

Mr Waqar Hussain

# Lumb Valley Care Home

## Inspection report

Burnley Road East  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Lumb Valley Care Home on 4 and 5 June 2018.

At the last inspection in January 2016, we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing 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.

At this inspection, we found the service remained Good.

At the time of our inspection, the manager was not yet registered with the Care Quality Commission (CQC). However, following the inspection we were notified that the application to register the manager with CQC had been approved. 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.

Lumb Valley care home is registered to provide accommodation, personal care and support for 22 people. Lumb Valley care home is located in the area of Lumb in Rossendale. The accommodation consists of communal areas and single and twin-bedded rooms on three floors with stair lift access; there is a separate unit for people living with dementia. There are accessible gardens and safe patio areas and a small car park for visitors and staff. At time of the inspection there were 16 people accommodated in the home.

People were happy with the care they received and made positive comments about the staff. They told us they felt safe and happy in the home and were comfortable in the company of staff. Staff understood how to protect people from abuse.

The information in people's care plans was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and they were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

The home was a clean and comfortable place for people to live in. Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. Further improvements to the home were planned.

A safe recruitment procedure was followed and arrangements were in place to make sure staff were trained and competent. People considered there were enough staff to support them. People received their medicines when they needed them. Staff administering medicines had received training and supervision to

do this safely.

People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff respected people's diversity and promoted people's right to be free from discrimination. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible.

People had access to suitable activities. People were given a choice of meals and staff knew their likes and dislikes. People's nutritional needs were monitored and reviewed. People told us they were happy and knew how to raise their concerns and complaints; they were confident they would be listened to.

There were effective systems for assessing, monitoring and developing the quality of the service. People and their relatives were consulted around their care and support and their views were acted upon.

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?

Requires Improvement ●

The service is effective but there are areas for improvement.

The home was comfortable and warm and consideration had been given to providing a dementia friendly environment. However, we noted there were some areas of the home in need of attention.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Lumb Valley 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 comprehensive inspection took place on 4 and 5 June 2018 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with five people living in the home, two visitors, three members of staff, the registered provider and the manager.

We had a tour of the premises and looked at a range of documents and written records including four people's care records, two staff recruitment files, training records, medication records, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision.

# Is the service safe?

## Our findings

People told us they felt safe in the home. They said, "I am safe and well looked after" and "I feel very safe here; I am treated like family." Relatives expressed satisfaction with the service and told us they had no concerns about the safety of their family members. Relatives said, "I am confident my [family member] is properly looked after" and "I have no concerns about how [family member] or anyone else is treated." During the inspection, we observed people were comfortable in the company of staff. We observed staff interaction with people was kind, friendly and patient.

We looked at how the service managed people's medicines. We looked at five people's medicine administration records (MAR)s and found there were safe processes in place for the receipt, ordering, administration and disposal of medicines. Care staff who were responsible for people's medicines had received training and, checks on their practice had been completed; staff had access to policies and procedures. We observed staff provided careful, patient and considerate administration of people's medicines.

There were safeguarding adult's procedures and whistle blowing (reporting poor practice) procedures for staff to refer to. Staff understood their role in safeguarding people from harm and had received training in this area. The management team were aware of their responsibility to report issues relating to safeguarding to the local authority and to CQC. Staff had received additional training on how to keep people safe, which included the use of equipment, fire safety, infection control and emergency first aid.

Staff had access to a set of equality and diversity policies and procedures and had received training in this area. People's individual needs were recorded as part of the assessment and care planning process. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

We found potential risks to people's safety and wellbeing had been assessed, reviewed and recorded. The assessment information was based on good practice guidance in areas such as falls, skin integrity and nutrition; this ensured the best outcomes of care, treatment and support were achieved for people. Management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner without restricting people's freedom, choice and independence.

Environmental risk assessments had been undertaken; we discussed developing additional assessments in areas such as the use of emollient creams and locks on bedroom and exit doors. Emergency plans were in place including information on the support people would need in the event of a fire. The service had been given a Food Hygiene Rating Score of 3 in March 2018; recommendations were being addressed. The Lancashire Fire and Rescue team had recently visited the service. The provider was unable to find the report; we were told the recommendations had either been addressed or were included in the improvement plan.

