

Curo Care Valley View Ltd

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Inspection report

Moor End Road
Halifax
West Yorkshire
HX2 0RX

Date of inspection visit:
26 October 2023

Date of publication:
14 November 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Curo Care Valley View Ltd is a residential care home providing personal care to up to 24 people. The service comprises 2 separate buildings, one provides 18 beds and is known as Valley View, the other, known as Cartron House, provides 6 beds. Each unit is staffed separately. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 23 people, including 2 people receiving respite care, using the service.

People's experience of the service and what we found:

People were safe because systems were in place to make sure risks to people were assessed and actions taken to mitigate the risk. Medicines were managed safely.

There were enough staff to keep people safe. Staff received good support from the management team and followed a training programme that supported them in carrying out their roles.

People were protected from the spread of infection because good systems and processes were in place.

People lived in a pleasant environment. They enjoyed the food at the home and spoke positively about the staff who cared for them. People felt involved in their care and we saw staff to be caring and attentive.

People benefitted from staff having good relationships with and working effectively with health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Auditing had been used effectively to identify and address issues. Complaints about the service were managed well and used as a learning opportunity for staff. People, their relatives and staff felt involved in the service and there were systems in place to promote this involvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

Valley View was previously individually registered with CQC. The service, including Cartron House was registered with us as a new organisation on 6 September 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Curo Care Valley View Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Curo Care Valley View Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Curo Care Valley View Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work

with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 15 people using the service and 3 of their relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We spoke with 6 members of staff including the registered manager, the provider and care staff. We reviewed a range of records. This included 3 people's care plans, risk assessments and associated information. We also reviewed multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Safeguarding policies and procedures were in place and had been signed by staff to confirm their understanding and responsibilities.
- The service had a good relationship with the local safeguarding team and had a named contact. Referrals were made as needed.
- People and their relatives told us they felt safe. One person said, "I do feel happy and safe, what is there not to like?"

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Staff understood people's needs and risks and knew what action to take to keep people safe from harm. Some risk assessments needed to be dated and signed to show who had been involved in their development.
- Environmental risks were identified, and systems were in place to carry out regular safety related checks on the environment and equipment.

Staffing and recruitment

- Staff were safely recruited and deployed in sufficient numbers to meet people's needs.
- The provider had a system for calculating safe staffing levels according to people's needs.
- Staff, people living at the home and relatives told us there were enough staff.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were stored and were administered by trained staff who had their competency assessed to ensure they could continue to administer medicines safely.
- Where medicines were prescribed to be taken 'as needed', protocols were in place to make sure this was done safely. We discussed the importance of recording if the medicine had been effective with the provider who agreed to add this to their protocols.
- Where appropriate, people were supported to administer their own medicine. Risk assessments and care plans were in place to support this.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and

control practices.

- People were complimentary of the cleanliness in the home. When asked if their family member's room was clean, one relative told us, "Yes very, no issues around cleanliness"

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents were analysed to look for how a reoccurrence of the incident could be avoided.
- The provider had taken all elements of a complaint made to the service and produced a document to share with staff detailing the actions needed to drive improvements in the service provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- The service supported the local authority and hospital with 'Discharge to assess' or transitional beds as a trusted provider to provide a service to people leaving hospital with a view to returning to their own homes. The assessments of people's needs in this process are not completed by the provider. Where issues had been identified in this process, the provider had worked very pro-actively with hospital and local nursing teams.
- At the time of our inspection, the provider was taking robust action to make sure that a person who had been admitted to the service through the discharge to assess system, whose needs could not be met safely at the service, was being supported to move to a more appropriate setting.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff felt well supported by the management team. They told us they could request additional training if they felt this was needed.
- Observations on the day showed staff were skilled in their roles, appropriate moving and positioning was observed. In particular staff remained calm and supportive when one person became distressed.
- People spoke fondly of the staff, one said, "The staff are very good" and another said, "They are lovely."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- People were offered choices of what they would like to eat and where they preferred to take their meals. Snacks and drinks were offered to people throughout the day.
- When people were at risk of losing weight, the dietician was involved to give advice.
- People said they enjoyed the food and could make choices. One said, "The food is very good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Care records showed how health and social care professionals were involved in people's care. We spoke with a community matron who said the service worked well with them and followed any advice given.

