Pepperhall Limited

Valley Court

Inspection report

Valley Road
Cradley Heath
West Midlands
B64 7LT

Tel: 01384411477

Date of inspection visit:
31 August 2016

Date of publication:
28 October 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Valley Court is registered to provide accommodation for 69 people who require nursing or personal care. People who live there have health issues related to old age. The accommodation was made up of both nursing and residential care beds. At the time of our inspection 64 people were using the service. At our last inspection in June 2014 we found that the provider was compliant with the regulations that were considered.

The service had a registered manager. 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.'

We found that medicines management within the service was lacking in some areas, including guidance for staff in the administration of medicines directly into the stomach. The provider had systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any issues of concern. The provider had a suitable number of staff on duty. Systems in place for recruitment ensured staff working at the service had the right skills, experience and qualities to support the people who used the service.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. Staff were able to give an account of what a Deprivation of Liberty Safeguard (DoLS) meant for people subject to them. Staff were knowledgeable about how to support people to maintain good health and accessed professional healthcare support for people when necessary. People gave varied feedback about the quality of food; however we observed that the standard and choice of food provided was good.

People were supported in a caring way and reassured in times of distress or discomfort. Staff interacted with people in a positive manner and used encouraging language whilst maintaining their privacy and dignity. People were involved in the decision making about their care. Staff provided support to people in a way that helped them to remain as independent as possible.

People's needs were assessed and care was planned with them or their representative in line with their preferences. Staff were knowledgeable about people's personal preferences and what was important to them, including their spiritual or religious needs. Activities available to people were based on the individuals preferences and abilities. The provider responded to complaints received in line with their own policy.

People and staff spoke positively about the leadership skills of the registered manager. Feedback was actively encouraged through surveys, suggestions and meetings; which allowed people and staff to be involved in the development of the service. Systems for monitoring the quality and safety of the service were in place but had failed to identify issues in relation to medicines management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Safe management of medicines within the service was lacking in some areas.

Care was delivered in a way that ensured people were protected and their welfare and safety was considered.

The provider operated safe recruitment practices and ensured sufficient numbers of staff were available to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were well trained and supported in their role.

People's nutritional needs were met effectively and staff knew how to support them appropriately with specific dietary needs.

People were supported to access specialist healthcare professional input from outside the service to meet their needs.

Is the service caring?

Good

The service was caring.

People were complimentary about the staff and the care and kindness they were shown by them.

People were involved in their care and staff supported them by explaining any issues they had about their care and treatment.

People's privacy and dignity was respected by the staff supporting them.

Is the service responsive?

Good

The service was responsive.

Care was delivered in line with the person's expressed preferences and needs.

People were encouraged to socialise and participate in activities to stimulate them and reduce any feelings of isolation.

The provider demonstrated that they had fully responded to complaints in line with their own policy.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider regularly monitored the safety and quality of the service; however these had failed to identify areas of unsafe practice in relation to medicines management.

People and staff spoke positively about the leadership within the service.

Staff were well supported in their roles and understood their responsibilities.

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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.

The inspection of Valley Court took place on 31 August 2016 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.
Before the inspection, the provider 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.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with 14 people who used the service, five relatives, one visitor, five members of staff, an activities co-ordinator, a kitchen assistant and the registered manager. We observed care and support provided in communal areas. Not all the people using the service were able to communicate with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. These included reviewing four people's care records, looking at the staff training matrix, three staff recruitment records and thirty one medication records. We also reviewed a range of records used in the day to day management and monitoring of the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they were happy with the support they received and that they felt safe when being supported by staff. One person told us, "I feel safe here". A relative told us their family member was, "Happy and safe living here". Staff were clear about how they kept and made people feel safe, one staff member said, "We keep people safe by protecting them against potential risks".

We observed staff supporting people to take their medicines; they were patient, ensured they were taken with plenty of water and were able to provide answers to any questions people had regarding their medicines. Sufficient quantities of people's medicines were available to ensure that people's healthcare needs were being met. Medicine audits were undertaken by nurses and the registered manager and arrangements were in place to check medicine stock levels.