Records were maintained of accidents and incidents. The information was analysed in order to identify any patterns or trends and determine whether there was any action that could be taken to prevent further occurrences. Accidents and incidents were discussed in order to identify any lessons learnt and minimise

the risk of reoccurrence.

We looked at the arrangements for keeping the service clean and hygienic. We found all areas to be clean and odour free. We discussed how the provision of suitable hand washing facilities would help to reduce the risk of cross infection. Staff were provided with protective wear such as disposable gloves and aprons were available to help prevent the spread of infection. There were infection control policies and procedures for staff to refer to and staff had been trained in this area. The service did not have a designated champion in this area. The manager told us this was being reviewed and links with local forums would be developed.

The provider had arrangements in place for ongoing maintenance and repairs to the building. We saw records to indicate regular safety checks were carried out on all systems and equipment. All equipment checks were complete and up to date.

We found appropriate employment checks had been completed before new staff began working for the service. Recruitment and selection policies and procedures were available. We were assured that the recruitment and selection procedures would be updated to reflect the requirements of the current regulations.

We observed people's requests for assistance were promptly responded to. People told us there were sufficient staff to keep them safe and meet their care and support needs in a timely way; they made positive comments about the staff team. We looked at the rotas and noted staffing levels were consistent with enough staff available to meet people's needs. In addition to the care staff, the provider also employed kitchen staff and a maintenance person. We were told additional staff were provided when needed.

People's records were stored securely, were accurate and reviewed in line with their changing needs to reflect the care they were receiving. Records in relation to the management of the service were maintained, were accurate and kept up to date. However, we found some of the records needed for the inspection were not organised or readily available. The management team assured us this would be addressed.

## Is the service effective?

### Our findings

People told us they were happy with the service they received and felt staff had the skills and experience needed. They said, "The staff know what they are doing" and "Things are done the right way. Staff are always being trained about something."

We looked at how people's needs were met by the design and decoration of the home. People said, "The décor and fittings are lacking" and "There are plans to improve more areas of the home. What has been done so far is to a good standard." We found the home was comfortable and warm and consideration had been given to providing a dementia friendly environment. However, we noted there were some areas of the home in need of attention. They included, unsecured carpets or carpets secured by tape, damage to plaster, walls and radiator covers, ceilings and walls damaged by previous water leaks, and damage to bedroom furniture. We also found the lighting in the lounge/dining room on the dementia unit was poor.

The provider was aware of most of the shortfalls and was able to describe the plans for improvements in the home and to the dementia unit. The information in the PIR indicated 'We aim to complete the design and implementation by end of March 2018'. However, during the inspection, the provider advised there had been a delay and work was expected to start July 2018; we will monitor this at the next inspection. We discussed the importance of developing a formal plan for improvements and keeping this under review. Aids and adaptations had been provided to help maintain people's safety, independence and comfort. Clear and appropriate signage was in place.

Staff received a range of training that enabled them to support people in a safe and effective way. Staff confirmed their training was useful and beneficial to their role. They were provided with regular one to one supervision and were well supported by the management team. Staff were invited to attend regular meetings and received an annual appraisal of their work performance.

New members of staff participated in a structured induction programme, which included an initial orientation to the service, working with an experienced member of staff, training in the provider's policies and procedures and completion of the provider's mandatory training. We were told the Care Certificate was currently being introduced for a new staff member. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff told us communication about people's changing needs and the support they needed was good. Records showed key information was shared between staff; staff had a good understanding of people's needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the Mental Capacity Act 2005 (MCA), and staff had



received training in this subject. People's capacity to make specific decisions regarding care and support had been assessed to ensure their best interests or choices would be considered. People's consent to care was recorded; we discussed how this information could be improved in the care plans. The manager assured us this would be addressed. We observed staff asking people for their consent before they provided care and treatment. Where people had some difficulty expressing their wishes, they were supported by their relatives or an authorised person.

Seven people had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place. The person's doctor had signed the record and decisions had been taken in consultation with relatives and relevant health care professionals. A DNACPR decision form in itself is not legally binding. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. This information was included in people's care records; we discussed how the information could be recorded in a clearer way.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People confirmed they were offered meal choices and told us they received plenty to eat and drink. They said, "The meals are very good. We have a choice and it's hard to choose sometimes", "I can have something else if I'm not hungry; they are very good like that" and "The staff know what I like."

