Quantum Care Limited

Hyde Valley House

Inspection report

Hyde Valley
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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 19 April 2016 and was unannounced. At their last inspection on 3 April 2014, they were found to be meeting the standards we inspected.

Hyde Valley House provides personal care and accommodation to up to 46 people. There were 45 people using the service on the day of our inspection.
The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. In this instance the registered manager was also the provider.
People received care that met their needs and there were care plans available that enabled staff to provide care safely. People were protected from the risk of abuse as staff knew how to recognise and report concerns. Accidents and incidents were reviewed to help identify trends and mitigate risks.

There were sufficient staff to meet people's needs and staff employed had undergone a robust recruitment process. Staff employed received regular training and felt supported to carry out their role.

People were supported to eat and drink enough to maintain their health and welfare. There was regular access to health and social care professionals.

There were mixed views about activities from people. However, there was an activity programme in place and we observed one to one activities taking place. People's feedback was sought through meetings and surveys, we also found that complaints were responded to appropriately.

People, relatives and staff were positive about the management of the home. There were systems in place to monitor the quality of the service and address any shortfalls. The ethos of the home was people first and we found them to be open and honest about the service that was provided.

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.

People were supported by staff who knew how to identify abuse and manage risks.

People were supported by sufficient numbers of staff who were recruited safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's consent was sought and the MCA adhered to.

People received appropriate support with eating and drinking.

People had access to health care professionals as needed

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's dignity was not always promoted.

People were treated with kindness and respect.

People were involved in planning their care.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People's care needs were met and care plans were clear.

People's views on activities provided were mixed.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

People were positive about the management team.

Lessons learned were shared with the staff team.

There were systems I place to monitor the quality of the service.

Hyde Valley House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Hyde Valley House on 19 April 2016. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. The provider also submitted a provider information return (PIR) which tells us how they are meeting the standards and about any improvements they plan to make.
The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

During the inspection we spoke with 10 people who used the service, three relatives, five staff members and the registered manager. We also received feedback from professionals involved in supporting people who used the service. We viewed three people's support plans. We also reviewed records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel confident that there is always someone here to help me." Relatives also said that they felt people were safe at the service. One relative said, "[They] wouldn't be here unless I knew that [they] was safe. This place is 100%."

There was information displayed around the home on how to protect people from the risk of abuse and who to report to. However, we found although staff were aware of how to recognise and report abuse to their manager, they did not all know how to report to outside agencies, such as the local authority or Care Quality Commission. We saw that this was a standing agenda on team meetings and the registered manager told us they would discuss it in more detail at the next meeting. We noted that any previous concerns had been reported appropriately by the registered manager and investigated appropriately.

People had their individual risks assessed and there was a plan in place to mitigate these risks. For example, falls management, moving and handling, behaviour that challenged and pressure care management. We saw that staff worked in accordance with these assessments, for example, in relation to pressure care management they recorded regular repositioning, the application of cream to high risk areas of the body and encouraging high protein intake.

Accidents, incidents and events were reviewed by the registered manager to help identify any themes and trends. They showed us how they monitored this and we saw that where they had identified a person had fallen at a similar time of day three times, the environment had been checked and a referral to the GP was made to assess if it may be as a result of health changes.

People and their relatives told us there was enough staff to meet their needs. One person said, "I don't have to wait long, even at night or in the early morning, I like to get up early, sometimes they will pop in and ask me to wait a few minutes as they are helping someone else but otherwise they are quite quick." Another person told us, "There always seem to be enough people (staff) to help everyone." A relative said, "I've not seen any problem with staff, there's always someone in the lounge." Most staff told us there were enough staff on duty. One staff member told us when staff called in sick at short notice the shift was not always able to be covered and this made things busy. They told us, "When this happens we put care first and the cleaning stuff can wait." We saw that the registered manager completed a monthly dependency assessment to help ensure there were sufficient staffing levels to meet the needs of people living at Hyde Valley house. We reviewed the rota and saw that most shifts were covered with the set number of staff. Staff told us that at times the management would cover shifts to support care staff. The registered manager told us, "If shifts are short, I don't go home, I stay to help."

People were supported by staff who had been through a robust recruitment procedure. Appropriate pre-employment checks were carried out. These included a criminal record check, written references and proof of identity. Perspective employees also completed a written assessment of how they would deal with certain events in the home. This helped to ensure that staff employed were fit to work with people in a care setting.

People's medicines were managed safely. Medicine records were completed consistently and there was a care plan in place to advise staff on when people may need their medicines which were prescribed on an as needed basis. We counted four boxes of medicines and reviewed the packs dispensed by the pharmacy and found that stock quantities were accurate. Boxed medicines which were not in the pre dispensed packs were counted each time they were dispensed. Also, there was a check by staff after administration where they signed to say they had reviewed the medicines charts and found they had been completed properly. This helped to ensure that people received their medicines in accordance with prescriber's instructions.

Good

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. People were confident with the skills of the staff. We noted that some staff which were soon due for renewal training were already identified by the registered manager who was arranging for the updates to be completed. New staff completed the Care Certificate Induction which covered all aspects of supporting and providing care to people. We saw that training covered moving and handling, dementia care, safeguarding people from abuse and health and safety.

