

Rex Develop Limited

Valley View Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

A comprehensive inspection took place at Valley View Residential Care Home on 14 and 16 February 2018. Both days of our inspection were unannounced.

The home had previously been inspected on 25 August 2015 and was rated good overall and in the key questions we inspect against. The registered provider was found to be compliant with the regulations at this service.

Valley View is a purpose built residential care home. The accommodation comprises of single rooms with en-suite toilet and shower facilities for up to 59 people. There are four units on separate floors known as Rose, Poppy, and Bluebell providing accommodation for between 16 to 18 people and Orchid unit for eight people. Poppy Unit is dedicated to caring for people living with dementia. On the day of our inspection there were 49 people living in the 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 registered manager in place. 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.

Most people we spoke with told us they felt safe living at this service. Staff were able to recognise abuse and knew who to report this to and most staff had received up to date safeguarding training. Staff training records showed staff were overdue refresher training in subjects such as fire safety, infection control and basic food hygiene. Supervision records we looked at required strengthening to evidence personal development of staff.

Risks to people had not been sufficiently assessed, managed and reviewed. Risk assessments relating to falls and choking were not in place where people were at risk of harm. The management of medicines was not found to be safe as medicines were not always stored and administered appropriately. Medication training and staff competency checks were not completed for all staff responsible for the administration of medicines. Staffing levels were not found to be sufficient to meet the needs of people living in this home. The registered provider did not use a tool to assess people's dependency levels in order to determine the number of staff support hours needed.

Mental capacity assessments were not kept with care plans. These were kept separately where staff did not have access to these records. These assessments were not specific to a range of decisions. Records of Deprivation of Liberty Safeguards were appropriately managed. This meant people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible as the policies and systems in the service did not support this practice.

Care plans did not always accurately reflect people's care. People's end of life care wishes were considered. People looked well dressed and cared for and warm interactions were seen during our inspection. People's privacy and dignity was usually respected.

Quality assurance audits and provider reports were not fully effective as although they identified concerns, these lacked action plans with timescales and records of actions completed. Records relating to the management of complaints required improvement.

People told us they enjoyed the food they were served and the mealtime experience was seen to be positive. People received access to healthcare and visiting healthcare professionals were complimentary about the care provided at this home. A programme of entertainment and activities was in place.

The registered provider held regular meetings for people, relatives and staff and satisfaction surveys were used to gather feedback. We saw actions had been taken in response to feedback.

The service worked in partnership with other organisations and local commissioners.

People and relatives knew the registered manager and staff we spoke with said they found the manager approachable.

We have made recommendations regarding sharing information relating to current legislation with staff, the recording of dietary needs and formally recording concerns.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

The registered provider did not use a formal tool to assess levels and deployment of staff appropriately.

Medicines were not safely managed. Individual risks to people had not always been assessed. Not all maintenance was completed as required.

Recruitment and selection processes were mostly safe. Infection control was appropriately managed.

Inadequate ●

Is the service effective?

The service was not always effective.

Records of staff training demonstrated a number of overdue areas. Records of supervision required improvement.

Mental capacity assessments were not routinely available to staff and these were not specific to a range of decisions. Deprivation of Liberty Safeguards were appropriately managed.

People enjoyed a positive mealtime experience and had access to healthcare services as needed.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff provided kind and compassionate care to people living in the home. People's privacy and dignity was mostly respected.

People were supported to maintain their religious beliefs.

Good ●

Is the service responsive?

The service was not always responsive.

Care plans did not always accurately reflect people's care needs. People's end of life care wishes were considered.

Requires Improvement ●

People knew how to complain, although records of how complaints were managed required improvement.

A programme of entertainment and activities was in place.

Is the service well-led?

The service was not always well-led.

Quality assurance audits and provider reports identified concerns, although these lacked action plans with timescales.

Not all notifications had been submitted to the Care Quality Commission as required.

Regular meetings for people, relatives and staff were taking place. Feedback was gathered through satisfaction surveys.

Requires Improvement ●

Valley View Residential 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.

On day one of our inspection the team consisted of three adult social care inspectors, a specialist advisor with a background in governance and two experts-by-experience who both had a background in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two of our inspection the team consisted of two adult social care inspectors. On both days of our inspection there were 49 people living at Valley View Residential Care Home.

We spoke with 12 people who lived in the home as well as 12 relatives and two health professionals who were visiting at the time of our inspection. We also spoke with the area manager, registered manager, two deputy managers, four senior care staff, five care staff, four kitchen and domestic members of staff. We observed care interactions in communal areas of the home. We spent some time looking at documents and records relating to people's care and the management of the service. We looked at five people's care plans in full and a further four care plans regarding specific areas of care.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We also reviewed information we had received from third parties and other agencies, including the safeguarding and commissioning teams of the local authority as well as

Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

Is the service safe?