During our visit, we observed lunch being served in the lounges and dining room, and in other areas of the home if people preferred. We observed people enjoyed their meals; they were patiently supported and were encouraged to eat their meals at their own pace. However, we noted the tables had not been well presented with place mats, tablecloths and condiments. We talked to the manager who assured us this would be addressed. We overheard friendly conversations during the lunchtime period. We observed drinks and snacks being offered throughout the day.

Information about people's dietary preferences and any risks associated with their nutritional needs was shared with kitchen staff and maintained on people's care plans. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their healthcare needs. People's general health and wellbeing was reviewed by staff daily and care records were kept up to date regarding their healthcare needs. People living in the home had access to ongoing healthcare support. The nurse practitioner and district nursing team regularly visited the service and monitored the care and treatment of people in their care. Appropriate information was shared when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments.

## Is the service caring?

### Our findings

People told us they liked the staff and they were kind and caring. Comments included, "My [family member] is well cared for" and "Staff look after me like I was one of their family". Relatives said, "It's like a small family; everyone cares about each other."

Compliments received by the home highlighted the caring approach taken by staff. People's comments included, "Thank you for your loving care and attention" and "There is a very caring atmosphere."

The overall atmosphere in the home appeared calm and peaceful. We observed staff interacting in a caring, friendly and respectful manner with people living in the home. There was a key worker system in place, which provided people with a familiar point of contact to support good communication. Staff were aware of people's communication needs and were knowledgeable about people's individual needs, backgrounds and personalities.

We observed people were treated with dignity and respect and without discrimination. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter and doors were closed whenever personal care was being delivered. However, we noted there were no locks on people's bedroom doors, which could compromise their privacy. We discussed this with the management team and were advised some people preferred not to have locks on their doors whilst others had been removed when doors had been replaced. The provider told us this would be discussed with people at the next meeting and appropriate action taken in line with people's preferences; we will monitor this at the next inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

From our discussions and observations, it was clear staff understood the importance of treating people equally and promoting people's right to be free from discrimination. Information about people's spiritual or religious needs had been recorded in their care plans. Ministers from various churches visited the home to support people's beliefs or people were supported to attend local places of worship. People told us there were no restrictions on visiting.

People were dressed appropriately in suitable clothing of their choice. They confirmed there were no rigid routines imposed on them that they were expected to follow. We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills.

People told us they were involved in day to day decisions and told us their care needs had been discussed with them and where they were able to, they had signed their care plans to demonstrate their involvement. People were supported to be comfortable in their surroundings and could personalise their bedrooms with their own possessions. They were encouraged to express their views by means of daily conversations, completing satisfaction surveys and at residents' meetings. The residents' meetings gave people the

opportunity to be consulted and make shared decisions and helped keep people informed of proposed events.

An information guide was issued to people when they came to live at the service. The manager told us the guide could be provided in other formats if necessary. However, we noted some of the information was inaccurate and out of date. We discussed this with the provider and were assured this would be addressed and a copy forwarded to CQC. Information about local advocacy services was available. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

## Is the service responsive?

### Our findings

People were happy with the care and support they received and told us they knew who to speak to if they had any concerns or complaints. People said, "[Family member] loves it", "There is a good atmosphere" and "We can always speak to the owner if we have any problems."

Before a person moved into the home, assessments of their physical, mental health and social needs were undertaken; people, or their relatives, were invited to visit the home before making any decision to move in.

Each person had an individual care plan which included useful information about their care and support needs, their capacity to make decisions, preferences and routines. Where possible, people had been involved in developing and reviewing their care plan. People said they were kept up to date and involved in decisions about care and support. This information helped ensure they received personalised care and support in a way they both wanted and needed. The manager had identified some shortfalls in the recording of information about people; this was being addressed as part of the audits. There were systems in place to ensure staff were kept informed about people's changing needs. Staff considered communication was good.

Daily reports provided evidence to show the care and support people had received and how they had spent their day; these were written sensitively and respectfully.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns and this was displayed around the home. However, we noted people were incorrectly advised to contact the Care Quality Commission (CQC) in the first instance. The provider reviewed the complaints procedure during the inspection; we were assured people would be provided with a copy of the new procedure.

The information in the PIR indicated the service had received four complaints in the last 12 months, including complaints about laundry going missing. This had also been discussed at a recent resident meeting. The provider had acted to address this issue and was considering further action such as employing a laundry person. People told us they could discuss any concerns and they were resolved at that time. A number of complimentary comments had been received about the service.

