

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

Valerie Manor

Henfield Road, Upper Beeding, Steyning, BN44
3TF

Tel: 01903812105

Date of Inspection: 26 November 2013

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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

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

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Records ✓ Met this standard

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Home Care Home Limited |
| Registered Manager | Miss Zoe Bates |
| Overview of the service | Valerie Manor is a residential care home that provides personal and nursing care to people over 65 years old. There are 23 residents living at Valerie Manor. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury |

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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 26 November 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with five people and one relative and two visitors who told us that people were treated as individuals and that they were given information and choices in relation to their care. One person said that "I receive care as I wish and the staff are very responsive and willing". Another said "The staff always ask me what I want and are led by me in my care". People, who could, told us that their dignity, independence and privacy was respected. This was confirmed by our review of people's records as well as our observations. A visitor told us "the staff seem well informed and well trained at all levels".

We spoke with three members of staff who told us they feel confident in their role. They said that they have regular training and feel very supported by the manager. During our observation we saw that staff interacted calmly and with knowledge when they were supporting people.

We were shown examples of person centred care records which were well organised into separate sections. This provided clarity for staff. These had been developed for each individual and documented their wishes and preferences in relation to how their care was provided. A relative's assistance was sought with this where the person was unable to fully contribute themselves.

Equality and diversity had been considered in the service by looking at each individual's needs. Any equipment or adaptations needed were provided.

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

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 privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We spoke with five people. One person said "It is the staff that keep you here, they are so very good". They said "I live as I like and often walk in the garden as I am an outdoors person". They explained that the manager had spent some time with them at the beginning discussing how they would like to be cared for and how the staff can support them. Another person said "the staff are always nice and helpful". The people we spoke with said that the staff always asked them what they would like before doing anything.

One relative said "the care provided was beyond belief, brilliant". They explained that they had tried another home first but that this was so much nicer. "the others were not a patch on this one". They stated that they were always included in any decisions or changes to their relative's care. They said that they had collaborated with the manager in completing an initial assessment and care plan as their relative had been unable to contribute easily.

People who used the service were given appropriate information and support regarding their care or treatment. We spoke with one person who stated that they had contributed to their history, assessment and care plan and were always kept informed of any changes to themselves and of the arrangements in the home in general. "When I came the manager explained how they could support me". They stated that they were very happy in the home. They said "the manager had very high standards and would not tolerate staff who could not meet them".

People were supported in promoting their independence and community involvement. The people we spoke with told us that there was always a lot to do in the home. We saw that there were activities provided each morning and afternoon Monday to Friday. The home had its own bus and an outing was arranged at least once a week, the destination being led by the residents. Another person we spoke with said that if they wanted to go out by themselves to the shops the manager arranged for the driver to take them in the bus.

Another person said "I have been around horses all my life and I enjoy walking to the bottom of the garden where there are horses in the adjacent field". "I am encouraged to go as long as I keep within sight in case I have a fall".

We spoke with a professional visitor who said "staff are always willing to adjust to people's individual requirements". They explained that they attributed one person's rapid improvement down to the proactive support provided by the staff. They said "the staff actively support people to reach their optimum level of mobility". They explained that this takes the staff longer to do but they continue with the plan no matter. We spoke with another professional visitor who said "the standard of attention to detail with regards to the management processes was excellent and provided a calm and organised atmosphere".

People's diversity, values and human rights were respected. We observed care being offered to people. Staff were seen to be supportive in a manner that was individual to the person's needs, respectful and maintained people's dignity, privacy and independence. We saw that staff were knowledgeable about people's needs and preferences. We observed staff sitting beside people calmly assisting them with meals, taking time to encourage them to eat. We saw that staff used visual prompts as necessary to ensure people could contribute where possible to any decisions. We observed staff asking people what they wanted to do before assisting them.

We visited most of the rooms and saw that they were personalised as the person wanted. We saw that people look cared for and comfortable.

All of the people we spoke with said that they felt safe in the home and had no concerns. However if they did have any they felt comfortable about discussing these with the manager.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that the home operated a dual recording system. A paper based system for every day recording of care arrangements and an electronic system which was used for archiving care notes. This system also recorded medical appointments, incidents, training, audits, meetings, personnel files and quality auditing and actions. The registered nurse recorded all of the care that had been delivered that day and any changes to people's needs. They altered care plans and risk assessments in response to the change in need.

We saw several care records that were divided into sections including history, preferences, personal care, mobility, risk, medication, behaviour, communication, pain management, moving and handling. We saw that various assessments and episodes had taken place. We found that records and documentation corresponded correctly and in a timely manner. We saw that people had contributed to their history and recorded their preferences. There was a personalised care plan in place which was reviewed each month. We also saw that relevant risk assessments had been completed and evidence of collaboration and involvement with the person. We spoke with people who confirmed that they had led the care arrangements and that the care provided was as they wished. The manager stated that they operated a "resident of the week" system whereby the care and environment of one person was reviewed in full with their collaboration. This meant that although care plans were monitored each week, or more frequently if required, every 23 weeks each person had a full care plan review.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw several risk assessments which covered areas such as environment, falls, and bedrails. We saw that where a person had been unable to contribute their relative had been involved in decisions. We spoke to a relative who confirmed that the manager and staff had an inclusive approach.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We saw that staff supported people in a relaxed but efficient manner. They were caring and considerate and appeared knowledgeable about people's

needs and how to meet them effectively.

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 reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

There were policies and procedures in place for safeguarding adults which staff were able to refer to following any safeguarding incidents. We saw that there was ongoing training in safeguarding adults which staff confirmed they had attended. We saw that training attendance was recorded by the manager and that they met with staff following training to discuss what they had learned and to ensure that all of the staff understood.

We spoke with staff and they demonstrated a good understanding of safeguarding vulnerable people from abuse. They were able to talk about different types of abuse they might witness. They were also knowledgeable about the procedure for reporting incidents when they suspected abuse had taken place. One staff member said "if the manager did not take action following a report from me then I would report it to the local authority myself". However they stated that this is unlikely to happen as the manager took the safety of the people in the home very seriously.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. They had provided safeguarding procedures for staff to follow and ensured that staff attended regular training in safeguarding issues.

Staff demonstrated an awareness of the need to ensure the safety of individuals who need support. We observed people being assisted to mobilise using a walking aid in a sensitive and supportive manner. One person said "it is my view that the standard of care could not be beaten elsewhere". Another person said "the staff are very caring and comforting". People told us they felt safe living in the home and that they were treated with respect and dignity.

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

The manager stated that in order to deliver care they operated three shifts each day. Transfer of care information was important and took the form of a 15 minute handover at the beginning of the morning and night shifts and a 30 minute handover at mid-day. During the day there was one registered nurse and four care assistants. Overnight there was one registered nurse and two care assistants, all waking. In addition there were a number of kitchen and house-keeping staff.

The manager stated that they had met with residents and staff regularly and sent out questionnaires to staff residents and relatives. As a result they had made a number of changes over the year in response to the feedback. They had increased the staff to include a hospitality assistant in the morning and a laundry assistant. The manager stated that to further improve the quality of the care they had introduced a second activities organiser who would attend to people who required more one to one social support.

We spoke to people who told us that they felt that the staff responded to their requests for assistance fairly quickly. One person said 'the staff always come when I call for them'. During our observations we noted that staff responded to call bells within a reasonable time frame. We also saw that people looked care for and were not anxious. This indicated that there were enough staff on duty during our visit.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We saw that each person had their own record folder documenting among others care, history, treatment, risks, reviews and personal preferences. We saw that records were current and timely. We saw that they were clear and factual. In the sample we looked at we saw that records corresponded with each other where appropriate. We saw that the registered nurse for each shift was responsible for collating all actions completed during the shift and recording them on each person's care record. We saw that representatives from the local surgery also contributed to the care records.

Records were kept securely and could be located promptly when needed. We saw that current records were kept in a room called the nurses' station in order to ensure confidentiality. We spoke to a registered nurse who explained that it was a home rule that no records should be left where any unauthorised persons could view them. Records were kept for the appropriate period of time and then destroyed securely. We saw that previous records were kept in a locked store room within the building. We saw computer records of the company retention period which complied with the regulation requirements. We saw that the maintenance manager had completed records for the building which included heating, equipment hot water. We saw that the chef had completed records of food, temperatures, equipment and cleaning. We saw that domestic cleaning was also recorded. The manager stated that any records that were not stored in the building were held in their computerised recording system.

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.

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