Our findings

Most people we spoke with felt safe living at this service. However, one person told us, "Some (staff) are not as good as others. Some don't have a lot of patience, they say, 'you'll have to wait, you are not the only one here'. It makes me cross. I worry if I can manage. Sometimes I have wet the bed. On day one of our inspection, we discussed this with the registered manager and area manager. We found they had commenced an investigation and shared an update with us on day two of our inspection. Other people's comments included, "There's always someone here all the time and we have buzzers, they come quick. Sometimes [person] gets the bedroom doors confused and tries my door, staff have told me to ring, I do, and they come straight away."

One relative told us, "[Name of relative] is definitely safe in here, I know she is and [other relative] will tell you the same, we don't have to worry she'll wander off."

We looked at how risks were managed and found a lack of risk assessments in place to identify risk levels and how these could be minimised. We saw care plans contained a risk assessment relating to the use of topical medicines which contain paraffin as these have an associated fire risk. However, risk assessments for people who staff told us were at risk of falls and choking were absent from care records. This meant people were not sufficiently protected from avoidable harm.

We spoke with a member of staff about one person who had suffered a stroke and needed a pureed diet due to their risk of choking. This person did not have a risk assessment in their file to indicate how staff should minimise the risk of choking. We looked at the eating and drinking care plan for another person which stated 'difficulty swallowing food or fluid/choking hazard due to condition'. There was no choking risk assessment in place. A third person had an eating and drinking care plan dated October 2017 which stated, 'Currently remains on pureed diet. Assessed by SALT (Speech and language therapy) due to swallowing difficulties'. There was no choking risk assessment in place to indicate how this risk should be minimised.

The care plan for one person dated November 2017 stated 'high risk of falls'. There was no falls risk assessment in place. We spoke with a staff member who confirmed there was no falls risk assessment for this person in their care plan. The falls care plan dated January 2018 for another person stated 'has an air flow mattress and a profile bed which has bedrails and bumpers'. There was no bedrails risk assessment in place for this person and a staff member we spoke with confirmed this. This meant the level of risk and steps to minimise this was not recorded.

We looked at pressure mattress settings and found there was a lack of information to ensure these were set correctly to help provide pressure relief. The pressure mattress for one person was set to 'firm'. Their pressure sore/skin integrity care plan dated August 2017 stated '[Name of person] is on an airflow mattress to help release pressure'. There was no mattress setting recorded in the care plan. The same person's eating and drinking care plan dated January 2018 stated '[name of person] requires a soft diet due to swallowing difficulties, must be weighted weekly'. A staff member said they were not able to weight this person weekly and said it was the district nurse that would be able to calculate a weight score. It is was not clear from the

care plan what the person's current weight was and therefore what the mattress should have been set to. The registered manager said they did not have a chart to calculate weights in order to set pressure mattresses. They said they were not sure who was responsible for the calibration of the mattresses.

We concluded this was a breach of regulation 12 (2) (a) (b) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not assessed and mitigated against risks to people living at this service.

Valley View Residential Care Home provides care for people across four floors. We looked at staffing levels and found these were not sufficient to meet people's care needs.

We asked people whether there were enough staff and their responses including, "No, there isn't enough staff", "In the morning if three people need a shower it takes up a lot of time with only one staff, the rest of us have to wait", "They are short staffed at times, it's not their fault", "I'm in four walls and there are always people to help, not to help straight away. It depends on how many staff are on. I have waited quarter of an hour" and "There's always someone here all the time and we have buzzers, they come quick." One relative said, "There seems a lot less staff here at the weekends and no management."

We asked one staff member whether they thought there was enough staff to meet people's needs. They said, "No" and added, "Mealtimes can be delayed." Other staff comments about staffing levels included, "The needs of the residents are changing. I think it can be stretched", "We could do with more staff. We had a meeting a couple of weeks ago and raised this; families have also mentioned the staffing levels", "There can be a delay in people going to the bathroom" and "It is like a well-oiled machine on a night we manage with the staffing levels."

On the morning of the first day of our inspection the deputy manager asked a staff member if they could assist them with one person in their room, leaving no staff members in the lounge with four people still eating breakfast. We noted one of the four people including a person whose care plan stated they needed support with meals. This meant the person did not receive the support they needed.

We looked at staff rotas for the month of January 2018 and saw night staffing levels were below those stated by the registered manager as 14 out of 27 shifts were not fully staffed. Day shifts in the same period were mostly fully staffed. However, the registered manager told us they did not use a formal tool to calculate people's dependency needs which meant they were unable to demonstrate the number of staff hours allocated were sufficient to meet people's needs.

