

# SheffCare Limited

# Valley Wood

## Inspection report

1 Cat Lane  
Gleadless  
Sheffield  
South Yorkshire  
S2 3AY

Tel: 01142391449  
Website: [www.sheffcare.co.uk](http://www.sheffcare.co.uk)

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Valley Wood is a residential care home providing personal care to up to 54 people. The service provides support to older people. At the time of our inspection there were 41 people using the service.

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

The provider had a system in place to safeguard people from the risk of abuse. Staff received training in protecting people from abuse. Risks associated with people's care had been identified and guidance was in place to ensure staff provided safe care. Medicines were managed in a safe way. The provider had procedures in place to ensure people were protected from the risk and spread of infection. The home was clean and tidy.

Accidents and incidents were recorded, and the registered manager completed an analysis to ensure trends and patterns were identified and action taken to mitigate future risks. Health and safety checks of the building and equipment were maintained.

The providers recruitment policy ensured staff were recruited safely and pre-employment checks were carried out. There were enough staff available to respond to people in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed staff interacting with people and found they provided person centred care and support. People were offered choices and given the opportunity to express their views.

Audits were in place to ensure the service operated to the standards expected by the provider. Where issues had been identified, action plans were devised and items actioned in a timely way.

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

This service was registered with us on 11 March 2022 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Valley Wood

## 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 2 inspectors 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

Valley Wood 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. Valley Wood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 7 people who lived at Valley Wood and 20 relatives about their experience of the care provided. We spoke with members of staff including the registered manager, deputy manager, activities coordinator, team leaders, care staff and kitchen staff.

We looked around the building to check environmental safety and cleanliness. We looked at written records which included 3 people's care records and 3 staff files. A variety of records relating to the management of the service were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider had completed regular environmental risk assessments to assess the risks posed by the premises. Equipment was serviced in line with current guidance.
- We found windows had restricted openings. However, the window restrictors were not operated by a key or a special device in line with best practice guidance. We discussed this with the provider who took immediate action to address this concern.

### Using medicines safely

- People received their medicines safely and as prescribed. We identified some improvements were needed relating to the secure storage of returns medicine. We discussed this with the registered manager who took immediate action to put this right.
- Staff undertook training to understand about safe medicines practices and staff competency in this area was assessed regularly.
- There were regular audits and checks to make sure medicines were being managed safely.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse.
- Staff told us they had received training in safeguarding and knew how to recognise and report abuse.
- People told us they felt safe living at the home. One person said, "I feel safe and happy with the care, they come when you need help."

### Staffing and recruitment

- Staff were recruited safely and there was evidence pre-employment checks had been carried out.
- Staff told us they received support and supervision sessions from the management team which gave them opportunity to talk about their role.
- We observed staff interacting with people and found there were sufficient staff available to respond to people in a timely way.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The registered manager and provider ensured people maintained contact with families and friends. Visitors were welcome at the home.

#### Learning lessons when things go wrong

- The provider had a system in place to monitor accidents and incidents. The management team analysed incidents and used them as learning opportunities to minimise future occurrences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed an assessment of each person's needs prior to them moving into the home and regularly thereafter.
- A support plan was created following the assessment process, so staff knew what care each person needed and when.

Staff support: induction, training, skills and experience

- Staff received a range of training to help ensure their knowledge was up to date. Staff were happy with the training they received.
- New staff completed an induction to ensure they understood what was expected of them. The induction process included shadowing more experienced staff.
- Staff felt well supported in their roles. Staff had regular supervision discussions with their line managers and received feedback about their performance.

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

- People were supported to maintain a balanced diet and had enough to eat and drink.
- Care plans and risk assessments contained appropriate information regarding nutritional needs where required.
- During lunchtime staff were observed supporting people according to their care plans. We observed positive interactions between staff and people who use the service and there was a relaxed atmosphere.
- People told us they had a choice of meals, a relative told us, "There's a good variety of meals and the cook asked us about any dietary requirements when [our relative] moved in".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies to achieve positive outcomes for people and people were supported to access healthcare services and support appropriately.
- People's health needs were recorded in their support plans.
- Information from visiting professionals and healthcare appointments was recorded within care plans.

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

- The building overall met people's support needs and was clean, tidy and nicely decorated. However more work was required to support people with dementia to navigate around the home. The registered manager



confirmed that work in this area would be undertaken, for example to support more people to add personalisation to bedroom doors.

- People's bedrooms were personalised, and people were included in decisions about decorations and furnishings.

#### 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.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff understood the principles of the MCA and were able to describe scenarios where best interest decisions had been made. Staff also described how they support people to make decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were supported by staff and staff members had a good understanding of people's care needs, their personalities, and preferences.
- We observed staff interacting with people and allowing people time to communicate their needs.
- People were treated well by staff who were kind and patient with them. One person told us, "They always go out of their way to help you. The staff are kind and really good."

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

- There were effective systems in place to support people and their relatives to make decisions about care and express their views. The assessment and care planning process supported people to be involved in decisions about how and when they were supported by staff.
- Support and activities were based around people's preferences. A staff member told us, "I speak to new people to find out their hobbies and interests are so we can plan activities they will enjoy."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported and encouraged. People had their own rooms, and they could spend time alone if they wished.
- Staff and managers understood about encouraging and promoting independence and were able to give examples of how people's skills had been developed over time, in line with their goals.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received personalised care which met their needs and reflected their choices.
- Care plans included ways to support people in line with their preferences and goals.
- The staff worked closely with other professionals to make sure they were following best practice when supporting people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. There were personalised communication plans which explained the ways in which each person could communicate and how they should be supported.
- Staff knew people well and had a good understanding of people's communication needs.
- People were provided with information in a way they could understand which helped them make decisions about their care, for example picture menus were available at meal times for those who needed it.

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 pursue a range of leisure and social activities.
- People had the opportunity to take part in activities both inside and outside of the home. Examples of available activities include trips out to a local tea dance, museum visits and local community activities.

Improving care quality in response to complaints or concerns

- There were procedures for responding to and learning from complaints.
- The provider ensured all complaints were investigated and responded to.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- The service had systems in place to support people through end of life care.

- People were able to discuss their end of life wishes if they chose to and this information was recorded within care plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- There was a positive culture at the service where staff provided personalised care and promoted people's individuality.
- The registered manager knew people well and was a visible presence within the service.
- Staff felt well supported and felt their opinions were. Staff told us, "I feel supported by managers", and "The staff team would address poor performance, they have respect for each other."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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

- The management team understood their legal requirements and could evidence notifications had been made to CQC and to the local authority when required.
- The provider and registered manager were aware of their duty of candour and were open and honest when things went wrong.

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

- The provider had a system in place to engage with people, their relatives, and staff. Questionnaires were periodically sent out to people requesting feedback about the home.
- People at the service, their relatives and staff all commented on their ability to feedback about the service. A person told us "They ask me if I am happy here", and a staff member told us "If I have come across little things that could be improved I have been able to feedback and I feel listened to."

Continuous learning and improving care; Working in partnership with others

- The registered manager used a quality audit system to identify issues and improve care.
- The provider and registered manager worked well with others ensuring people's needs were met and appropriate professionals involved when required.
- People, relatives, and staff predominantly felt involved and listened to. They knew the management team well and had confidence to raise any concerns and felt they would be appropriately addressed.