We looked at how medicines were managed within the service. We found that no system was set up to record who had applied people's prescribed moisturising or barrier cream, as only a tick was entered onto the Medicine Administration Record (MAR). In addition some prescribed pain relieving gels were not being stored securely. The registered manager told us that they would ensure that a system for clearly identifying who had applied any creams or gels would be developed and that those requiring secure storage would be locked away. When people were prescribed a medicine to be given 'when required', for example, for pain, we found that overall guidance was available to support staff to make a decision as to when and how to give the medicine. However, we found that more detailed guidance was needed for staff to follow to ensure safe and consistent provision of medicines being administered directly into the stomach and rectally. Staff told us that detailed guidance showing the amount of water to flush between medicines, the amount of water to dissolve medicines in and the order of administration was not available. We asked one nurse about the amount of fluids they were providing in between medicines, they indicated that they did not provide an exact amount, saying, "I give about a syringe full". This meant that the administration of medicines via a tube into the stomach were inconsistent and also not in line with the guidance given by the dietician.

We reviewed how fridge temperatures were recorded and saw that staff recorded these each day. The recordings were potentially inaccurate as staff demonstrated to us that they were not resetting the system as they should each time they recorded the maximum and minimum temperature levels. This meant that potentially the effectiveness of medicines requiring refrigeration may be compromised. However we were unable to evidence that any impact or ill effects as a result of this issue had been experienced by people requiring these medicines. The registered manager assured us this would be rectified straight away.

Staff we spoke with were clear about how to manage potential risks to people. For example, we observed staff using the equipment available to support safe practice and reduce risks for people. Staff told us, "We keep people safe by recording and assessing potential risks to them, we discuss any change to these risks at handover; we handover twice a day" and, "There is a communication book; carers automatically look in there to see what has changed for people". We saw any potential risks to people had been assessed and any change in risk had been appropriately responded to in order to minimise the impact in the person's well-being. For example, people who were assessed as requiring pressure relieving equipment such as a specific

type of mattress, had them in place. A number of devices such as alarm mats to monitor the movements of people at risk of falls were in place and were working effectively. Records in relation to risks were reviewed and updated regularly, for example, risks to the individual in relation to falls and skin health.

Staff were able to give examples of how they protected people from abuse and harm. Examples given included, ensuring the building was secure, asking visitors who they are for identification and making sure people were not neglected by ensuring they had access to health professionals. A staff member said, "Abuse can come in many forms such as physical, verbal and financial. We do safeguarding training every two to three years". Staff had completed a variety of training about how to protect and safeguard people. They discussed the types of abuse people needed protection from such as physical and emotional abuse. We saw that accidents and incidents were recorded appropriately and with sufficient detail.

People had individual personal evacuation plans in place in case of fire. These identified the support the person would require to get out of the building safely including the number of staff and equipment that would be required to evacuate them. Staff were aware of what action to take in the event of a fire. We saw that the call bells were located within people's reach and they had the equipment they needed to assist them to move alongside them.

People told us that staff were busy but that they felt there were enough staff available to meet their needs effectively. They said, "If I call when they are busy for example mealtimes, then I do have to wait a bit", "I tend to have to get up a lot in the night to use the bathroom, they [staff] always come quickly to me" and "They [staff] answer my buzzer quickly". A relative said, "The staff are under pressure and always busy but cope well". Staff told us they thought the staffing levels were adequate. They said, "Yes I think we have sufficient staff, most of the time, when sickness or holidays come about it can be quite tight. However, we all pull together to ensure people are well looked after" and "The agency staff we have when we are short are usually the same ones, they [management] always try to get the same ones, so they know people". We saw that there were sufficient numbers of staff on duty to meet people's needs. We observed people being responded to in a timely manner, including answering of call and alarm bells. People's level of dependency was assessed each month. The registered manager told us, "I review staffing daily to ensure it is sufficient and if extra staff are needed I will organise them".

Effective staff recruitment policies and procedures were in place. These included a structured interview, criminal records checks, references provided by former employers, checks on professional registration and a full documented employment history.

Good

Is the service effective?

Our findings

People were complimentary about the skills of the staff supporting them. They told us, "The staff know what they are doing" and "They [staff] look after me very well". Relatives we spoke with told us they were happy with the ability of staff to care for their family member. Staff told us they were able to access and attend a range of training in a variety of subject areas that were appropriate to the people using the service. They described the provider as supportive in terms of training opportunities and we saw that staff were completing additional training with their support. A staff member said, "I feel I am adequately trained, there is lots of training going on and you are always being trained on something. I am up to date with my training". Records we reviewed demonstrated that staff received the appropriate level of training and updates to maintain and improve their knowledge.

