

Pepperhall Limited

Valley Court

Inspection report

Valley Road
Cradley Heath
West Midlands
B64 7LT

Tel: 01384411477

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Ratings

Overall rating for this service	Good ●
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?	Good ●

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.

This inspection of Valley Court took place on 1 March 2017 and was unannounced. At the time of our inspection 66 people were using the service. At our last inspection in August 2016 we found the provider was meeting all the regulations but we identified that some areas in the key questions of safe and well-led required improvement. We found on this, our most recent inspection; the provider had made the necessary improvements in relation to the issues we previously identified.

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.'

Recruitment practices in relation to criminal records checks were not consistently undertaken in line with the Health and Social Care Act regulations. Staff understood their responsibility to protect people from the risk of abuse and appropriate action was taken in response to any incidents. Risks to people's health and safety were regularly assessed and action taken to reduce the risks. Staff were organised and well deployed and were available in sufficient numbers to meet people's needs in a timely manner. People received their medicines when they needed them and medicines were in the main stored and administered appropriately.

Staff were well supported by the provider in relation to the level of supervision and the quality of the induction provided to them. Systems in place ensured people were not deprived of their liberty unlawfully. People were supported to provide consent for the care they received. Staff were provided with relevant training to effectively meet people's needs. People had access to a good range of food and drink. People were supported to access a range of healthcare services.

There were caring and friendly relationships between staff and the people living at the home. People made decisions about how they lived their lives and staff enabled them to achieve these. People were treated with dignity and respect by staff and their right to privacy was upheld.

People felt that care was person-centred and staff responded well to any changes in people's needs. People's diversity was embraced and met with sensitivity. Care plans provided up to date and relevant information about people's support needs. Activities were provided that were in line with people's likes and preference's. People felt comfortable raising concerns or making a complaint and knew how to do so.

There was an open and transparent culture at the home, people and staff felt comfortable speaking up if they wanted to. The registered manager ensured that staff were provided with clear leadership. People were able to provide their opinion on the quality of the service through surveys, suggestions and meetings.

Effective quality monitoring systems were in place and areas requiring improvement were acted upon accordingly.

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 consistently safe.

Recruitment systems were not operated in line with the law and meant that potentially people employed may not be safe to work with people at the home.

People were kept safe and staff knew how to identify potential signs of abuse.

Systems were in place for staff to identify and manage risks and respond appropriately when accidents and incidents occurred.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received an appropriate level of induction, training and supervision.

People's rights were protected in line with the Mental Capacity Act 2005.

People's nutritional needs were well catered for and understood by staff.

Good ●

Is the service caring?

The service was caring.

People enjoyed positive and caring relationships with the staff.

People were able to be involved in making decisions about their care and their choices were always respected.

People's privacy and dignity was maintained.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People received personalised care that met their preference's and was responsive their diverse needs.

People were supported to follow their interests and take part in social activities.

Complaints and concerns were taken seriously and acted upon.

Is the service well-led?

The service was well-led.

The provider and registered manager acted to address issues identified to them regarding the quality or safety of service provision.

There was an open, transparent and friendly culture in the home.

People and their relatives were involved or had opportunities to be involved in the development of the service.

Good ●

Valley Court

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 1 March 2017 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.

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 16 people who used the service, 12 relatives, seven members of staff, two activities coordinators, two visiting healthcare professionals, and the nurse in charge, the deputy manager and the registered manager. We observed the care and support provided to people in communal areas. 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 five people's care records, looking at the staff training matrix, four staff recruitment records and five medication records. We also reviewed a range of records used in relation to the monitoring of the service, for example complaints, incidents and quality assurance audits.

Is the service safe?

