S.E.S Care Homes Ltd

Valerie's Residential Care Home

Inspection report

20 Ravenswood Avenue
Crowthorne
Berkshire
RG45 6AY

Tel: 01344761701
Website: www.sescarehomes.co.uk

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27 July 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This was an unannounced inspection which took place on 25 July followed by an additional day on 27 July 2017 which was announced..

Valerie's Residential Care Home is registered to provide a service for up to 17 older people. Some people have conditions associated with growing older such as sensory and physical difficulties. There were twelve people living in the home on the day of the visit. The service offered ground and first floor accommodation in individual bedrooms. The first floor accommodation was accessed via a lift.

At the last inspection, on 19 October 2015, the service was rated Good. At this inspection we found the service remained Good in four domains which meant it was still overall Good. However, one domain required improvement.

Why the service is rated Good:

There is a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff team's knowledge and understanding of how to keep people and themselves safe contributed to ensuring people lived in a safe and secure environment. People continued to be protected from any form of abuse or poor practice and any risks were identified and managed to keep people as safe as possible. Staffing ratios were adequate to meet people's needs safely. The recruitment procedures ensured appointees were suitable and safe to work with people. People were given their medicines in safely.

The staff team usually responded effectively to people current and changing needs. However, some improvements were required in this area. They ensured people's health and well-being needs were met in a timely way. However there were two occasions, identified, when care plans were not followed and action with regard to health needs was not taken as quickly as it should have been.

People continued to be supported to have maximum choice and control of their lives. Staff offer them care in the least restrictive way possible, the policies and systems in the service support this practice. However, there was some confusion and lack of understanding of the Mental Capacity Act 2005, specifically with regard to Deprivation of Liberty Safeguards.

The relatively small and stable staff team remained kind, caring and committed to caring for people. They were knowledgeable about people's individual needs. The staff team respected people's equality and diversity needs.

People received good care from a well led service. The registered manager was experienced and qualified and listened and responded to people, staff and others. The management team were described as open, approachable and supportive. Record keeping needed some improvement as did clarifying the actions taken as a result of quality audits and reviews.

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 remained safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were appropriately trained to meet the needs of people but this was not always recorded in a clear and/or accurate way.

Staff encouraged and supported people to make as many decisions for themselves as they could and made sure they protected their rights. However, there was some confusion with regard to the Mental Capacity Act 2005.

Whilst staff, generally, helped people to take all the necessary action to stay as healthy as possible there was at least one occasion where necessary action was delayed until the registered manager returned to duty. Additionally behaviour plans were not always followed by staff.

Is the service caring?

Good

The service continued to be caring.

Is the service responsive?

Good

The service continued to be responsive.

Is the service well-led?

Good

The service remained well-led.

Valerie's 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.

This inspection was unannounced for the first day and took place on 25 and 27 July 2017. It was completed by one inspector.

Before the inspection the provider sent us 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. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us and the previous inspection report completed in October 2015. A notification is information about important events which the service is required to tell us about by law. The local authority had told us of concerns they had identified on a quality visit commissioners had made to the service.

We looked at six care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at some records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We interacted with ten of the twelve people who live in the home and spoke with eight. We observed how staff provided care throughout the inspection visit. We spoke with three staff members and the registered manager. We received written and verbal comments from other staff members and professionals, before and after the inspection visit.

Good

Is the service safe?

Our findings

People told us they felt safe in their home. One person reflected the views of others when they said, "I feel very safe here…staff are completely trustworthy and decent." Professionals commented, "I am satisfied that the home is a safe environment for [people] and they are being well cared for" and "People and the environment are safe." Staff told us they felt people were, "Safe and well –treated."

The local authority had some concerns about the service and in particular the 11 safeguarding referrals they had received. However, five of the referrals were in regard to the same financial abuse incident which had been appropriately dealt with. The provider had ensured people were not disadvantaged by the incident. Safeguarding concerns or incidents were reported to the appropriate bodies including the Care Quality Commission.