Staff felt supported to carry out their role. One staff member said, "I can talk to the managers anytime." We saw that staff received one to one supervision regularly and that the manager kept a supervision schedule that identified when it was due and when the annual appraisal was also due.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were asked for their consent before care was provided and had signed giving their consent in their care plans in relation to records kept and agreement with the plans. One person said, "They ask what I want but they know what I need." For those who were unable to make their own decisions, a mental capacity assessment had been completed. This was followed up with a best interest meeting and then a DoLS application if needed. For example, in relation to receiving care, staying at the home and the use of bedrails. Staff told us even if someone was assessed as not having capacity to make their decisions they would still give them choice about daily living. One staff member said, "I give them visual choices, show them their clothes, show them the picture menus to find out what they wanted."

People were supported to eat and drink. One relative said, "We've got a good chef here – not just mains but pastries and puddings and the chef is really good. Everyone gets plenty to eat and to drink." We observed breakfast and lunch and saw that people had a choice of what they'd like to eat. Menus were on the tables and the tables were laid nicely. The lunchtime meal experience was positive. Staff spent time going to each table chatting and some staff sat and ate their lunch at the tables encouraging conversation. Extra helpings and drinks were offered and people told us they enjoyed their food. One person said, "Nice food here." We noted the chef came out the kitchen and knew people well. They asked if the food was enjoyed. We spoke with the chef about dietary needs and those who needed fortified foods to improve their calorific and protein intake and found that they were familiar with people's needs. People who needed assistance to eat received it and the registered manager told us that there were staggered meal times to enable to staff time assist those that needed help first and then serve people who could eat unaided afterwards. People had received a nutritional assessment to identify any risk to their health as a result of poor food and drink intake

and a plan was in place to address this. The amount that people ate and drank was recorded and this was checked by a duty manager. Where people were not eating or drinking enough, this was referred to the relevant health professional.

People had access to health and social care professionals as needed. We saw from care notes that staff made the appropriate appointments and referrals when they were needed. People told us they were supported to have their health needs met. One person said, "I went to the hospital for leg ulcers and I can't walk so the carer came with me to look after me." Relatives also told us that people's healthcare needs were met. One relative told us, "The GP comes in twice a week and I can talk to [them] anytime I want to." We spoke with healthcare professionals who told us that they felt staff listened to their advice and followed their instructions. They also told us that they felt staff acted appropriately to ensure people's health and welfare was promoted. This included ensuring the appropriate pressure care, nutrition and hydration.

Requires Improvement

Is the service caring?

Our findings

People generally had their privacy and dignity respected. They were dressed appropriately and staff spoke kindly in a respectful manner. A relative told us, "They always close doors even when it's only me around, I have never heard a raised voice and they are always respectful." However, we noted that one person who repeatedly removed their clothes had their bedroom door open and we were able to see them in a state of undress on three occasions. We discussed what options had been considered to promote their dignity with the registered manager and the care team manager. They told us that this person was having a review by medical professionals and normally the door was pulled to only a jar. We discussed the need for other options to be considered to ensure their dignity was intact.

People and their relatives told us they were involved in planning their care. One relative told us, "They do a formal review once a year but they talk to us and we talk to them whenever we need to." We noted that there was reference to each person's life history, preferences and choices recorded which indicated their involvement. However, people also told us that they had not been offered the choice of the gender of the staff who supported them and one person told us they would prefer a female staff member. We discussed with the registered manager who told us this was asked when a person moved into the home but they would arrange for this to be clearer and reviewed. Ensuring that everyone's privacy and dignity was always promoted was an area that required improvement.

People told us that the staff were kind and caring. One person said, "Oh I like the [staff] here, they are really good to me." Another person said, "They are very kind to me." A relative told us, "They are very good, they really know people and they care about them." Another relative said, "They are very nice here and if they weren't [they] wouldn't be here but at weekends they have agency staff and they are not so good." People and relatives told us that sometimes the agency staff used to cover shifts were not as caring as the permanent staff. The registered manager told us that they keep the use of agency staff to a minimum and there was a manager on duty to oversee their practice. One relative said, "The carers are generally good. The older ladies are really good. I know the night manager and she is really good."

All interactions observed between staff and the people they supported were kind, caring and attentive. Staff positioned themselves appropriately and spoke in a manner the person appreciated. For example, one person who entered the dining room was greeted with, "Good morning [name], how lovely to see you." This was followed with a hug and a kiss which the person instigated, and choices of where they would like to sit and what to eat. The staff member was kind and cheerful throughout. The person had been a little unsure about going to the dining room prior to this and they quickly became at ease. We observed a staff member with a person who was becoming very anxious and unsettled. The staff member was calm, patient and very positive in a challenging situation and handled it well to prevent it escalating, all the while giving choices and respecting the person's dignity. The approach used kept control of the situation right the way through and remained totally focussed on the person. Professionals we spoke with commented on staff interaction in the home and told us this was consistently attentive and kind.