Our findings

We reviewed records in relation to recruitment practices at the home and found that these were not robust. The employee recruitment records we reviewed showed that criminal records checks had not consistently been undertaken as was required by law. We saw that systems for monitoring staffs ongoing suitability to work through periodically reapplying for criminal records during their employment were not performed. The registered manager told us they did not realise that they if a criminal record check was provided from previous employment this had to be within a short period of them moving into new employment to remain valid. The registered manager assured us that they would implement measures straight away to ensure that all staff working at the home had a current and valid criminal records check performed. We saw however that staff were asked to sign a 'disclaimer' every three years to confirm they had nothing to declare in relation to any offences committed. Staff told us they had been subject to a variety of checks and had supplied appropriate references before they had commenced in their role. Appropriate past employment references and a full employment history had been sought before staff started working at the home.

At our last inspection in August 2016 we found some prescribed gels were not being stored securely. We also 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. In addition although fridge temperatures were recorded, staff were not taking the readings accurately each time they recorded the temperature levels. This meant that potentially the effectiveness of medicines requiring refrigeration may be compromised. During this our most recent inspection we found that overall the required improvements had been made in relation to the issues we had highlighted in our last inspection report.

People were satisfied with how they were supported with their medicines. They told us, "I can take it myself but the nurse brings it, I am happy with that" and "They [staff] bring my medication and check if I have taken it". Relatives were satisfied with how the staff had supported their family member with their medicines they shared with us, "I have observed the nurse and yes she waits until the tablets have been taken", "I don't think mum knows what all the tablets are for but the nurse does try to explain though" and "Yes, [relative] knows what the medication is for". We found that secure storage for controlled drugs [CD] needed to be increased, as some medicines were not stored as was required due to lack of space. Controlled drugs are medicines that require additional storage controls because of their potential for abuse. The registered manager told us this had only recently become an issue due to an increase in the quantity of CD in use at the time of our inspection; she agreed to liaise with the pharmacist in relation to rectifying this as soon as possible. We observed staff supporting people to take their medicines and this was done with patience and reassurance. Staff gave people information when this was requested or needed in order to for them to take their medicines as prescribed. We found that people received their medication, on time, with consistency and as prescribed. We saw that sufficient quantities of people's medicines were available and these were in the main stored and disposed of safely. Medicine audits were regularly undertaken and arrangements were in place to check medicine stock levels and staff competency in relation to their safe administration. When people were prescribed a medicine to be given 'as required', we found guidance was available to support staff to make a decision as to when to give the medicine.

People living at the home told us they felt safe. They told us, "Of course I feel safe" "They [staff] always make sure we are [people] all safe" and "Yes I always feel safe here, there is always someone around". Relatives we spoke with all felt their loved one was safe in the care of the staff and they were kept informed when issues did arise. Other comments relatives made included, "I have noticed that there is always someone with them [people], they are never alone" and "They [staff] keep mum safe and look after her well, we are very happy and have no worries". Staff we spoke with were clear about how to keep people safe, for example ensuring that people in the lounge areas always had at least one staff member to assist them to mobilise and ensure their well-being. A staff member said, "We keep people safe, we go above and beyond I think".

There were systems in place to ensure that people were not placed at risk of being unsafe in their home. We saw that checks had been made of the services and equipment provided to ensure they were all in good order and safe to use. We saw that scheduled planned maintenance took place in a timely manner which included all services and equipment used on the premises.

Staff spoken with were able to describe the provider's policies and procedures for the reporting of any abuse they may witness or become aware of. Records we saw showed staff had received training in how to protect people from abuse, how to report abuse and the different types of abuse they may come across. Staff were able to tell us the signs someone may display if they were a victim of abuse, they said, "I would know if something was wrong, especially if they [people] seemed more anxious than usual" and "If they [people] flinched when I approached them or seemed afraid". The provider had a whistle blowing policy which staff we spoke with were aware of. A staff member said, "If [registered manager's name] didn't do anything I would go straight to the directors or to you at CQC [Care Quality Commission]".

People told us there were adequate amounts of staff on duty at all times to meet their needs. They told us, "I don't really need to use the bell in here, there is always someone taking care of us" and "The staff come as quick as they can". Relatives said, "I think staffing levels are always balanced", "I visit at different times, there is always someone around and they never rush" and "The staff are always patient even if they are busy". Staff told us they thought the staffing levels were sufficient. They said, "If someone is off sick, it can put us under pressure but whoever is in charge will try to get another staff member in", "I think there are enough staff here, if we are short, the staff pick up extra shifts where they can or agency staff are bought in" and "There are definitely enough staff here". We observed that staff were available to support and respond to people in a timely manner.