The provider ensured that all new staff were provided with an induction before fully commencing in their role. The provider told us in their PIR that all new recruits had to undertake the care certificate standards using a workbook and we saw evidence that this was in place. Staff told us, "Yes I did have an induction, it was over two weeks. I did feel that I was ready for my first shift working more independently" and "I was totally new to caring and my induction was for two weeks. It involved shadowing an experienced carer, learning about the fire procedures and completing training. On my first shift after induction I felt skilled enough to get on with it". We saw that staff induction included guidance and training that covered the key elements of care provision. Staff received regular supervision including the undertaking of observed practice to ensure staff were competent in delivering care to people. Staff told us they had regular supervision to discuss their performance and development needs. They said, "I sit down with my manager and have a discussion about any concerns I might have and any concerns she might have" and "I get regular supervision and an appraisal every year". We saw that the supervision provided was meaningful. It included checking staff practice and knowledge and what action was planned if staff required additional support, for example attending further training.

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].

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that mental capacity assessments had been undertaken and decisions recorded to be made in people's best interests. The provider had submitted DoLS applications for consideration to the supervisory body and a number of applications had been authorised whilst others were awaiting assessment. Staff we spoke with were clear about which of the people using the service had an authorised DoLS and what this meant in relation to how they supported them. Staff told us they had received training and they demonstrated they had an

understanding of DoLS. Records were available for all staff which clearly highlighted the progress of each individual DoLS application that staff could refer to. A staff member told us, "I ask people if it is okay to do what I need to do. If they said no I would come back later and ask them again". We observed staff gain people's consent before supporting them.

Most people told us the food and drinks available to them were of good quality and that they were given choices, saying, "I enjoy the food here", "The foods good" and "There is some choice". However other were less complimentary telling us, "The food isn't too bad" and "The food is okay, it's eatable". We observed people being provided with their lunch both in the dining room and also those people who chose or were required to have lunch in their room. We saw that people could sit where they liked, meals were served from a hot trolley and each person was asked what vegetables or gravy they would like to go with their main courses. The food smelt nice and looked appetising. People were provided with specialist equipment to help meet their assessed needs and to maintain their independence such as plate guards and specific types of cutlery. Throughout the inspection we saw that staff ensured everyone had a drink within their reach and they actively encouraged to frequently drink these. People and relatives told us that they had drinks made available to them at all times. People were weighed monthly and their dietary needs were well understood by staff and recorded for reference in the kitchen area.

The provider told us in their PIR that peoples specific dietary requirements were highlighted and addressed, which included daily food monitoring charts being put in place where necessary and regular monitoring of peoples weight. Staff told us that if people were losing weight they would be placed on a food and fluid chart and would be weighed more regularly. Staff told us, "People are well hydrated we have different juices, milkshakes and the hot trolley goes round several times a day" and "We have diabetics, people requiring soft mashable food and several other people requiring pureed food. This information can be found in their care plans or in the kitchen there is also a list of who requires what and you get to know who needs what". They all told us that referrals to the dietician were done by nursing staff if necessary. Staff were seen to be available to support people to eat sufficiently and we observed them using gentle stimulation such as saying 'just try a little bit' to encourage those people who were reluctant to eat. We observed that people, who did not have their meals provided in the dining area or required assistance from staff, received their meal in a timely manner. There was good interaction between staff and people making lunch a warm, friendly and relaxed experience.

Discussions with people and staff confirmed that people's health needs were identified and met appropriately. People told us, "I am regularly visited by the doctor and the nurse comes in to help dress my legs", "The chiropodist comes to do my feet" and "I go to hospital every year to have my eyes checked and tested". A visitor said, "I was impressed when [person] became unwell, the doctor was sent for the same day; [person] was diagnosed and medication was quickly started". Staff we spoke with had a good understanding of how to effectively support people to maintain good health and were informed of any changes to their wellbeing in the daily handover meetings. We saw that care plans provided guidance for staff about how to support people to maintain their physical and mental wellbeing. Records showed people were supported to access a range of visits from healthcare professionals including doctors and opticians as necessary. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs.

Good

Is the service caring?

Our findings

People described the staff as 'always caring' and 'kind' towards them. They added, "I am very well looked after" and "The staff are very nice to me". We observed many friendly interactions between staff and people, for example we saw a staff member exchange a footstool for another more suitable one for a person and asked them if they were 'comfortable and warm enough'; the person looked happier and more relaxed as a result of this simple act. A relative said, "The staff are great, they have looked after [person] so well, that's why he is still carrying on, they are very caring and nothing is too much trouble". A visitor said, "I can see how good and caring the staff are". During our inspection we spent time in the communal areas and saw that people were relaxed about approaching staff or asking for their assistance. Staff demonstrated that they knew how best to interact effectively and communicate with people, through their familiarity with their preferences and needs. We observed staff supporting people to move or transfer, giving them clear instructions throughout the process and telling them what they were doing.