People were positive about the relationships they had with staff. One person said, "They are all friendly." We

noted that all staff were smiling and made themselves approachable to people and if asked to do something for a person but was in the middle of supporting another person they took the time and explained what they were doing.

People and their relatives felt the staff supported relationships that were important to people. One relative said "I usually come in the morning because it is better for me but they told me I can come whenever I want to." People told us that friends and family were always welcome and that there were no restrictions. One relative told us that they lived close by and could come in anytime and sometimes came in to put their relative to bed. They told us the home included them in mealtimes often if they were there in the evening. The relative said, "The regular staff just know us all, they chat and they offer me food sometimes in the evening – they know it saves me cooking for myself."

People's personal information was stored in a way that promoted confidentiality and we saw this was discussed at team meetings.

Good

Is the service responsive?

Our findings

People received care that met their needs. One person said, "It's good here, I get everything I need." They went on to say, "If I had to spend the rest of my days here I wouldn't mind." Relatives also felt that people's individual needs were being met. One relative said, "The permanent staff know us and we know them and they know exactly what people want." Another relative told us, "The carers here are very good and they are very positive in their interaction with the residents." We saw that people were being supported in accordance with their requests for help and the type of care or support they needed was recorded in their care plans.

People's care plans included assessments of their needs and plans to ensure staff could meet those needs. Staff were knowledgeable about the people they supported. One staff member said, "You work on the same units so you get to know them and chat to them and their family to know more about them."

People were supported to participate in activities. The activity organiser was not on duty on the day of our inspection. We saw that activities were scheduled as part of the daily allocation sheet with each staff member being responsible for a certain part of the day and there was a suggested plan to follow. We saw that number of people had their nails painted and decorated and later in the afternoon a staff member was massaging hands with lotions and potions. There was also some impromptu singing in the main lounge where three people told us that they had been members of a choir. We observed staff spending time with people who were cared for in bed in their rooms, staff walking round with a person watering plants and taking a person to walk the dog with them. However, some people we spoke with told us there was not much going on and one person told us that at times they were, "Bored." Views from the relatives about activities was also mixed however one relative told us, "One day one of the young carers took a resident to a routine hospital appointment and it was going to be a long wait for transport so she walked [them] back (in wheelchair) through the park." They told us that this was a positive thing as they used the opportunity to go for a walk rather than just sitting and waiting. Many people told us that they were happy reading the newspaper, watching TV or doing puzzles and when those who told us the activities were limited were asked what they would like to do, they said anything. Staff we spoke with gave a long list of activities that were available and told us they provided these activities throughout the day. We saw there was a record of these activities being provided. We saw that people had individual activity plans in their rooms showing the things they were interested in. We spoke with the registered manager and care team manager about this who told us that the provider's Rhythm of Life programme was addressing people's individual interests and an action plan was in place to help ensure there were activities available they would enjoy.

People and their relatives knew how to make complaints and were confident they would be dealt with appropriately. One relative told us that they had had a problem with the laundry and the home had been very helpful and now labelled everything for them. We saw that how to make a complaint was well displayed and that the registered manager kept a log of all complaints and grumbles. We reviewed those received and saw that they had been responded to in accordance with the provider's policy. We also noted that complainants took time to thank the registered manager for investigating and addressing the issues they had raised.

People's feedback was sought through meetings and surveys. We saw that where suggestions were made or issues arose, an action plan was developed to ensure their views were listened to and acted upon.

Good

Is the service well-led?

Our findings

People and their relatives were positive about the management of the home. A relative told us, "The manager is very helpful." Another relative said, "Oh I know the manager, I can talk to [them] anytime." We noted that as part of the mealtime experience the registered manager sat with people at dinner tables and chatted. This was relaxed and indicated it was usual practice.

Staff were also positive about the management and felt that leadership at the home was good. One staff member said the leadership was, "Very good, [Registered manager] is always around." Staff told us that the registered manager walked around observing practice, speaking with people and offering guidance. We saw, and we were told by staff, that there was normally management presence on the floor, including during the night, and they were able to approach a member of the management team for advice or guidance. One staff member said, "They are very approachable." We noted that the registered manager knew what was going on in the home and who needed what support and that they spoke with staff about this, informing them of action to be taken and the updates they wanted. For example, a person who was seeing a health care professional that day and they wanted to meet with that professional.

The registered manager shared lessons learnt with staff. We saw that if there had been an incident, complaint or change to policy this was discussed at team meetings. They told us that meetings held were walk round meetings held at different times during the day so that all groups of staff could attend.
There were systems in place to monitor the quality of the service. The care team managers and deputy manager carried out audits of specific areas and reported this to the registered manager. This included medicines, care plans, staff training and supervision records. There was also health and safety and kitchen checks carried out. Where shortfalls were identified, an action plan was developed and this was signed when the task was completed. We identified one area that may need further monitoring, the checking of pressure care equipment, and the registered manager contacted us following the inspection to inform us that the checks had been completed and a new monitoring system was being developed.

The ethos of the home was people first and we found them to be open and honest about the service that was provided. This included areas they had identified for improvement and how they planned to address it.