At the time of our inspection, there were two deputy managers in post. One deputy manager was on the rota to cover for a senior carer post which was vacant. On the second day of our inspection, staff absence meant the second deputy manager had to work on one of the floors. The registered manager told us one of their most significant challenges had been recruiting staff. At the time of our inspection, five new members of staff had just been employed, although a vacancy for a senior care worker on night shifts was being covered by the deputy manager.

The registered manager told us the call bell system did not allow them to monitor staff response times, although they said they routinely checked this and prompted responses if needed. On the first day of our inspection we noted the call bell system sounded on every floor when a person requested assistance. This meant call bells were regularly sounding. During the morning on the first day of our inspection we checked one of the call bells which had sounded and found staff had not been to check who or where assistance was required until we asked. We discussed the call bell system with the registered manager and on the second

day of our inspection they told us they had arranged for the call bell system to be modified so this only alerted staff on the floor where assistance had been requested.

We concluded this was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were insufficient numbers of suitably qualified staff deployed to meet people's needs effectively.

Following our inspection, the registered manager informed us, 'We are looking at a dependency tool that will help us identify staffing levels needed after speaking with yourselves and looking at the needs of our residents. We feel this will be a useful tool to evidence the levels of staff required'.

We looked at the management of medicines and found this was not always safe. People we spoke with provided mixed feedback when we asked them if they always received their medicines as prescribed.

People's medicines were locked in a medication trolley, which was stored in the clinical room on the lower ground floor. Although, we noted during the day, not all the medication trolleys were returned to the clinical room, some were stored in the office on each floor. We saw a medication trolley was stored in a very warm office on one floor which had no control or checks of the temperature. We noted the clinical room was temperature controlled and checks of the temperature were carried out weekly. It is good practice to ensure clinical room temperatures are monitored on a daily basis as medicines may spoil and become unfit for use if they are not stored correctly.

Medication fridges were located in each office on each floor and the temperature was recorded daily, although we noted on 10 separate days since 30 December 2017, one floors fridge temperature had not been recorded. On the second day of our inspection, we noted one floors office door was unlocked and the fridge was also unlocked which contained insulin ampules. This meant medicines were not always securely stored. We saw a fridge contained one person's Timodine cream, although a staff member told us this was no longer used. We saw two unlabelled bottles of fortisip drinks which meant we could not identify who they belonged to or how long they had been in the fridge. On one floor, not all medicines had a date of opening. For example, the oral pain relief for one person did not have a date of opening. This meant staff could not be sure they were using prescribed medicines which were still in date.

We saw one person had a letter from their GP stating their medicines could be administered covertly (without the person's knowledge). We looked at this person's MAR dated 8 February 2018 which stated '[name of medicine and dosage], take one at night, swallow this whole do not chew or crush'. A staff member told us, "I have not had to give the medicine covertly as yet, but I am not sure how I would do this with this medicine."

We saw some people had been prescribed transdermal patches for pain relief, but there were no records to show what part of the person's body these had been applied to. For example, one person had been prescribed a 12 hour transdermal patch which stated 'apply one patch and change every three days as directed'. A staff member told us they could not be sure if the patch came away during the night, for example, which part of the person's body this had been applied to. Transdermal patches applied in succession to the same part of the body may cause irritation to the person's skin.

Protocols for the use of medicines prescribed 'when required' (PRN) were not always in place. For example, we saw one person had been prescribed paracetamol as PRN which stated 'take two four times a day when required for pain relief' but there was no PRN protocol in place. We also saw one person's paracetamol which had been prescribed as PRN was been given routinely. A staff member told us, "This is the only pain

relief they are on."

The system to manage the applications of creams was not robust. We found topical medication administration records (TMAR) and body maps which guided care staff where to apply creams were not in place. We looked at one person's 'medi-derma S' cream prescription label which said, 'use as directed', although there were no directions, TMAR, or body map in place. A staff member told us they did apply the cream after the person had showered. We looked at the daily log which recoded 'applied' but did not state which cream and when or where the cream was applied. Another staff member told us they had not heard of charts to record the administration of topical creams and location.

We spoke with two staff members regarding guidance they used for the administration of medicines. One staff member told us they used the registered provider's procedure manual. When we asked about the National Institute for Clinical Excellence (NICE) guidance, both staff said they were unaware of this.

The registered manager confirmed 11 members of staff were responsible for the administration of medicines at the time of our inspection. We looked at records of competency checks for these staff members and found five did not have a competency check which had taken place in the last 12 months. NICE has guidance which states staff should have an annual check of their competency to administer medicines.

