

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Goyt Valley House

Jubilee Street, New Mills, High Peak, SK22 4PA

Tel: 01629532001

Date of Inspection: 05 December 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✗ Action needed
Care and welfare of people who use services	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Derbyshire County Council
Registered Manager	Mrs. Michelle Oliver
Overview of the service	Goyt Valley House is a residential care home for up to 30 older people. Some of the people who use the service have dementia. The home is situated in the village of New Mills in Derbyshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We found that people living at Goyt Valley House were happy with the care they received. One person told us, "It's a great place. Staff have a laugh with us and they really do care."

We found that staff were recruited using appropriate procedures and that they were well trained. We also found that they were aware of how to protect people from the risk of abuse and how to report any concerns.

We saw that people were involved in daily decisions about their care, although their files did not always evidence this. We also saw that people's dignity and privacy was respected at the home.

We looked at care files and saw that areas of risk, for example regarding people's health conditions were not assessed and that guidance for staff was not always detailed and personalised. The manager told us that new systems were being introduced to address this. We also found that consent was not always being obtained for people's care.

We found that systems were in place to monitor the quality of service that was provided at Goyt Valley House and that people's views were sought and responded to regarding quality.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 31 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided at Goyt Valley House.

People's privacy and dignity were respected at the home.

Reasons for our judgement

We spoke with four people who said that they were happy living at Goyt Valley House. One person told us, "Staff are really good. You just ask them, and they do anything for you." Another person told us, "It's lovely. I really love dancing and we have a good time with our friends and the staff here."

We observed that staff were respectful when talking with people living at the home. We saw that one staff member took someone to one side to ask them privately if they wanted to go to the bathroom. This showed that they were aware of the need to maintain and to respect people's privacy and dignity.

We saw that care files had information specifically about how to make sure that people were respected at Goyt Valley House. The manager told us that although files did not currently contain evidence of people's involvement in their care that this was being introduced as part of plans for new, more personalised, care plan formats.

We saw that the home had a complaints procedure, although no-one we spoke with had needed to use it. People living at Goyt Valley House, however, told that the manager responded well to any suggestions people made about their care.

We found that people's religious and spiritual beliefs were known to staff, and that religious services were held at the home for people who wanted to attend them.

People told us that they had regular residents' meetings, and discussed the general running of the home, plans for activities and their meals. We saw that minutes were taken of meetings, and that any ideas and concerns had been followed up by the manager. This showed that people's views and preferences about their care were taken into account at Goyt Valley House.

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Although some people had given to consent to aspects of their care, consent was not always being sought for people's care at Goyt Valley House.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with the manager and staff about how people at Goyt Valley House were giving consent to their care.

Some staff we spoke with told us they had received training about the Mental Capacity Act 2005 (MCA). This law provides a system of assessment and decision making to protect people who do not have capacity to give consent themselves.

We looked at four care files at Goyt Valley House and found that some contained a consent form that the person had signed regarding their medication.

We saw that most records of people living at the home, however, did not contain evidence that consent had been sought for people's care. This was the case both for people who were able to consent for themselves, and those who were not, for example due to dementia.

We found that consent was not always being sought from people about the content of their care plans, help with handling their money, medication or other aspects of their care.

The manager told us that due to their dementia, some people at Goyt valley House would probably not have the mental capacity to make decisions about their care. We found that assessments were not being completed to determine people's capacity where this was thought to be the case. We also saw that records had not been made of any decisions taken on people's behalf and the reasons for taking them. This meant that there was no evidence that decisions had been made on people's behalf using necessary procedures, or that these were in their best interests.

We also saw that where someone had a legally appointed person to make decisions for them, for example a Lasting Power of Attorney (LPA), that this was not always made clear in their files, including what sort of decisions the LPA had the authority to make. This meant that the right people's consent may not be sought where they needed to be involved in decision making.

We spoke with the manager about this, who told us that they had needed to make many changes since being appointed to make the service safer and better at Goyt Valley House. They told us that it was already planned for the staff team to receive further training about capacity and consent, and for consent documents and assessments to be introduced, along with other new systems, at Goyt Valley House. Currently, however, we found that consent was not being appropriately sought for people's care at the home.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Although people generally experienced care that met their needs, there was insufficient information available regarding risk and people's individual preferences regarding their care to fully ensure their welfare and safety.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with people living at Goyt Valley House, staff, and also a visiting health professional about the care that people received.

People told us that they were, "very happy" with their care at Goyt Valley House. One person said, "The staff look after us very well." We spoke with a visiting health professional who told us, "The care is excellent here. Staff are very knowledgeable and always act on the advice they are given about people's care."

We saw that an assessment of each person's needs was carried out and that care information that was available in their files was personalised. Some people had a profile about their preferences and what they did not like. The profile also described the person's characteristics and what other people liked about them. We found that the managers and staff were familiar with people living at the home and how they preferred to receive their care and support. This was important for people to receive care that met their individual needs, especially if they had difficulty with communication, for example due to dementia.

We found that the planning and delivery of care, however, did not always meet the person's individual needs and did not fully ensure their welfare. Care plans that we saw did not include detailed information about exactly what care and support the person received or their preferences. An example was where care plans said the person communicated by 'facial expression and body language' but there was no detail about exactly what this consisted of.

We found that staff had lots of information that was very important to people about their care that was not included in their files. Although staff we spoke with were aware of the day to day needs of people at the home, information was mainly shared in handovers. We found that because the delivery of care was largely dependent on verbal information being passed between staff, this meant that people may not always receive consistent care that was delivered in their preferred way.