Staff were clear about the need to assess and understand the potential risks to people when supporting them in all aspects of their lives. People told us, "I used to have lots of falls before I came here but since being here I have not fallen over", "I have not had accidents, there is always someone around to help you from the chair", "The staff make sure they are nearby to assist me if I want to get up" and "They [staff] support me to move from the lounge to the dining room, I feel safe with someone close by". A relative said, "We are very happy as a family with the safety measures introduced for [relative], the pressure mats and the bed to reduce the chance of falls". We observed staff supporting people to mobilise with appropriate techniques, using equipment skilfully and giving people time to move at their own pace. We saw any potential risks to people had been assessed and any changes in the level of risk had been appropriately responded to in order to minimise the impact in the person's well-being.

Accidents and incidents were recorded appropriately, reported externally as was required, with sufficient detail and were reviewed and monitored by the registered manager. Staff spoken with told us that learning or changes to practice following incidents was cascaded down to them in a timely manner, for example at daily handover meetings.

Is the service effective?

Our findings

People told us they felt staff had the right skills to be able to support them. They told us, "Oh yes, they [staff] know what they are doing", "I think they [staff] receive training, they go on courses", "They are very good at their jobs" and "The staff are good and have the right skills". A relative said, "The staff are skilled and can look after her [relative]" and "The staff have good people skills and they care and support people well".

Staff we spoke with told us their training was helpful and that it enabled them to provide the support people who used the service needed. Their comments included, "The training is of good quality" and "Training is fine, we have first aid every three years, we cover resuscitation but I have never needed to use it, thankfully". Staff received updates as necessary and many were being supported to complete additional accredited training. The provider supported the staff with regular supervision and a comprehensive induction programme. Staff told us they received supervision which gave them the opportunity to discuss their performance and in addition could access support they needed at any time from the management team.

Staff were provided with induction training when they began working at the service. The provider had implemented the Care Certificate for all new starters. The Care Certificate is the new minimum standards that should be covered as part of induction training of new care workers. Staff described the induction they received as 'good' and useful'. Their other comments included, "I had an induction for two weeks, I shadowed other staff and watched how they supported people and it was really useful", "I am working my way through the Care Certificate workbook" and "The staff are lovely here and all of them have been very helpful to me at getting to know the people here and I am definitely staying". The induction provided staff with an opportunity to shadow more established staff and to familiarise themselves with how to effectively support people in line with their specific needs.

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. People told us and we observed that people were not unlawfully restricted and that their consent was actively sought by staff before assisting or supporting them. When asked if they were ever made to do anything they didn't want to, they responded saying, "The staff will ask me first", "I won't let anyone force me into anything I am not happy with, they [staff] wouldn't anyway" and "They [staff] would not do that". Staff had received training and updates in relation to the MCA and the DoLS. They demonstrated to us they understood the need to consider people's ability to give consent and what may be considered as a restriction of liberty. The provider had made a number of applications to the supervisory body, in this instance the local authority, to deprive people of their liberty so that they would be safe. At the time of our inspection four DoLS applications had

been authorised. A staff member said, "It's important to offer people choices and always get their consent before doing anything". Records showed that people's mental capacity was considered and assessed when necessary.

People had positive views about the quality of the food and availability of drinks. They said, "Food is excellent", "There is a choice of main meal and desert, they [staff] always give you choices", "We have all sorts, juice, coffee tea...whatever you want" and "We get drinks all the time". A relative said, "My aunt loves the food here". We observed lunch being served and saw that people were offered choices of meals and drinks. We saw the staff preparing meals according to people's choices and dietary needs, with the option to change their mind if they wanted. The kitchen staff were aware of people's dietary needs and food preferences and kept records for all staff involved in food preparation to refer to. People's needs in terms of food and drink were assessed and any identified risks were catered for, for example through the provision of a pureed diet or thickened fluids due to an identified risk of choking.