People were supported appropriately by staff when in discomfort. A person said, "There is always someone around for me if I need to talk". We observed a person walking in the corridor crying out 'help me', a staff member quickly went to them and gently took their arm and said 'let's go for a walk'; the person became calm almost instantly and happily walked with them. This meant that staff knew people well and this supported them to readily offer people appropriate reassurance when they became distressed or anxious.

People told us they were consulted about decisions regarding their care and had been given the necessary verbal or written information they needed. One person said, "I am involved in my care, I have my say and my family also help me to make decisions about what I want". People told us that staff always took the time to verbally explain any questions they had about their stay, care and treatment. We observed staff supporting people to make decisions about all aspects of their care, for example, where they sat or what activities they wanted to do. The service had links with the local advocacy services and Age UK who periodically visited people using the service. Staff knew why they may need to access advocacy support for people and how they would do this.

People told us that staff respected their privacy and dignity when assisting them and encouraged them to try to do as much for themselves as possible. A relative said, "[Person] is always made clean and comfortable, even though [person] can't understand the staff they still talk to him and tell him what they are doing as they go, which is nice". We saw that people wore clothing that reflected their individuality. Some people told us how staff gave them a manicure and that they could have their hair done by the hairdresser when they wanted. Staff gave examples of how they ensured people's privacy and dignity was maintained. One staff member said, "I treat them [people] as an individual and make sure that they are clean and well presented, just as they should be". We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way, for example staff supported one person hoisting them into a chair; throughout the process we heard them explain what was happening and adjusted their clothing to protect their dignity.

A person told us, "I'm very independent and I want to remain so, but they [staff] do help me but support me

to do what I can". Staff told us they helped people retain their independence whenever they were able, for example by encouraging them to walk short distances and only assisting them to eat and drink when they needed help. A staff member told us, "I knock the door before entering, ask people if it is okay for me to give personal care. I talk to them and explain everything I am doing as I go and let them do what they can for themselves".

Good

Is the service responsive?

Our findings

People told us that were involved in planning their care and received it how they would like it to be. A relative said, "I am aware of the care plan and my family have been involved in the plan". The provider told us in their PIR that they conducted an in depth assessment process to ensure they could meet the person's needs. We saw that assessments were completed prior to the person moving to the home, to ensure that the service was appropriate to meet their individual needs; these were then reviewed and updated during the persons stay. Staff told us and records showed that where possible people or their representatives had been involved in the planning of their care. Care plans we reviewed had been regularly reviewed and were reflective of the person's current needs.

People's care plans identified their preferences. One person said, "I can go to bed whenever I like, it's my choice but I tend to go about 8pm, the staff know that's what I like". A relative told us, "[Person] is a very proud man and the staff know through us how he always likes to look smart and clean shaven, so they always make sure he looks just so". Personal preferences included important instructions for each individual, for example, preferred gender of the staff who would be providing personal care to the person. Staff we spoke with were aware of people's preferences and told us that they adhered to these. Records we reviewed made attempts to establish people's personal history, however these had not been consistently completed for each person. The registered manager said she was aware that this was an issue that needed to be addressed.

We observed that people who spent much of their time in their rooms and in particular those people unable to utilise their call bells, were checked on a regular basis by staff. People told us they were encouraged by staff to interact and socialise. A person said, "I prefer to spend time in my room but staff encourage me to have my meals in the dining room, which I do, for a change of scenery" and "I love living here and not being on my own as there is always someone to chat to". We observed family and friends who were visiting were made welcome and we saw staff chatting to them about their loved one's well-being. All the relatives and visitors we spoke with said they were able to visit the home whenever they liked. This meant that people were able to maintain the relationships that were important to them and minimised the possibility of social isolation. People's rooms had been personalised and displayed items that were of sentimental value or of interest to them.