We saw that some risks that could affect people had been assessed. This included the risk of falls, poor nutrition, pressure sores and moving and handling. We saw, however, that although people's records stated that they had various health conditions including diabetes, chronic breathing disorders and heart conditions that there were no accompanying risk assessments to describe what measures were taken to minimise hazards to individuals or ways of providing support. The lack of information about health conditions and how they should be managed meant that people were not fully protected from risk, and that their individual needs may not always be met.

We saw that records were kept of when people had showers or baths, and there were also details records of any visits the person had had from medical professionals. We also saw that community health professionals provided care to people at the home, and that appropriate referrals had been made when changes in a person's health were identified by staff. This meant that people's welfare was monitored and that any problems identified were acted upon.

We found that although care was generally good, that the lack of information about risks and their personal preferences regarding their care meant that people's care needs may not always be fully met.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with managers, staff, other professionals and people who lived at Goyt Valley House about safeguarding from abuse. Three people who lived at the home told us they felt safe there. One person told us, "I have seen things about abuse and bad care on the TV. That would never, ever happen here."

A visiting health professional also told us that they felt that the culture within the home meant it was very unlikely that people would experience abuse or neglect. They said, "The standards here are high in terms of people's rights. It is a very good service."

We saw that staff had received training in safeguarding vulnerable adults. Staff we spoke with described types of abuse and said they would always report concerns to the manager. Staff also told us that they would make a written report of any concerns or allegations of abuse, and that they would include a body chart where necessary. They were also aware that there were special forms that could be completed and sent to alert social services.

The manager was able to describe what different things could be considered as restraint and demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

The manager also told us that an authorisation to deprive someone of their liberty had been in place for a while at Goyt Valley House because the person was very confused and needed to be protected from leaving the building alone. This authorisation had been removed because the person was now very settled and was no longer at risk. We found from speaking with staff that they were aware of the importance of freedom of movement and choice for people at Goyt Valley House.

We saw that recording systems were used for incidents, accidents and medical treatment. We found that people who were at risk of poor nutrition were weighed regularly and their food and fluid intake was recorded every day. These monitoring systems helped to ensure that people at Goyt Valley House did not experience neglect.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People at Goyt Valley House were cared for by suitably qualified and experienced staff who had been recruited using effective procedures.

Reasons for our judgement

We found that staff records at Goyt Valley House included their employment application form, two references and confirmation that criminal record bureau (CRB) checks had been completed. The manager told us that a full employment history was required on application forms, and if this was not provided gaps were followed up in interviews. The manager also told us that people were not offered a post until their CRB had been received and that additional checks were completed every three years following their recruitment.

We found that there was also a recent photograph of staff in each file and relevant identification documents.

The manager confirmed that a full record was kept of each staff member's training and qualifications. All staff were required to complete training courses to ensure that they were aware of health and safety and care requirements at the home.

We found that most staff had completed National Vocational Qualifications or Diplomas in care, and that others were in the process of completing courses.

We found that recruitment procedures and staff records helped to ensure that people at the home received care from suitable staff at Goyt Valley House

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People at Goyt Valley House were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we spoke with who lived at Goyt Valley House said they felt their staff were well trained. A visiting health professional told us, "The staff are very patient with people who have dementia. Their knowledge about people's care needs is very good."

We spoke with two staff and also looked at their files. We saw that staff had three or four supervision sessions with the manager, and also performance appraisal meetings every year.

Staff we spoke with had completed an induction with external training courses, and also an internal induction specific to the home. The manager told us that they were also completing observations of staff delivering care, for example administering medication. This helped support staff to deliver competent and safe care to people at the home.

We saw the home's training records, and staff training was up to date or planned in the next few weeks. We saw that the manager had arranged for training courses to meet people's individual needs, for example dementia care. Staff told us that they felt they were offered a good range of training and also that they felt supported by their managers.

We found that staff received relevant training and support to enable to them to carry out their role at Goyt Valley House.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

A system was in place at Goyt Valley House to regularly assess and monitor the quality of care that people received.

Reasons for our judgement

We found that people were asked for their views about the quality of care at Goyt Valley House. We saw that quality surveys were used to get the views of people and their families and visitors to the home. People living Goyt Valley House told us that they had meetings where they could give their views about the home.

We saw that team meetings were held regularly to share information and get the views of staff, and staff confirmed that their views and ideas were listened to and contribute to the quality of service provided.

We saw that health and safety checks were regularly completed and that accidents and incidents were recorded, The manager told us falls were also recorded, and that all information was analysed as part of their monthly quality checks.

We saw that details of any complaints and commendations were kept in a dedicated file and records showed that action had been taken to address people's concerns.

The manager told us that additional system was planned to bring together information from all of the different types of quality checks that were done at the home. This would help to easily identify any underlying trends or risks that could affect the quality of care delivered at Goyt Valley House.

This section is primarily information for the provider

✘ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Consent to care and treatment</p>
	<p>How the regulation was not being met:</p> <p>Arrangements were not always obtaining the consent of people, or person(s) able lawfully to consent on their behalf (Regulation 18 (1) (a))</p> <p>Where there was lack of capacity, arrangements were not being made to establish and act in accordance with people's best interests (Regulation 18 (1) (b))</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p>
	<p>How the regulation was not being met:</p> <p>People were not always fully protected against the risk of receiving care that was inappropriate or unsafe. (Regulation 9 (1)(a)).</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 31 January 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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