People using the service could be confident that the provider had effective arrangements in place to ensure their health needs were met. We found that the maintenance of people's health and well-being was well supported by staff through regular monitoring and where required, referrals being made to health care professionals. All of the people we spoke with confirmed that they had regular health check-ups, for example with the optician and chiropodist. They told us, "Yes the doctor visits and goes round checking if we are ok", "The optician has recently been and gave me new glasses" and "I saw the chiropodist the other week". Records we reviewed contained information for staff in relation to managing people's health conditions day to day, for example, the required frequency of pressure area relief people needed to maintain good skin health. Staff we spoke with understood people's health care needs and demonstrated they knew how to support them should they become unwell.

Is the service caring?

Our findings

The people we spoke with told us they were well cared for and that they enjoyed positive, friendly relationships with staff. Their comments included, "The staff are very kind and helpful to me" and "The girls [staff] do care". Relatives told us that they saw how caring staff were towards their loved ones. One relative told us, "[Relative] tells us she is happy here and we can see that for ourselves, the staff are friendly and helpful". Another relative told us, "I am impressed by the staff, they are very good, kind and polite".

During our inspection we observed many positive interactions between staff and the people who lived at the home. Staff chatted with people and used appropriate touch to engage them and if they were in need of reassurance or comfort. For example we saw staff supporting people whilst they walked so they felt secure, and gently touching their elbow or hand to guide them in the right direction. We also observed a person who had recently moved into the home who was concerned, somewhat disorientated and upset. Staff reassured them on each occasion when they expressed any anxiety; we saw them revisiting and reassuring this person throughout the day.

One person told us, "Staff know what I like and if they are ever not sure they ask me". People described how they were involved in making decisions about their care and also how they chose to spend their time. For example they told us that they chose when they got up and went to bed when they wanted. We observed staff encouraging people to make decisions, offering them choices and respecting the decisions that people made.

People or their representatives told us they were satisfied with the level of communication they received. One person said, "They [staff] always repeat what they have said if you are not sure". A relative said, "The staff explain everything patiently". We saw that there was effective communication with people by staff which empowered those who required additional support to make a decision. For example, staff ensured that they had the attention and direct eye contact with people who were hard of hearing before speaking with them, to maximise their ability to understand. A staff member said, "People show you what they want in all sorts of ways, by pointing or smiling, but most people here can tell us verbally".

Relatives we spoke with told us they could visit whenever they wished and that they were made welcome by staff. Staff were aware of how they would access advocacy support for people if this was required. Advocacy visits had been undertaken by local services to the home. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us the care they received was delivered by staff in a respectful and dignified manner. Their comments included, "They [staff] treat me with respect and knock on my door before entering", "They [staff] are respectful towards me" and "The staff are very kind and respectful, they always ask me first before doing anything". Staff were overheard and observed to knock on doors even when open or ajar and call out to ask permission to enter people's rooms. Relatives said, "Staff always treat everyone here with dignity" and "They [staff] will knock on the door before going in".

Staff were able to explain how they supported to maintain their independence and people told us that staff supported them to be independent. For example we saw that people were provided specialised vessels and cutlery which enabled people to be as independent as possible at mealtimes.

Is the service responsive?

Our findings

People using the service told us they were involved in the assessment of their needs and planning of the care and support they wanted and needed. A relative told us that they had been asked about their relatives preferences and confirmed that staff provided care to their family member in line with these. Other relatives said, "We are asked to discuss any changes in the way our mum is cared for", "We are consulted all the way" and "I am invited to meetings about my mum anytime there is a slight change". We observed that peoples care was delivered according to their individual needs and wishes. Records we reviewed demonstrated that people had contributed to the assessment and planning of their care, as much as they are able to.

People told us they received the care they needed and that staff were mindful of their preferences. We saw that staff provided personalised care and support as well as ensuring that time specific tasks were carried out, for example, medicines were administered at set times throughout the day.