Staff continued to be trained to protect people from abuse or poor practice. Staff were confident the registered manager and extended management team would listen and take action to ensure people's safety. They were aware of the provider's whistle blowing policy and were confident to use it, if necessary. A staff member had drawn the registered manager's attention to the financial anomalies which became a safeguarding concern.

People who lived, worked in or visited the service were kept as safe from harm as possible. Staff were trained in and followed the service's health and safety policies and procedures. They had plans to follow in the event of foreseeable emergencies. The emergency box, with all the necessary instructions and emergency information was kept inside the front door for easy access. The service was undergoing refurbishment and there were procedures in place to ensure the contractors were completing the works in as safe a way as possible.

General health and safety risk assessments and individual risk assessments and management plans were in place. Generic risk assessments included driving, use of convector heaters and using the stairs. Individual risk assessments included areas such as accessing the community and lifestyle choices. They supported people to remain as independent as they could be as safely as possible. Health and safety and maintenance checks were completed at the required intervals.

People's safety was further enhanced because the service learnt from accidents and incidents. For example a new policy and procedure had been developed and adopted to ensure people's money was kept safely at all times.

People continued to be supported to take their medicines safely by appropriately trained staff. Medicines were ordered, stored and disposed of safely. An external pharmacist had completed an audit of the medicine procedures in the service in July 2017. They had made five minor recommendations which had been actioned.

People were supported by staff who were safely recruited. The local authority had identified one staff

member who began work without a criminal records check. However, this had been an oversight by the registered manager and was being rectified. We looked at the records of staff who had been recruited in the previous 12 months and all the necessary checks and information was in place.

Staffing ratios remained at the same levels but staff shortages meant that the registered manager and other senior staff often covered care shifts and were not always able to complete their own management tasks. Care staff told us they were sometimes short of staff, especially recently, but there were always enough to keep people safe. The minimum staffing when 12 people were resident was two staff per daytime shift, one waking and one sleeping at night. These levels changed depending on the numbers and needs of people resident in the service. The registered manager was adopting a formal approach to needs assessments rather than the informal approach used previously. Rotas for the previous month (June 2017) showed that the numbers of staff did not drop below those noted as minimum and were often above. Care staff were generally supported by ancillary staff.

Requires Improvement

Is the service effective?

Our findings

People, generally, continued to receive effective care from a skilled and knowledgeable staff team. However, there were some areas that required improvements. The local authority had concerns about several areas such as care plans and dealing with weight fluctuations. The service was addressing the concerns raised by the local authority.

Staff continued to be trained to meet people's needs. They told me they were given good opportunities to train and asked if they needed any additional training. They said the registered manager tried to access suitable training for them. The registered manager told us people's core training was up-dated regularly. However, it was not always clear on the training matrix when people had last been trained and not all the information in staff's individual files was up-to-date. There were three records of training but it was difficult to confirm if an individual's core training was up-to-date. The registered manager agreed to review and consolidate the training records to ensure they were clear and accurate.

Four of the nine permanent care staff had a health or social care qualification. Four staff had completed the nationally recognised certificate for care work and all staff were working towards completing the care certificate. Care staff were supported by the management team and received regular one to one supervision and an annual appraisal. Supervisions included direct observations of staff providing care (with people's permission) and people's views on staff's performance. Staff told us the registered and operations managers supported them well.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. Most people who lived in the service had capacity and were supported to make as many decisions and choices as they could. If people lacked capacity the registered manager appropriately applied to the local authority for a DoLS authorisation. One DoLS was awaiting authorisation. There was some confusion about best interests meetings and DoLS. For example it was felt that a key pad may mean that everyone had to have a DoLS in place. It was discussed that if people had capacity they could not have a DoLS. The registered manager agreed to review the Mental Capacity Act 2005 guidelines and refresh staff training. However, care staff were able to tell us when it was appropriate to apply for DoLS and were able to describe when people had capacity.

