We provide TLC (tender loving care) and I think it is a real privilege to be with someone at that time."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

Working in partnership with others

- The management team and staff promoted a positive culture within the service. Staff knew people very well and supported them to communicate and express their needs. This led to an inclusive approach which enabled people to achieve a good quality of life.
- The registered manager was visible and available to speak with staff when they needed additional support or advice. One member of staff told us, "If I am unsure about something I know I can ask [registered manager]. They are available, really supportive."
- Records showed staff liaised regularly with the community nurse team and kept them up to date with people's changing needs.

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 displayed an open approach and listened to people, their representatives and staff when things went wrong. Staff performance was continually reviewed and improved upon to ensure they understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager worked in an open and transparent way. The provider submitted notifications of significant events, such as incidents and accidents, deaths and events that stop the service to the Care Quality Commission in a timely manner.
- Audits and quality assurance checks were completed within the service and by the provider. These ensured that practices were regularly reviewed, and any risks reduced.

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

- People told us they felt involved in their care and in the service. One person told us, "I see the manager every day, they take me to the pub or to go shopping."
- Staff said they were supported to share their views about people's care directly with the registered

manager and in staff meetings. They told us they felt encouraged to share ideas to further improve the service.

- The registered manager promoted positive team working. There was effective communication and consistency in the care and support people received. Staff members regularly told us working at Leen Valley was like a 'big family'.

#### Continuous learning and improving care

- People's care plans were regularly reviewed to ensure the care provided was appropriate.
- We saw evidence the service had acted upon any findings from the audits. For example the infection control audit. This demonstrated improvements were made to continue to develop and provide a good and safe service for people living at Leen Valley Care Home.