- A relative told us, "Yes they are very good at organising anything (relative) needs."

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design and decoration of the premises.
- The two units of the home were very different in presentation with Valley View being an older converted building and Cartron House being a new modern facility. Where possible and appropriate, people were given the choice of residing in either building.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- People's capacity to make decisions was assessed.
- The registered manager maintained an overview of DoLS detailing when the DoLS had been put in place and when re-applications needed to be submitted.
- Where people's relatives had a Power of Attorney in place which enabled them to make important decisions on behalf of their relative, this was recorded.
- We observed staff gaining consent from people during any interaction or care and involving people in decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- Staff clearly knew people well and treated them with respect, care and courtesy.
- People were complimentary of the care they received. One person said, "They treat me like a lady in here." Another person told us, "I am happy here, I have friends, we all work together."
- A relative told us, "We are very happy with this home. They have put everything (relative) needs in place and work with us to do our best for (relative)."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and make decisions about their care.
- Staff ensured people's dignity was respected,
- We observed staff having caring interactions with people. Dignity was preserved at all times, for example, staff asked a person discreetly if they needed to 'freshen up' when needing personal care, and people were encouraged to be as independent as possible. Staff spoke to people with interest, listening to them and responding to their requests.
- One person told us, "No one can fault this place, the staff are lovely and the food is excellent. Anyone who complains, well there is something wrong with them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Care plans were person centred and included good information about people's backgrounds and history.
- Care plans did not always evidence the involvement of the person, or, where appropriate their relative, in the development of the care plans. However, one relative told us, "I have seen the care plan and it is updated regularly as things change."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported.
- Information about people's communication needs was recorded in care plans
- One person told us they were struggling with their hearing. The provider told us a referral had been made to the audiology department for this person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.

- We saw photographs of people enjoying a range of activities and days out. However, a visitor told us they felt care staff could do more with day-to-day activities, rather than rely on the activities coordinator.
- A 'Wish Tree' had been developed with people. This was for people to say what activity they would like to do or a place they would like to visit. People were encouraged and supported to maintain links with communities where they had had past involvement, for example social clubs in the community.
- Visiting was encouraged and a number of relatives and friends visited during our inspection.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The service had received very few complaints. Where a concern had been raised, this had been responded to and an action plan put in place to avoid other people experiencing similar issues.

- When we asked one person's relative if they and their family member knew how to raise a complaint, they said, "Oh yes, my (relative) doesn't take any nonsense, so if there are any little issues, (person) is straight on them and things are always sorted really quickly."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Some people had advance care plans in place titled 'My future wishes'. These gave people opportunity to record any preferred arrangements for the time of their death, any worries they may have, who they would like to help them, and what activities they would like to continue to engage in.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

There was a positive and open culture at the service.

- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People's individuality was respected and people were encouraged and supported to maintain their abilities and follow their lifestyle choices wherever possible.
- People were invited to share their goals and aspirations during regular meetings for people living at the home.
- Staff felt involved in the service. They told us the management team listened to them and kept them informed about what was happening at the service.
- People felt involved and were able to give their views about the service through satisfaction questionnaires and regular meetings. One person had told the service in a questionnaire, "I just live here normal as I do at home".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team had been in place for over 20 years. They had established and maintained robust systems for monitoring quality and safety within the service and were fully aware of their regulatory responsibilities. They worked with external consultants to advise on quality and to look at where improvements could be made.
- The management team were open when something had gone wrong. For example, when a complaint had been received, they had worked with the complainant to resolve issues and had shared the complaint with staff so that learning could be taken. An action plan had been developed so that staff were clear about what had gone wrong and what needed to happen to make sure improvements were made.
- The management team were visible within the service. People knew them, one person told us the provider was, "The best in the world".

Working in partnership with others

- The provider worked in partnership with others.

- The local authority told us the service worked well with them. They shared the positive results of a recent inspection they had completed with us.
- The management team worked in partnership with health and social care professionals to make sure people living at the service received good outcomes.