We concluded the management of medicines was not carried in a safe way. This is a breach of Regulation 12(2)(g) (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For the recording of the administration of medicines, medicine administration records (MARs) were used. People's MARs contained a photographic record for each person, GP and pharmacy details and allergy information. We saw the staff members administering medicines were patient and gave people the time to take their medicines. We saw one person was struggling to take their medicine which was in their hand. The staff member administering medication put this on a spoon and supported them to take this.

Staff we spoke with were able to identify abuse and knew what action to take if they witnessed concerns. We looked at safeguarding records and saw these were sufficiently detailed with a history of action taken in response to allegations of abuse. The registered provider was able to demonstrate that appropriate action had been taken.

We looked at the records relating to the maintenance of equipment and the building. The registered manager showed us records of in-house checks on slings which were used when staff hoisted people. It is a requirement of the Lifting Operations and Lifting Equipment Regulations (LOLER) to ensure 'thorough examinations' of such equipment has been carried out by a competent individual, although the staff member carrying out these checks had not received training and an assessment for this. Following our inspection, the registered manager contacted us to advise all slings had been thoroughly examined by an external group and said these checks would continue every six months. We saw thorough examinations of hoists had taken place in January 2018.

We looked at the fire risk assessment and found this expired on 5 January 2018. On day two of our inspection the registered manager showed us this had been updated the day before. Personal emergency evacuation plans had been completed and other fire safety checks, such as extinguishers, emergency lighting and fire drills had been recently completed.

Certificates relating to gas safety and electrical wiring were up to date and portable appliance testing had been completed in August 2017.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were mostly safe and the service had clear policies and procedures to follow. We saw some information had not been recorded regarding one staff member's registered manager told us they would ensure all relevant information was recorded in future. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records.

We looked at cleaning records which were up to date and found throughout our inspection the home looked clean and there were no mal-odours. One person told us, "They keep the place very clean" and another person commented, "My room is spotless they clean it every day." Domestic staff had received infection control training and were knowledgeable about the systems in place to keep all areas of the home clean.

The registered manager told us lessons were learned when things did not go as planned and outcomes were discussed in staff supervisions. They also said when people had accidents and incidents their care needs were reviewed. However, we found risk assessments were not in place which meant such records were not updated to reflect people's changing circumstances.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. One staff member told us, "I have not had MCA training here or seen any assessments in the care plans." Another staff member said, "I don't think there's many (MCA assessments) to make you aware if people lack capacity." A third staff member commented, "I ask people and read the care plan to say what decision people can make."

On the second day of our inspection we discussed MCA assessments with the registered manager as we had not been able to locate these in care records we looked at. The registered manager found these were in archived records which meant this information was not accessible to staff. We reviewed these assessments and saw best interest's decisions were not always in place, and where they were, the involvement of relevant parties in the decision was not always evident.

We looked at the personal hygiene and dressing care plan dated November 2017 for one person which stated '[name of person] is unable to choose what they would like to wear and requires staff to pick something suitable and clean'. There was no MCA assessment or best interest's decision for this. We looked at the MCA assessment for one person dated June 2015 and saw boxes had been ticked against both 'the person lacks capacity' and 'the person does not lack capacity'. This meant information regarding people's mental capacity was not always accurately recorded.

The registered manager confirmed there were no MCA assessments for people who were unable to consent to the administration of medicines.

Images of people enjoying activities were playing on a flat screen television in the reception area and the home also had CCTV in communal areas. We found consent for the use of photography had been signed for by people or authorised individuals in September 2016. However, the people who had moved into the home since this date did not have a consent form for this purpose.

We concluded the above issues were a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not supported to have maximum choice and control of their lives as an up to date assessment of their capacity was not always available. Following our inspection the registered manager informed us 'We are looking to improve the format we are currently using and we have already found a copy that we are hoping to adapt for our own use that is both effective, clear and workable'.

We spoke with one staff member who was able to describe appropriate action they would take if a person refused care. They told us they would return to the person shortly after and if they still declined, they would communicate this to a senior member of staff and if necessary, contact the GP. They told us, "They might not want that (what was offered), so you offer them a different choice." During our inspection, we heard staff giving people choice as part of their daily routines.

The registered manager used a tracker to record the status of DoLS applications and authorisations. We looked at these records and saw DoLS were in date and timely applications were sent to the local authority to renew DoLS.