We saw that activities were arranged according to people's likes and dislikes. People told us, "I like the entertainers who come in", "There are activities available here" and "Some of us play bingo and we have the large numbers on the cards for them that can't see so well". We saw there were posters displayed advertising upcoming entertainment such as a singer and a band. The service employed two activities coordinators. One told us that in the mornings they spent time giving people one to one activities of their choosing and interest in their rooms and that the afternoons were usually group activities such as painting (outside when weather permitted), colouring in, scrabble, bingo, musical bingo (people needed to recognise the music and indicate on a sheet when they heard a tune) and puzzles. A relative had created an 'activity sleeve' that people placed their hands in. This roll of material contained different textures to touch and feel and provided tactile stimulation for people who were less able to take part in other activities. A member of

staff told us, "We have plenty of activities for people to get involved in, such as bingo, colouring and seasonal activities. The animal man came in recently and people really enjoyed that". This meant that the provider encouraged people to be meaningful occupied, with activities that suited their abilities and interests.

People were asked about their cultural and spiritual needs as part of their assessment. One person told us, "My faith is very important to me, I am visited weekly by someone from my church to take communion". Staff we spoke with understood how to support people's diverse needs. They told us, "I don't think there is anyone with any specific cultural needs at the moment. People from the local church come in on a regular basis, they do a little service. Some people like to read the Bible at night just before they go to bed" and "I feel we are aware of other cultures and religions here, if there was someone with those needs we would be able to accommodate or support the person". At the time of our inspection no one using the service had any particular cultural needs, but some people were being supported to maintain their religious observances.

People we spoke with knew how to raise a concern or make a complaint and staff knew how to guide people if they wished to formally complain or raise any issues. A relative said, "I know how to make a complaint and I think it would be sorted". No one we spoke with had had need to make a complaint and all told us they felt able to openly raise any concerns with the staff or registered manager. The provider's complaints procedure was clearly displayed for people and staff to refer to. The provider had received two complaints since our last inspection and we saw the timeliness of acknowledgements, investigation and responses to them were in line with their own policy. The registered manager said, "We are keen here to learn from complaints and make any improvements as a result".

Requires Improvement

Is the service well-led?

Our findings

The provider undertook regular checks and audits to monitor the safety and effectiveness of all aspects of the service. We observed some good examples of how the safety of the service provided was monitored, for example they reported, recorded and analysed incidents in detail that occurred within the service. Staff we spoke with told us that learning or changes to practice following incidents was cascaded down to them in daily handovers or at staff meetings. However, we found that the audits of medicines management within the service had failed to identify the issues we found. This meant that systems in place to assure the provider that they delivered a safe service were not consistently comprehensive. The provider visited the service regularly but did not perform any formal quality monitoring of the service. The registered manager told us they undertook informal daily checks with safety in mind as they walked around the building, including observations in relation to how staff supported people.

Feedback we received about people's experience of using the service was positive. A relative told us, "I would recommend it, the whole family is very happy". A staff member told us, "Moral amongst the staff is good, we look after each other. It is like one big family". People were actively encouraged to provide their thoughts about the service through the use of surveys. Feedback from surveys was displayed following its analysis in the reception area, the feedback we reviewed was positive. The provider gave consideration to the ways in which people could be actively involved in expressing their views about their care, for example meetings took place to share information and listen to people's views. We saw that these meetings were arranged and well attended by people using the service, and their relatives were also welcomed. Subjects for discussion such as the environment, plans for upcoming events and any concerns were on the agenda.

Staff spoke of the open and inclusive culture within the service that was encouraged by the registered manger and the provider. They told us, "We have staff meetings and I manage to get most of them. The staff meetings do have an open culture so you can say your piece and not be worried about any comeback. The minutes of the meeting are put on the wall for those not able to attend so that everyone is kept up to date with what is going on", "We get feedback on issues that we have raised previously" and "If something has been done one way and we suggest it runs better another way, [registered managers name] will listen and change things".

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff were aware of. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. A staff member said, "I am aware of the whistle blowing policy; I have had experience of using it".

People and staff spoke about how well the service was led and managed. The service had a registered manager. The registered manager understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the home or affected people who used the service. The registered manager told us, "I am well supported by the providers". Staff were clear about the leadership structure within the service and spoke positively about the approachable nature of the registered manager. They described them as 'approachable' and 'supportive'. Staff members told us, "[Registered

manager's name] leads from the front. She works on the floor with us so she understands the pressures we go through", "[Registered manager's name] makes me feel well supported in my role and I can go to her at any time, she also keeps anything confidential to herself" and "Where I have raised concerns the manager acts upon it". Our observations on the day were that people and staff approached the management team without hesitation. Staff told us they were benefitting from regular supervision and meetings, a staff member stated, "We feel appreciated and well supported by management". This meant that the management of the service provided staff with the support required for them to deliver effective care.