Plans of care had recently been reviewed and a new care planning system was in place. This included a one page profile, so staff could see people's vital needs at a glance. The more detailed plans of care ensured staff were provided with enough information to enable them to meet people's specific needs. Referrals were made, in a timely way, to other health and well-being professionals such as psychiatrists and speech and language therapists. A health professional told us, "I have no clinical or care concerns about the staff or their standard practices."

The service did not, usually, provide a service for people whose behaviour may cause distress to themselves or others. The registered manager made the necessary referrals and took appropriate action if they were unable to meet the changing needs of individuals. If people developed anxiety and confusion the service sought support from other professionals. We saw an example of a behavioural plan developed to support a person with their anxiety and distress. However, we noted that the behaviour plan was not consistently followed by all staff. The registered manager agreed to review the behavioural plan, ensure staff understood it and followed it consistently until more permanent resolutions were found.

People were involved in menu planning and supported to choose healthy and nutritional food. However, the 'guide menu' was repetitive and unbalanced. The food people were actually given was varied and well balanced. The registered manager agreed to review the 'guide' menus to ensure they were more reflective of the 'actual' menus.

Any specialised nutritional needs were included in care plans along with advice from the appropriate professionals. Records of food and fluid intake were kept, as required. We identified a record that suggested a large weight loss for a slightly built individual. After investigation it transpired that a faulty weight scale had been used and the individual had actually gained weight. The registered manager undertook to ensure any such discrepancy was dealt with on the day the concerning issue was noted rather than wait for return from days off or leave.

The environment was in the process of being totally refurbished. A new and more efficient boiler had been installed, the bathroom had been decorated and two wet rooms had been installed. The kitchen was in the process of being refurbished and the conservatory was due to have blinds added (to control the heat). All areas of the home were to be redecorated and refreshed. All refurbishments were designed with people in mind and were user friendly. People and staff told us that the additional shower rooms had made a real difference to their daily life.

Good

Is the service caring?

Our findings

The small staff team knew people well and were committed to the people in their care. They continued to treat people with kindness and patience. One person told us, "The staff team are brilliant. It's a great place to live." Another said, "They treat us with the greatest respect" and another said, "They really care about us. It's obvious in the way they treat us." Care staff told us that people's comfort and happiness were what came first. We observed staff treating people respectfully and with kindness and patience.

People were respected by staff who interacted positively with them. People's care plans described, if necessary, how people communicated and made their feelings and wishes known. Throughout the duration of the two day visit we saw people and staff communicating with each other. Appropriate 'banter' and humour was used to create a pleasant atmosphere. We particularly noted how patient staff were with people who became anxious easily and had repetitious behaviours and requests.

Staff continued to support people to maintain their dignity and their privacy was respected. Staff were able to describe how they made sure people were given their privacy and their dignity was protected in their daily living experiences and their preferred routines. People were offered support with their personal care discreetly and sensitively. People care plans included one entitled "Dignity in Care" and described how staff should ensure people's dignity.

The size of the service meant that people and staff knew each other well and they continued to build strong relationships with each other. Staff were able to describe, in detail, people's needs and we observed how comfortable and relaxed people were in the presence of the staff team.

People's needs with regard to equality and diversity were understood and met by the staff team. Staff ensured each person's diverse lifestyle choices, physical, emotional and spiritual needs were identified and met in the way that suited them best.

Good

Is the service responsive?

Our findings

The staff team remained responsive to the needs of people. They responded quickly when people asked for assistance or support. Additionally we saw that staff responded to people who did not verbally ask for help but were showing they needed something by body language or facial expression. For example, one person was fidgeting and moving around. Staff correctly interpreted this as needing help to get comfortable in their chair. They took appropriate action to ensure the person was comfortable.