We looked at records of supervision and appraisal for four staff members. One staff member told us, "The seniors do them regularly." They told us these were useful sessions and added they felt their training needs would be supported. The registered manager told us they reviewed all staff supervisions and signed these off. Supervisions were up-to-date and took place regularly. However the supervisions were pre-typed and used to share key messages from the management team. For example, the last supervision was an explanation about door codes and their use. We saw staff were involved in annual appraisals and were listened to, developed and supported.

Staff we spoke with were satisfied with the training they received. One staff said, "We get lots of training. It's done by one of the deputy managers. We can update our training at any time." One member of staff had qualified to train their colleagues in dementia care.

On the first day of our inspection, we requested a copy of the staff training matrix and found this was not up to date. An updated version was sent to us following our inspection. We saw a number of training courses which staff had not received refresher training in. For example, 43 per cent of staff were overdue fire safety training, 40 per cent of staff were overdue infection control training and 52 per cent of staff were overdue basic food hygiene training.

Following our inspection the registered manager told us updating the training matrix in a revised format had enabled them to identify training gaps and book sessions for staff who needed to updated their training.

We concluded this was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff did not receive sufficient support and training and the quality of supervisions records was not individual to the staff member.

From October to December 2017, the registered provider had rolled out the Care Certificate which all staff were expected to complete. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. As part of their induction, staff completed training covering areas such as health and safety, infection control, moving and handling, safeguarding and first aid. Staff also shadowed more experienced workers until they were ready to work alone.

During our inspection we looked at whether staff had sufficient knowledge of relevant guidance and found this was not always the case. For example, we spoke with two staff members regarding their understanding of guidelines issued by the National Institute for Clinical Excellence in relation to the administration of medicines and found they were unaware of this. We have made a recommendation that the registered provider reviews current legislation and shares this guidance with staff to ensure it is providing safe and effective care.

People we spoke with were mostly positive about the food they were offered. One person said, "Meals are

good on the whole. They do a great corned beef hash. They are excellent at sponge and custard." Another person told us, "The food is alright I don't like the puddings." Relatives we spoke with were complimentary about the food served. A member of the inspection team sampled the food on day one of our inspection and found this was hot and tasty.

On the first day of our inspection, one person had their lunch prepared for 12:50pm, although they did not receive this until 1:15pm. This was then put in the microwave at 1:25pm. We asked a member of staff why it took so long to support this person with their meal and they told us they prepared it as early as possible, although they had to support people in the dining room first. They noted some people's health had recently deteriorated which meant there was more to do to meet people's care needs.

Two hot trolleys were used for the four floors which meant only two floors could be served at the same time before they moved to the remaining floors. As lunches were scheduled to take place at the same time, we raised this with the registered manager and area manager who told us they would look at introducing staggered lunch times, so people did not experience unnecessary waiting. Following our inspection, the registered manager confirmed this new arrangement would commence before the end of February 2018.

We observed the lunchtime experience on three floors and found this was mostly positive. People were given choice and we saw one person who requested an omelette which was not on the menu had this prepared for them.

We saw the food was well presented and where people needed assistance with their meals, this was provided in a sensitive way and staff communicated with the person they were helping throughout. Plate guards were used to help people maintain their independence and dignity. People were offered a choice of cold drinks to go with their meal.

We asked staff whether they had received information about people's dietary needs. One staff member told us, "I was told when I first came who was diabetic, who was on a soft diet." Dietary sheets were kept in the kitchen and contained information which matched other records we looked at. However, we saw 45 dietary sheets and at the time of our inspection there were 59 people living in the home. We recommended the registered provider ensures these records are up to date and the remaining people have a dietary sheet created.

In February 2017, the home had been awarded a 'Healthy Choice Award,' by Kirklees Council for being committed to good standards of food hygiene and healthy food options.

Valley View Residential Care Home had been part of a pilot scheme for providing hospital bags and hospital passports which were used to provide a better experience for people admitted to hospital.

We spoke with a visiting health professional who told us, "This is one of the better homes, there's lots of call outs here. We like that, it's a good sign they're taking care of residents when they notice things." One relative told us, "They're spot on with the doctors. If we ask for information they'll go and check and come back to tell us. We never have to wait long to find out what's happening."

Care records we looked at showed the involvement of a range of health professionals in people's care, such as GPs, dieticians, chiropodists and opticians. We attended a staff handover on day two of our inspection and found staff were ensuring people had access to healthcare. For example, a GP had been contacted for one person who was struggling with swallowing their medicine. They had subsequently been prescribed an oral gel.

We spoke with one person whose sight was impaired who told us that due to poor lighting in their room, they were unable to see and select clothes from their cupboard. We saw they had an energy saving light bulb in their room which we discussed with the registered manager and area manager who told us they would change this immediately.

