Inspection Report

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

Goyt Valley House Care Home

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

Tel: 01629532694

Date of Inspection: 24 January 2014

Date of Publication: February 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ 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

Contents

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'.

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 24 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

At our visit we spoke with people who used the service, relatives and professionals who were at the home. People we spoke with were positive about the service. One person said, "It's excellent." Another person said, "You couldn't get better." Professionals told us that the home worked well with them. Their comments included; "The staff manage the medical side well" and "It's how elderly care should be."

People's care records were personalised and showed that their written consent was properly obtained before they received any care at the home. Where people's assessed needs identified any risks to their health and welfare, we found their written care plans showed what action staff needed to take to reduce these.

Procedures were in place for the management of medication. Risk assessments had been undertaken and guidance was available to staff.

We found that people received care from adequate levels of skilled and knowledgeable staff. We saw that staff spoke to people with consideration and respect.

The provider assessed and monitored the quality of service provided. This was done through audits and seeking people's views. People told us that staff were very approachable.

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

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

At our last inspection of the home on the 5 December 2012 we found that the provider was not always obtaining consent from people who were able to lawfully consent on others behalf. We also found that where people lacked capacity, arrangements were not being made to establish and act in accordance with people's best interests. We reviewed the provider's action plan as part of this inspection of the home.

We found that systems were in place for people to sign a copy of their personal care plan to demonstrate their agreement to the care and support they received. We reviewed four care records and found that three of the records had been signed by the person or their relative. We spoke with the person who had not signed their personal care plan. They told us that us they had lived at the home for a number of years and were very happy with the care they received.

We saw that appropriate capacity assessments were in place where people lacked the capacity to make decisions about aspects of their care. We also saw that decisions about their care were made in their best interests. For example, we saw a best interest decision had been made for a person who lacked capacity with regards to them receiving support to get out of bed. Capacity assessments are required as part of The Mental Capacity Act 2005 (MCA) which is used to protect people who are unable to make important decisions that may be necessary for their care and welfare.

Where people did not have the capacity to make decisions about their care, we saw that their records contained details of people who had the legal authority to make decisions on their behalf. For example, Lasting Powers of Attorneys and Enduring Power of Attorneys. This meant that staff would know who to consult in relation to specific decisions such as finances.

Staff told us how they gained people's consent. This included asking people if they would like help and by offering them choices. During our visit we saw that staff communicated well with people and involved them in their care. This included offering people choices of drinks, food and for aspects of personal care. This showed that people's views were obtained about their care.

We saw that records were in place where people had made advanced decisions about their care and treatment. For example, do not attempt to resuscitate decisions. Where people lacked capacity, their family members had been consulted and a best interest decision had been made by a health care professional.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our last inspection of the home on 5 December 2012 we found that people were not always fully protected against the risk of receiving care that was inappropriate or safe. This was because there was insufficient information available regarding risk and people's individual preferences regarding their care to fully ensure their welfare and safety. We reviewed the provider's action plan as part of our inspection.

At this visit we found that people's needs were fully assessed and their care and support was being planned and delivered in line with their care plan. We reviewed four people's care plans and we found they included a full assessment of each person's needs.

People living in the home told us how staff helped them. One person told us that they were helped with aspects of dressing. We saw staff offering help with personal care, asking a person if they would like to have a shave. This was included in the persons care plan. People told us that their privacy and dignity were respected and people were supported to practice their religious beliefs by attending church. Staff we spoke with demonstrated good knowledge of people's needs. This showed that people's individual needs were met.

We found that people's care and support was planned and delivered in a way that was intended to ensure their safety and welfare. We saw risk assessments for health conditions such as diabetes and chronic obstructive pulmonary disease (COPD). Risks identified to people's health and welfare were recorded in their care plans and showed the action staff needed to take to minimise these. An example included, ensuring people's rooms had fresh air whilst maintaining appropriate room temperatures. The provider had made thermometers available for room temperature monitoring. This meant that people were protected from unsafe or inappropriate care.

We spoke with number of professionals who visited the home. We spoke with a district nurses, nurse practitioner, community psychiatric nurse and a social worker. All the professionals spoke positively about the home. We were told that there was good partnership working between the home and all the professionals. A social worker who was visiting said, "Staff are very professional, they do proper assessments and come to reviews prepared." Other comments included, "The standards of care were high, staff

contact us if they have any concerns" and "The home is well run and efficient." They told us that people were up to date with health checks. Some people we spoke with told us that they had access to health professionals such as chiropodist, podiatrist and opticians. This meant that people's health was monitored and people had fair access to services.

All of the people we spoke with told us the care they received was good. One person said, "The girls [care staff] are like family, if you want anything they will get if for you." Another person said, "Staff responds quickly to alarm bells." A relative told us that staff arranged for a Doctor to visit when their relative had a cough.