People were supported to take part in suitable activities. People's opinions regarding the provision of activities were varied. People said, "They need to do more activities", "The home is in a good place; we can get to the park quite easily", "There is enough going on; you can join in if you want, it's your choice" and "They [staff] try to get us interested in one thing or another." Staff were responsible for the provision of activities. There was a weekly activities planner, which included a variety of activities including games, exercise, coffee mornings, rummage boxes, arts and crafts and dancing to music. Individual activities included folding linen, visits to the local park, attendance at coffee mornings, visits to churches and shops. Throughout the two days of our inspection visit, we observed people involved in craft sessions, colouring and enjoying a sing along. We observed other people relaxing and chatting to staff, visitors to the home or each other.

Where possible, people's choices and wishes for end of life care were being recorded, kept under review and communicated to staff. Where people's advanced care preferences were known, they were shared with GPs and ambulance services. The service had developed good links with specialist professionals and staff were supported to develop their knowledge, skills and confidence to deliver end of life care. There were systems in place to ensure staff had access to appropriate end of life equipment, training and advice.

We looked at how technology and equipment was used to enhance the delivery of effective care and support. We noted the service had internet access to enhance communication and provide access to relevant information for people using the service, their visitors and staff. This enabled people to have on-line contact with families and friends. E-learning formed part of the staff training and development programme. Movement sensors were used to alert staff when people were at risk of falling.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted information was displayed on notice boards and some of the information was in larger print; customer satisfaction surveys and menus were produced using pictures and words. The provider confirmed the complaints procedure and service user guide could be made available in different font sizes to help people with visual impairments. We found there was information in people's initial assessments about their communication skills to ensure staff were aware of any specific needs.

## Is the service well-led?

### Our findings

People, relatives and staff spoken with told us they were satisfied with the service provided at Lumb Valley Care Home. People said, "Improvements have been made; the home is much nicer", "It is well run; a nice home" and "The door is always opened with a welcome and a pleasant smile."

There was a manager in post who was waiting for confirmation from CQC about her registration status. Following the inspection we were notified that the application to register the manager with CQC had been approved. 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.

The manager had responsibility for the day to day operation of the service and was visible and active within the home. The manager was able to answer our questions about the care provided to people showing that she had a good overview of people's needs and preferences. The registered provider and the manager had set out planned improvements for the service in the Provider Information Return and during regular management meetings. This demonstrated they had a good understanding of the service and how it could be developed and improved.

We observed a good working relationship between the manager and the provider and there was a relaxed friendly atmosphere in the home. The registered provider regularly visited the home and any issues relating to the day to day running of the home were discussed and appropriate action taken. However, we noted the processes to monitor the manager's practice and to monitor the day to day running of the home were not formalised; this meant there was limited evidence to support the provider had oversight of all aspects of the service. This was discussed with the registered manager and with the provider who assured us this would be addressed.

The manager monitored the quality of service by using a wide range of regular audits and spot checks. We saw action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made. However, we discussed how the environment audits could be improved as not all shortfalls were recognised. The manager also, at times, worked alongside staff and had undertaken night time visits; this meant she was able to monitor staff practice.

People were encouraged to share their views and opinions about the service. Regular resident meetings had been held; discussions included the provision of activities, meal choices and the décor of the home. A satisfaction questionnaire had been distributed to people in November 2017; the results were in the main rated good or very good. We noted actions had been taken to respond to any comments; the actions were shared with people.

Staff told us they felt valued and supported and worked well together as a team. They said they felt they

could raise any concerns and were aware of the lines of accountability and who to contact in the event of any emergency. Regular staff meetings had taken place and records showed they had been kept up to date and were listened to. Staff were provided with job descriptions, contracts of employment and had access to policies and procedures which would make sure they were aware of their role and responsibilities.

Arrangements were in place to liaise with other stakeholders including local authorities and commissioners of service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams.

We noted the service's CQC rating and a copy of the previous inspection report was on display in the home and on the website. This was to inform people of the outcome of the last inspection and of any action taken to improve.

The service had recently been awarded a place in the 'Top 20 Care Homes North West England 2018'. The Top 20 Care Home Awards 2018 highlight the most recommended care homes in each region of the UK. The Awards are based on reviews received from residents, family and friends of residents.