We looked at the living environment on the floor for people living with dementia and found limited evidence of this being dementia friendly. For example, there was limited use of dementia friendly signage and the living environment did not provide colour and contrast which people living with dementia can use to help them navigate their way. However, we saw displays entitled 'some famous faces' and 'some places you may recognise' which contained descriptions. These were appropriate for people living with dementia as they were relevant to the era people grew up in and prompted memories and stimulated conversation. Following our inspection, the registered manager informed us 'We have found a company where we can purchase better signage and we are looking further into developing the unit to be more dementia friendly'.

Is the service caring?

Our findings

We asked people and their relatives about the quality of care provided at this service and received mostly positive feedback. People's comments included, "You ask for something and they don't come back with it. Some are a little bit bossy and they are in charge and we do as we are told", "98% of staff are fine, but I don't think the young ones are told what to do.", "I have never had any problems while I have been here. They have been very nice to me" and "Staff are very good they care for you, look after you, nothing is too much trouble."

One relative we spoke with said, "The worst thing I've ever had to do in my life was put mum in a home, but I'm genuinely happy with it here." Another relative told us, "They look after her well." One visitor told us, "It's lovely here; the staff are lovely and treat them like family. I enjoy coming here." A visiting health professional told us, "Residents (people) always seem happy and cared for." We asked staff about the care provided and a staff member said, "I do think we are conscientious carers." Another staff member commented, "I'd put my mum in here." A third staff member told us, "I love it, I like to get up to come to work here."

During our inspection we saw interactions between staff and people which demonstrated compassionate care was being provided. Our observations of care showed this was relaxed and always respectful.

We observed one person who had become increasingly anxious as they were asking staff about their money. The deputy manager told us they had found some napkins which were printed to resemble bank notes. They had laminated these and given them to the person which immediately calmed them as they were reassured they had money on their person. This meant staff had provided an innovative solution to ensure this person could be reassured if they became concerned about their finances. We saw this person's demeanour changed after being given the 'money' and they became sociable and even told us how pleased they were they had their money.

We observed a staff member responding to a person who had become visibly distressed and saw they responded quickly, crouching down at the side of the person to get to their eye level. They demonstrated a compassionate approach and provided reassurance and comfort. The quality of this interaction demonstrated the staff member knew the person and how to react appropriately in this situation.

During our inspection, we observed a number of moving and handling transfers staff carried out using hoisting equipment. We saw these were safe and staff talked people through the process and communicated effectively with other staff members involved in the process to ensure this was done safely.

Our inspection took place on Valentine's day and we observed the activities coordinator handing out either a box of fudge or a chocolate rose to each person. These were all labelled with the name of the person showing these gifts had been personalised. This initiative demonstrated thoughtfulness and sensitivity.

There were no restrictions to visiting or the number of visitors. One relative told us, "The staff are always welcoming, they always seem happy to see us. As many of us visit as want to come. It's lovely here."

People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. People's rooms were person-centred and we saw evidence of people being able to choose how they wanted their room furnished.

A relative spoke positively about being involved in their family member's care planning, although another relative said, "Reviews. No, the carers do that."

A visiting health professional told us, "Staff always respect people's dignity; they always knock on doors before entering." We saw staff routinely knocked on people's doors before they entered their rooms, although on one occasion we observed a staff member entering a person's room without knocking and the person was in their room.

Staff told us they would lock doors, close curtains and cover people when possible during personal care. The registered manager told us a key agreement was completed when people first moved into the home. This meant either the person or an individual acting on their behalf was able to state their preferences. This preference was then noted on people's doors.

We saw people who held religious beliefs were supported to maintain their faith as religious leaders visited the home on a regular basis. We saw hospital passports, which are documents that accompany people admitted to hospital, included information about their religious beliefs.

Staff's caring and committed approach was a key strength of the service, in spite of the shortfalls in the safe domain.

Is the service responsive?

Our findings

We looked at five care plans in detail and a further four for specific information. The care plans we looked at did not consistently record people's care needs and we saw examples of care being provided which was not consistent with the information stated in people's care plans.

The eating and drinking care plan evaluation for one person dated January 2018 stated '[Name] does suffer from tremors, so will require assistance from staff at meal times'. We observed a member of staff placing a bowl of porridge and a hot drink in front of the person. They did not provide assistance as they had to assist another person to go their room to see the doctor. This meant the person was at risk of harm as staff had not followed the care plan.

The moving and handling care plan dated October 2016 for the same person stated '[Name] transfers with two staff and for safe transfers [use] his wheelchair. Two staff are to support [name] by stand aid'. We asked a staff member if this person was already in their wheelchair when they collected them from their room. They confirmed they had assisted this person alone. On the second day of our inspection, we saw the same person being transferred by one member of staff using a stand aid from a wheelchair to a seat in the lounge.