People's care plans were person centred and described people's individual needs, preferred routines and any special needs people had. However, some care plans included assessments which were unnecessary for the individual. For example, nutritional assessments for people who did not have any special nutritional requirements. These were sometimes not completed because they were not needed. This meant that it was sometimes unclear if people required them or not. The registered manager agreed to remove and/or make clear if specific assessments were required by the individual. Care plans reviews continued to take place regularly a minimum of monthly and whenever people's needs changed. People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and as was appropriate.

People continued to be helped to maintain relationships with those important to them. Some people did not have any relative involvement. However, any families who were in contact with people were kept informed of any significant issues or a change to people's well-being (with people's agreement) and their involvement was encouraged.

People did not have a specific activities programme. Activities had recently improved with the registered manager inviting entertainers into the home. However, most activities were provided by care staff. These included films, one to one discussions and some craft work. Most people told us they were perfectly content with the activities and, "Do whatever we want" but some said they would like some outings, even if it was just going to the shops.

Some staff felt there were not enough care staff to provide regular activities to people. They said that planned activities often had to be cancelled because of staff shortages. They said providing care and safety had to be their priority. They suggested that and an activities co-ordinator may be beneficial as people needed stimulation to enjoy their life more. Some people went out into the community unaccompanied and they said they enjoyed, "Doing my own thing." The registered manager told us staffing problems were easing as more staff had been appointed. She said she was planning outings and more entertainment coming into the service.

We recommend that the service review its resources with regard to how it enables people to carry out person-centred activities and encourages them to maintain hobbies and interests.

The service had a complaints procedure which was available to people and their relatives. People new how to make a complaint but they said they had no complaints to make. One person reflected the views of

others when they said, "I have absolutely no concerns or worries." The service had received three complaints and two compliments during the preceding 12 months. Complaints were dealt with appropriately.

Good

Is the service well-led?

Our findings

People felt they continued to receive good quality care from a staff team which was well-led. The registered manager had been in post under current legislation since October 2010. People commented the registered manager was, "Superb" and, "[The registered manager's name] is a good listener and she makes it a great place to live." These comments reflected the views of the other people we spoke with. Staff told us there was an open and positive culture and the registered manager was always approachable. They said there was a very good atmosphere and team spirit in the home.

People and staff told us their views were listened to and they felt they were valued by the management team. Resident's meeting were held at regular intervals. Notes from the meetings demonstrated that people were asked their views, informed of what was going on and that people were encouraged to be involved in the running of the service. Additionally people's views and opinions were recorded in the monthly reviews of their care plans.

Staff meetings were held every month and minutes were kept. They included the discussion of policies, people and were sometimes used for training activities. People's families, friends or advocates and other interested parties were asked for their views, via questionnaires and collected informally when contact was made with the service.

The service monitored and assessed the quality of care offered to make sure people received the best standard of care possible. There were a variety of auditing and monitoring systems in place. Examples included health and safety checks and medicines checks. Quality audits were completed by the operations manager every month. However, it was not always clear what action was to be taken, by whom and by when from the audit reports. The registered manager told us this issue had been identified by the local authority and was being addressed.

The service had responded to the views of various internal and external parties and was in the process of making a number of improvements. They were working with the local Rapid Response Team, the local authority and the Care home Support Team to ensure they offered good care.

Improvements made included a new care planning process, refurbishment of many areas of the home and improving how they assessed people's needs to ensure staffing ratios were adequate to meet all the needs people had.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales.

Records continued to reflect people's individual needs and supported staff to offer good quality care. However, some personal records were not always dated but the registered manager undertook to ensure this was rectified. Records relating to other aspects of the running of the home such as audits and staffing records were available but not always well-kept or easily located. For example, kitchen cleaning schedules

were found in several different files and some were not completed. This meant there was the potential for cleaning to be missed. There was the same issue with staff training records. The registered manager was in the process of reviewing the recording systems to try to make records easily accessible, simple working tools which accurately reflected the work staff completed.