The staff we spoke with told us they found peoples care records, which included information about their history and preferences useful and that they were able to take the time to read them. They said that any important updates about changes to people's health needs were passed to staff during the shift handover meeting.

Throughout our inspection we saw that people were supported to follow their interests and take part in social activities. People told us, "I love to read and sometimes I just like to look through some magazines", "I like to sing and I also play bingo", "There is always something to do here" and "I like to do board games and other activities and we do some stretch exercises. There is lots to do and I can watch TV whenever I want". People told us that they were actively encouraged to maintain relationships with those important to them. They said, "There are spaces where people can chat with their family" and "You can have a separate place to chat with your visitors". Relatives comments include, "We can come here whenever we want and are able to our relative in a private space" and "We are always welcomed here, it's a lovely atmosphere here".

People's religious and cultural needs were assessed and support was made available for people to follow these, if they chose to. One person told us, "I am a Christian and we often have a service here" and another person said, "The staff organise for a church service about twice a month". We saw that people who had more diverse needs were well supported and the care they received was planned in a way that met their emotional needs well and was delivered with sensitivity.

The provider had a complaints procedure in place, which was displayed in communal areas in formats that people could understand and refer to. People told us they would feel comfortable approaching staff or the manager if they had any concerns or wanted to complain. They said, "No I have never complained but if I need anything or have any issues I just let one of the staff know, they would sort it out" and "If I am unsure of anything or concerned, I check with the manager". A relative said, "I'm confident that if I took any problems to [registered manager's name] she would deal with them". Staff were clear about how they would manage concerns or complaints. We reviewed the complaints received by the provider and found that the provider acknowledged, investigated and responded to complaints received in line with their own policy. We saw that opportunities for further discussion about concerns raised or complaints was offered to people and

their relatives alongside a more formalised written response detailing the providers findings.

Is the service well-led?

Our findings

At our last inspection in August 2016 although the provider undertook regular checks and audits to monitor the service, we found that they had failed to identify issues we noted in relation to their management of medicines. On this our most recent inspection we found that they had made the necessary improvements. We saw that regular checks and audits used to assess and monitor the safety, effectiveness and quality of the service provided. Records we reviewed confirmed effective action was taken as required when issues were identified. Daily checks of the environment were conducted with people's ongoing safety in mind, including observations in relation to how staff supported people. This meant the provider had acted appropriately to address areas requiring improvement in relation to the issues we previously raised.

People and their relative's feedback about their experience of Valley Court were positive. A relative said, "It's excellent here, it was recommended to us by a friend, I can't fault the place". Staff were observed to be happy and content in their work and demonstrated to us a clear passion for the people at the home. Staff told us, "I love working here" and "We are a great team and we all get on so well".

People gave their opinions about the management of the service and the visibility and approachability of the manager. Their comments included, "The manager is lovely" and "Yes I have met her and she is pleasant". We observed that when the registered manager approached people she clearly knew them and they were comfortable in her company. Staff spoken with told us they were well supported by the management team and found the manager to be accessible to them at all times. A staff member said, "[Registered manager's name] is very approachable, I have no problems going to her for support".

People were actively encouraged to provide their thoughts and opinions about the service. The provider sent out annual survey to people and their relatives and we saw that the comments they made about the service were overwhelmingly positive. We saw that the analysis of the responses made had been analysed and had been openly displayed and shared for people and their visitors to see. This meant that the provider was keen to actively involve people to express their views about the service provided.

The 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. Staff told us they were well supported and speaking openly at meetings was encouraged by the registered manager. A staff member said, "We have meetings and supervision, they are good like that". Information about any changes to practice following incidents was cascaded to staff in a timely manner and reporting of incidents to external bodies was completed. A staff member said, "[Registered manager's name] organises meetings and tells everyone what's going on".

Staff gave a good account of what they would do if they learnt of or witnessed bad practice and how they would report any concerns. The provider had a whistle blowing policy which staff were aware of and knew how to access.

The provider had displayed their rating at the home and on their website that was given to them by the Care

Quality Commission [CQC] as is required by law.