The moving and handling assessment for another person dated February 2018 stated for walking and standing the person required two members of staff and a hoist. One staff member told us this information was incorrect as the person was nursed in bed.

The mobility assessment for a third person which had been evaluated in January 2018 stated they mobilised with one walking stick. However, on day one of our inspection, we observed this person walked with the assistance of two walking sticks. This was not recorded on either the care plan or daily notes.

The behaviour care plan for a fourth person dated January 2017 and evaluated in February 2018 referred to this person experiencing agitation, although the risk assessment dated February 2018 did not refer to agitation which meant the care plan had not been updated.

We concluded this was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as not all people's care needs were being appropriately met and records did not reflect their current needs.

Following our inspection, the registered manager informed us that the management team would be taking the lead with care plan reviews and working with senior care staff to enable them to develop these skills.

The registered manager told us they looked at people's equality and diversity and human rights as part of their pre-assessment before they moved in to the home. This information was then included in a 'This is me' record. A 'This is me' document provided some personalised history for people in relation to their school days, family, working life and hobbies.

We looked at the complaints management process and found this required improvement. People we spoke with knew how to make a complaint if they were dissatisfied with the service they received. One person said, "I'd complain to the manager, but I've never had to complain."

Information was seen on display within the service which described the complaints process and how the registered provider would respond to complaints. We also saw a suggestion box in reception which meant visitors could complain anonymously if they wished to do so.

We looked at records of complaints and found these were not robust as we could not always see a clear audit trail of how such issues were responded to. For example, we could see evidence which showed the registered manager had met with relatives to discuss their complaint, although the details of these discussions were not recorded. One complaint was not on file, which meant we could not be sure about the nature of the individual's concerns.

Before our inspection we were made aware of a number of concerns raised by one family. We looked for records of how these were dealt with and found a lack of recording. The registered manager told us they would record such concerns in the future. We discussed the management of complaints with the registered manager and recommended they also formally records concerns brought to their attention. Following our inspection, the registered manager informed us, 'The complaints form has now been changed so we can now see a clear path of how the complaint has been dealt with and what actions and what lessons have been learnt'.

We asked people about the stimulation they received through activities taking place. Their comments included, "It's bingo this afternoon. I go weekly, if there is the staff to do it", "We do bingo, word games and have singers. We had a ukulele band. The weekend is a bit dead though" and "We are not short of things to do in here." One staff member told us, "There is enough stimulation for people, but people in their room need more one to one interaction."

The registered provider employed two activities coordinators who between them covered five days a week. We saw an activity planner on display throughout the home which listed events including, 'chairobics', cinema, word games, tea and cake, games, sing-along, bingo, and a quiz. The special events for February showed entertainers were regularly booked to visit this service. We spoke with the activities coordinator who told us they had been trained as a care assistant. We asked if they were required to cover shifts to provide care and they said, "No, I'm here to do activities and that's what I do."

We saw a series of pleasant interactions between people and the activities coordinator who was cheerfully inviting each person to join in the bingo activity. On the first day of our inspection we saw people from different floors were supported to get together for the bingo and sing-along. They were talking with each other and sharing good humour about which was the best floor to live on. However, in the afternoon of day two of our inspection we spoke with the registered manager who confirmed no activities had taken place.

Care records we looked at during our inspection showed the registered provider attempted to have discussions with people about their end of life care wishes. Training records we were provided with following our inspection did not show staff received training in providing end of life care.

We looked at how information was provided and shared with people. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information relating to their care in a format that they can understand and with any additional communication support they need.

The registered manager told us one person who was registered blind was using a voice controlled smart device and another person was accessing audio books. The registered manager also said they wanted to access a copy of the Care Certificate in large print for a member of staff who needed this. This meant information was accessible in different formats for people.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met.

We reviewed statutory notifications which relate to events the registered provider is required to report to the Care Quality Commission. This is a legal requirement as part of the registered provider's registration. We identified a total of 34 Deprivation of Liberty Safeguard applications which had been authorised by the local authority since our last inspection which the registered manager had not reported to us. The registered manager told us they were not aware of this requirement. All other notifications were submitted to us as required.

The area manager carried out monthly visits and completed the 'Responsible Individual/Director Visit Report Form'. These reports covered a wide range of areas, which included, for example, complaints, staff vacancies, training needs, supervisions, care interactions between people and staff, disciplinary action in response to concerns about staff practice, menus, fire drills, finances, refurbishment plans and pressure care.