We saw there were arrangements in place to deal with foreseeable emergencies. This included written fire procedures, which included personal emergency evacuation plans for each person living at the home. We also saw that records were kept of the weekly testing of the fire alarm system.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that robust procedures were in place for the management of medication. There were procedures in place for obtaining, storage, safe administration and disposal of medication. Medication was obtained through a local pharmacy primarily using blister pack systems. We saw records that showed medication had been checked on receipt and people's medication administration records signed.

Medications were kept safely. We saw that medication was stored in lockable cabinets in a locked temperature controlled room. We found medication that needed to be kept in a temperature controlled environment was kept in a lockable fridge in the office. We saw that appropriate storage facilities were in place for controlled drugs. This ensured that people were protected against risks associated with unsafe use of medication.

Appropriate arrangements were in place in relation to the recording of medication. We looked at four medication administration records (MAR) and saw that accurate records were maintained. These records contained the initials of staff to confirm when medication had been administered. Spoilt medication was placed in a plastic bag identified accordingly and stored securely. The medication would then be returned to the pharmacy for safe disposal. This ensured that the medication was disposed of safely.

We found that people had individual medication profiles. The profiles included a photograph of the person so that staff knew they were giving the right medication to the right person. The profile also detailed the person's medical history and allergies. This helped to ensure people were protected from risks associated with medication.

We saw copies of risk assessments about people's health needs that were personalised to meet their needs. For example where a person was identified as having diabetes there were details of signs to look out for and action to take if people presented with certain symptoms. People's preferences were recorded. For example some people preferred to be given their tablets on a spoon. This meant that staff had access to information they required to monitor and act to keep people safe.

Medication prescribed to be taken when required (PRN) were stored in its original

packaging which contained directions for administration. We saw that medication administration records had been completed when PRN medication had been administered. This meant that people were protected from inappropriate administration of medication.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During our visit we looked at a copy of the staff rota. The manager told us that they were satisfied that they had sufficient staff to meet the needs of all people who used the service within a 24 hour period.

The manager told us that they were satisfied that they had enough staff to cover any annual leave or sickness without the need to use agency staff. The staff rota showed relief staff had been used to cover sickness and annual leave where necessary. The provider employed a bank of relief staff that were familiar with the people living in the home and their needs. We observed staff attending to people throughout the day. For example, helping them to sit where they wanted. A relative we spoke with told us, "There are always staff around to approach." This meant people received continuity of care from adequate levels of staffing.

A member of care staff had recently been appointed a new position of activities co-ordinator. We saw a number of people engaged in activities. For example, reading, playing cards and colouring. We saw an activities planner which identified planned activities such as bingo and entertainers. The manager told us that most people had relatives who would take the people out or to health appointments. Where people did not have relatives to support people to health appointments a member of staff would support the person.

We saw a copy of the training matrix which showed training for staff. Staff told us that the provider supported them with any identified training needs. We saw that new members of staff had been enrolled on Qualifications and Credit Framework (QCF). This replaces the National Vocational Qualification (NVQ). A person we spoke with said, "Staff are well trained, they go for a lot of training." This meant that people were supported by people who had the skills, knowledge and experience to safeguard their health, safety and welfare.

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.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We found that there was an effective system in place to regularly assess and monitor the quality of service that people received. The manager told us that themed audits were undertaken by external managers. We saw a copy of a recent medication audit which identified no concerns. In addition to this we saw a number of internal audits to assess and monitor the quality of the service which included; medication, infection control and health and safety audits. Outcomes of the health and safety audit were recorded on the provider's service improvement development plan. This demonstrated that the provider monitored the quality of service provided and took action and learnt from outcomes of the audits.

There were systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw copies of risk assessments that included a fire risk assessment and health and safety risk assessment. This meant that risks to people were minimised.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw records of incidents and action taken. For example where people had suffered falls referrals were made to the falls team and occupational therapist. This meant that action was taken to ensure people's safety.

The provider took account of complaints and comments to improve the service. We saw comments and compliments books were in place. Comments recorded included, "Excellent care was provided" and "Staff are wonderful, professional, caring and friendly, nothing is too much trouble." People we spoke with told us they would speak to the manager or staff if they had a complaint but they did not have any complaints at the time of our visit.

The provider sought the views of people who used the service through day to day communication and through regular residents meetings. A person we spoke with told us that they had residents meetings and that the activities co-ordinator asks their views about

activities through a questionnaire.

The manager told us that staff received supervision every three months. However, staff could request supervision at any time. This was confirmed by staff we spoke with. Staff meetings took place every three months. We saw copies of meeting minutes which showed that a variety of subjects were discussed. This showed that the provider also sought the views of staff.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk