

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: 07 March 2013

Date of Publication: April
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

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

Safeguarding people who use services from abuse ✓ 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 | 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 |

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'.

| | Page |
|---|------|
| <hr/> | |
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Respecting and involving people who use services | 6 |
| Care and welfare of people who use services | 8 |
| Safeguarding people who use services from abuse | 10 |
| Supporting workers | 12 |
| Assessing and monitoring the quality of service provision | 14 |
| <hr/> | |
| About CQC Inspections | 16 |
| <hr/> | |
| How we define our judgements | 17 |
| <hr/> | |
| Glossary of terms we use in this report | 19 |
| <hr/> | |
| Contact us | 21 |

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 7 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we saw that people were being treated with dignity and respect and people's independence was encouraged. People were spoken to in a respectful way. People we spoke to told us that the staff were polite, friendly and helpful and that their privacy was respected whilst they were supported to maintain their independence. One person told us 'I feel listened to, no doubt about that'. One member of staff told us 'I would have any of my relatives here'.

We saw that people experienced safe and effective care based on detailed care plans and risk assessments that met individual needs.

People using the service were protected from abuse as they were supported by a staff team who had appropriate knowledge and training on safeguarding adults. People told us if they had any concerns they would report them to the manager or senior person on duty.

Staff received ongoing training and supervision which provided them with the skills and knowledge to meet the needs of the people they were supporting.

There were processes in place to monitor the quality of service being provided and we saw that people were involved through questionnaires and residents meetings.

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

We spoke to the registered manager who told us that treating the residents at Valerie Manor with dignity and respect was at the centre of their service provision. They showed us a DVD called 'What do you see' which is shown to all new employees as part of their induction. This film has been acknowledged as a valuable tool to highlight dignity and respect for older people.

We spoke to five people who live at Valerie Manor and one relative who were all very happy with the service they or their relative receives. One person who uses the service told us that 'the general standards are excellent'. When asked about how staff worked with them one person told us 'They respect us' and that staff 'deal with unusual requests'. Another person told us 'they can't do enough for you' and said that the staff's competence 'gives you confidence'. Another person told us that they were 'absolutely treated with respect'. Therefore the people receiving a service felt that they were treated with dignity and respect and that the quality of the service was very good.

When we spoke to staff they gave us practical examples of how they respect people's dignity, offer choices and promote independence. One staff member told us that as a team they ensure that they 'ask what people want' and they made reference to food choices and times to wake up and go to bed. They also gave us the example when providing personal care of 'making sure people are covered up not lying exposed'. Another staff member told us they 'always talk to people and explain what you're doing'. This staff member emphasised the importance of doing this for people who have dementia. They told us about the need to 'have the time to sit and chat', 'be calm', 'talk things through' and 're-orientate people' if they became confused. Another staff member told us that when they were providing personal care support they always made sure that the 'door is closed' and 'the curtains pulled'. We therefore saw that staff were involving people in the care and giving them choices.

We saw that in the recordings made in care plans and daily accounts that these were factual and objective reports ensuring that people were written about with respect and dignity. We saw that every file had a document entitled 'My life, my wishes, my future'. This document explored what is important for an individual at the end of their life including their medical, social and spiritual needs, ensuring that their wishes are known and documented. This demonstrated that the provider included and involved the person using the service in their care and treatment.

We saw that there were resident surveys that requested feedback from people regarding the service. We saw that there were questions regarding whether people felt that they were treated with dignity and respect and whether they felt their democratic rights were respected. All the responses we saw rated this as good or very good.

We saw that people's feedback was also sought at residents meetings that happen monthly. We saw that residents were consulted regarding a range of issues including the activity program and we saw that they had been involved in the plan for landscaping the garden area and their ideas were going to be implemented. This showed us that the provider gave opportunities to encourage people to be involved in the running of Valerie Manor and the community that exists there.

Staff told us that they had been on training in Dignity in Care and that as a result of the training one member of staff has become the champion for dignity within Valerie Manor. This demonstrated that issues of dignity were taken seriously and that staff took responsibility for this.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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 looked at four people's files and saw that there were detailed needs assessments, care plans and risk assessments in place. There were copies in the paper file but the most up to date recordings and reviews of care were on the electronic database; Coolcare.

We saw that there were up to date tools to assess needs such as nutrition and skin integrity and that there were monthly checks in place for weight management and blood pressure and TPR (temperature, pulse and respiration). We saw that there were specific assessments for individual need. For example for someone who wanted to continue to self medicate risk assessments were in place to support this. We also saw a risk assessment regarding the use of oxygen. We saw that there was guidance around oxygen use on file from the health and safety executive. We saw for another person that they had been referred to and seen at the memory clinic to support them with their memory loss and found strategies to assist with this. We therefore saw that the provider had involved other services and professionals to contribute to the assessment of need.

We saw on all the files that there were personalised assessments and care plans around a comprehensive range of needs including mobility, breathing, hearing, foot care, continence, mental state and social activities. We saw that for one person there were detailed notes in the support plan to direct staff around how to support someone to be as independent as possible with washing. This demonstrated that care and support was being delivered in a person centred way to meet the individual's needs. We also saw that in people's files there were detailed plans in place for individuals' end of life care ensuring that people's wishes were taken account of.

A staff member told us that the trained nurses are allocated a group of residents for whom they are responsible and for who they wrote the care plans. They told us that they update the care plans following any changes in care and they gave the example of a GP visit and any actions from this. This staff member told us that people who use the service were always involved in any change in their care plan.

We saw that in each file the person who used the service had signed a consent form to share information and a consent form for care and treatment within Valerie Manor.

We saw from care plans, residents meeting minutes and speaking to people who use the service that there was a comprehensive program of activities for people to participate in. These included film showings, exercise, knitting, outings and strolls in the grounds. There was a choice of group activities and individual activities. On the day of our visit we saw that someone was having aromatherapy in their room. We therefore saw that people had opportunities for their social needs to be 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 reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

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.

When we spoke to people who used the service they all told us that that they would go and see a member of staff or someone from the management team if they had a problem. One person told us that if they had a problem they could 'always speak to someone'. A relative we spoke to told us that if they had any concerns they would 'go straight to the manager' and 'they would sort it out'. We therefore saw that there was a culture at Valerie Manor where people who use the service felt confident about reporting any concerns they have generally about their service and specifically if there were concerns about abuse.

We spoke to four staff members who all told us clearly that that if they had any concerns regarding bad practice or abuse they would report it immediately to the management team. One member of staff told us that they would report concerns 'straight to the manager'. Another member of staff told us that if they had concerns they would 'report it to a registered nurse or manager'. They also told us that if they weren't happy with the outcome they would contact social services. We therefore saw that Valerie Manor has staff who are aware of the need to report concerns immediately and who are also aware of other external agencies that are involved in investigating safeguarding issues.

We looked at four staff training records and saw that all the safeguarding training was up to date and that the dates for refresher training were recorded on the electronic database to ensure that staff remain updated around the issues relating to safeguarding adults at risk. This demonstrated that the provider ensures that it's workforce were able to understand the risk factors for abuse and what they must do if a person is being abused, or is at risk of abuse or has been abused.

The provider had robust systems in place to monitor and record any indicators of abuse. We saw that there were detailed person centred care plans, risk assessments and regular recordings which were able to highlight any changes in an individual's need e.g. change of behaviour or mental state that might indicate signs of abuse.

We saw that the provider had a policy regarding safeguarding adults at risk for staff to access. This policy described types of abuse, how to respond to allegations and staff responsibility in managing these concerns. We saw that there was an up to date policy and procedure from the local authority giving guidance on how to identify abuse, work in collaboration with the local authority in investigating any allegations and therefore protect any adults at risk. We also saw that there were policies regarding The Deprivation of Liberty Safeguards (DoLS), and Handling Challenging Behaviour and the use of physical Intervention. We saw that a member of staff had been on recent Mental Capacity Act training and had taken the lead role in the organisation for this. We saw that the manager had taken advice regarding mental capacity assessment and sourced a proforma for assessment from the local authority. The registered manager told us that there were no current DoLS applications in place and no individuals with challenging behaviour that required physical intervention at that time.

Following discussion with staff and the registered manager we saw that staff members were aware of their responsibilities in relation to response to safeguarding concerns according to their position within the organisation. Care and nursing staff we spoke to were aware of their need to report concerns to a manager and the manager was aware of their role to report to the local authority and take advice when needed to manage safeguarding concerns.

We saw evidence of a completed safeguarding investigation. We saw that this had been completed in collaboration with the local authority. We saw that the correct safeguarding procedures had been followed including disciplinary procedures with actions regarding increased training. We saw adults at risk had been protected ongoingly as a result of this investigation.

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 were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke to four staff that all told us that they were very happy working at Valerie Manor and felt supported to do their jobs. One staff member told us that they felt 'very supported by all my colleagues' and that Valerie Manor had 'approachable management' in place. Another staff member told us that they 'felt supported all the time'. Another staff member told us that they 'could talk to people' and always got a 'good response'. We saw that there was little turnover of staff and that staff had worked at Valerie Manor for long periods of time. Staff told us that Valerie Manor was a 'great home' and that they 'feel appreciated'.

Staff received appropriate professional development. Staff told us that they received a good level of training. One member of staff told us that they were impressed by the amount of training they received and that they'd had 'more training that they'd ever been offered anywhere else'. Staff told us that they were keen to develop their skills and knowledge through training. A staff member told us that they 'always wanted to learn'. We looked at training records and saw that staff had completed their mandatory training including health and safety, manual handling, medication training and safeguarding. We saw that staff had received training in additional specialist areas. We saw people had received training in working with people with dementia. A member of nursing staff had received training in the Gold Standard Framework and Liverpool Care Pathway and specialist diabetes training. We saw that care staff had completed National Vocational Qualifications in Care; levels two and three. We saw that where a member of staff had learning needs they had been supported to partake in further training. We therefore saw that staff were given opportunities to identify training needs and pursue relevant training courses to enable them to carry out their roles and responsibilities.

Staff told us about the team meetings that they have and told us that these were a useful forum for discussing how the service is run. One staff member told us that the meetings discussed 'what could be done better' and that 'a lot of good things come from them'. We saw some minutes from these meetings. One of the nursing staff told us that there were separate RGN meetings to discuss any issues pertinent to nursing practice.

One member of staff told us that Valerie Manor encouraged a 'healthy work place' and we saw on the day on inspection health MOTs were being offered to staff. This showed us that the provider valued it'd workforce and offered them incentives to remain healthy.

We saw that staff had yearly appraisals and we saw these recorded on the electronic database. The provider may like to note that we did not see evidence of one to one formal supervision meetings on a more regular basis. We therefore did not see recorded evidence of actions regarding identified training needs or practice issues.

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 who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that people who use the service completed resident surveys every year providing them with an opportunity to feedback about their service. The people who use the service who we spoke to all felt able to comment on the service they receive at any time. We saw that there were residents meetings where issues were discussed and actions agreed and previous actions from meetings followed up. We saw that there was a comprehensive website for Valerie Manor detailing its service and the quality its residents can expect to receive.

We saw in staff meeting minutes an example where it had been identified that there were some communication issues between staff members. In order to improve this, a staff member had suggested the introduction of a 'significant events board' for staff to consult when coming on shift to keep updated. We saw that this board had been put into place and was being used.

We saw that accidents and incidents were recorded and we saw that the proformas were completed. The provider had recently introduced an accident analysis form which clearly investigated the accident/incident and required an analysis documenting any actions necessary as a result of the accident. We saw that where there had been an incident regarding a person self medicating the risk assessment was updated and care plans altered. We also saw that a complaints procedure was in place. We saw that a system had been designed to capture daily feedback from one resident who had repeated concerns that needed addressing initially on a daily basis. This showed us that the provider had in place a bespoke system for supporting individuals with their concerns. We therefore saw that the provider had systems in place to monitor risks to people's health, safety and welfare and were able to change the plans of care accordingly.

We saw that the organisations disciplinary processes had been used when needed to maintain health and safety in implementing care provision.

We saw that audits were carried out by the provider and saw that an inspection form for the kitchen had been completed the week of our visit. This showed us that the provider ensured that there were systems in place to manage health and safety and ensure a high quality of service. The registered manager told us that they had recently had an inspection from environmental health and had been awarded a five star rating.

The registered manager showed us a provider compliance assessment from 2011 which was an audit tool from CQC. This showed us that the provider had audited their service in line with the regulations outlined in The Health and Social care Act. We saw that the provider was in the process of implementing a new tool from The Registered Nursing Home Association called Towards Excellence in care, Self Assessment Manual.

We saw that Valerie manor had been entered for awards and that members of the team had been finalists in Great British Regional care awards for The Ancillary Worker Award, The Care Trainer Award and Care chef of the year. In 2011 the registered manager had been a finalist in Great British regional care awards and the care team had been finalists in The Great British National Care Awards. This showed us that Valerie Manor had a staff team that strived for excellence in delivering care and support to its residents.

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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