The registered manager and area manager carried out a number of quality assurance checks and audits to monitor and improve standards at the service. This included audits of care records, pressure care, weights, medication, infection control and spot checks on staff practice. The audits we reviewed showed that issues we identified during this inspection had not been identified. For example, we spoke with a deputy manager about the medication audits and they agreed these were not sufficiently robust as they were not effective in identifying specific concerns.

We saw actions contained both in the audits and the in the responsible individual/director visit report. However, there was no specific action plan with timescales as well as confirmation of previously completed actions. This meant the registered provider could not evidence remedial action had been taken where issues were identified. Following our inspection the registered manager told us with immediate effect they would include an action plan which will be developed with the area manager.

Following our inspection, the registered manager informed us they would introduce a more detailed medication audit with outcomes and an action plan. In addition, they said 'We have arranged a meeting with the full management team to look at the effectiveness of our audits, areas of responsibility and how we action any outcomes and trends. Through this we will devise a more clear workable document with detailed analysis'.

During our inspection, we identified a lack of risk assessments which are essential for identifying risk and putting measures in place to reduce the risk of harm. Following our inspection, the registered manager told us they had identified the care plans which needed further risk assessments and were in the process of developing these.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. A record was kept of accidents that occurred at the service which noted who had been involved as well as the time of day and additional comments. We saw action had been taken in response to these events, although we did not see an overall analysis of accidents and incidents. The registered manager said they sent the 'accidents and incidents record' to the director of care for analysis and told us they would contact the registered manager should remedial action be needed. We saw an email from the director of care dated August 2017 which recommended the registered manager should begin to analyse safeguarding alerts as well as accidents and incidents. In January 2018, the Responsible Individual/Director Visit Report stated the registered manager and deputy managers would be responsible for looking at areas where prevention and improvements could be made. This showed a robust system was not in place to monitor accidents and incidents and look for trends.

We concluded this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems and processes were not operated effectively.

The registered manager told us the directors for the registered provider visited them on a daily basis. They commented, "I've got all the support I need." The registered manager was supported by two deputy managers and an area manager.

Staff we spoke with told us they felt they were part of a team which worked well together. One staff member commented, "We've got a good team." Staff also told us they felt the registered manager was approachable. Staff comments included, "I like it here. The manager is very approachable", "This manager is great, the best manager I have ever had", "She's very approachable. She does know the residents" and "Very approachable, she's nice. She asked how I settled in."

We spoke with the registered manager who informed us they worked in partnership with a range of health professionals, local schools and the mobile library service as well as the Alzheimer's Society who visited the home for 'singing for the brain'. The activities coordinator told us they had contacted the running club where one person used to attend to find out more about their history. The registered manager told us they wanted to have time for more engagement with other service providers and the local authority. They said this would be an area of focus moving forwards.

We asked people if they were familiar with the management team. One person told us, "They call her [name of registered manager] she comes up a couple of times a week. I was talking to her the other day." Another person said, "No, I don't see the management, one wafted in here this morning, asked if we were okay and wafted out again. There are too many chiefs and not enough Indians."

Satisfaction surveys for people and relatives were due to be sent out around the time of our inspection. We looked at the February 2017 survey and saw 17 questionnaires had been returned which showed satisfaction levels ranged from 70 to 100 per cent. Comments included, 'meals nice, rather repetitive', 'listened to, but not always acted upon', 'excellent in all aspects' 'activities excellent' and 'always nice and clean'. The registered manager told us feedback to these surveys was communicated through 'resident' and relatives meetings which took place every three months.

We looked at what the manager did to seek people's views about the service. One person told us, "We have a meeting for grievances and they change things (based on feedback). I said the roast beef was difficult to eat and so they changed it to braised beef." The manager showed us the minutes from meetings which had taken place in January 2018 and August 2017. Items for discussion included the commissioning of a new food supplier, new menus, an update regarding the introduction of keypads and five trips booked for 2018.

This demonstrated action was taken in response to feedback from previous meetings and through surveys.

The registered manager told us staff meetings took place every three months and these were held for different staff teams. Minutes from the previous meetings with day staff, night staff and domestic staff showed they had recently been reminded about completing care records accurately, completing care plan reviews on time, good communication as well as safeguarding concerns which were discussed as a standard agenda item. Other areas covered included health and safety, meeting dietary needs, upcoming training needs, dignity, infection control and confidentiality.

We looked at what the registered manager did to seek staff's views about the service. The registered manager told us a survey had been sent out to staff in January 2018 and feedback had been forwarded to the director of care who would analyse and report on the responses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not always reflect people's needs as they lacked sufficient relevant details to provide person-centred care. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent Mental capacity assessments were not decision specific. |