

Cole Valley Care Limited

Cole Valley

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Cole Valley is a residential care home providing personal and nursing care to up to 45 people. The service provides support to older people, people with physical disabilities and people who are living with dementia. At the time of our inspection there were 15 people using the service.

The care home accommodates people in one adapted building over two floors, with bedrooms on the ground and first floor. People had access to three lounges, a dining room and a garden.

People's experience of using this service and what we found

The new registered manager had made positive changes in the service and was supported by the provider and staff team. People, staff and relatives/representatives spoke positively about the management team and regular meetings were held so they could share their views on the home. Systems had been improved to ensure people's care needs were being met and any areas for improvement were identified. These systems required time to embed into practice as the home grew in numbers.

People and relatives/representatives told us safe care was provided. Staff had received safeguarding training and concerns had been raised and acted on appropriately. Medicines were managed safely, and we observed good infection control measures. The provider had a robust recruitment process and there were enough staff to meet people's needs.

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. People were happy with the quality of the food. Staff received training appropriate to people's needs. People were supported to access healthcare professionals when required.

People told us they were supported by kind and caring staff who treated them with dignity and respect. People and relatives/representative were involved in decisions about their care and their independence was encouraged.

Care plans contained personalised information about people and staff knew people well. A variety of activities took place on a daily basis and staff spent time with people in their bedrooms. People were complimentary about the home and felt able to raise any concerns if needed. End of life care plans were in place and staff had received training.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 09 June 2022).

The provider was in breach of regulations and we held a meeting with the provider to discuss our concerns. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 24 and 28 March 2022. Breaches of legal requirements were found in relation to how people were supported to consent and the governance of the service. We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Cole Valley

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and a specialist advisor (who was a qualified nurse).

Service and service type

Cole Valley 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. Cole Valley is a care home with 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who lived at the home, 7 relatives/representatives about their experience of the care provided. We spoke with 11 staff including the nominated individual, registered manager, quality manager, nurse, care staff, domestic staff, maintenance staff and kitchen staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust safeguarding systems in place. Individual safeguarding concerns had been referred to the local authority and CQC were notified. Safeguarding concerns were looked into and action taken to reduce risks to the person.
- People told us they felt safe and well looked after and relatives/representatives agreed with this. One person told us, "Yes I feel safe, they are always checking on you, everyone walks past and says hello." A relative said, "Yes they have everything in place that [person] needs to keep them safe. They have included me in all of this."
- Staff had received safeguarding training and understood how to recognise the signs of abuse and how to report any concerns. One staff member told us, "Safeguarding is to protect people within the home, any issues of abuse that arise we need to highlight them, so they are protected."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and were regularly reviewed. Staff were aware of people's risks and were able to tell us how they supported people to keep them safe.
- Regular checks were made to the environment to ensure people were kept safe, this included checks on water temperatures and fire equipment within the home. Any issues identified were dealt with promptly.
- The registered manager had introduced daily flash meetings to discuss as a staff group any concerns about people. This included discussions about fluid levels, medication and any incidents. Staff told us these meetings were really useful, one staff member told us, "Flash meetings are really useful as I'm part time, it's a really good handover."

Staffing and recruitment

- Our observations were there were enough staff to meet people's needs. People and relatives/representatives told us staff were quick to respond to call alarms. One person said, "If I buzz, they come straight away," another commented, "You are not waiting, they are there within seconds."
- The provider had recruited more permanent care staff to reduce the use of agency staff. A relative/representative told us, "There is more consistency now, they have done a lot of recruiting." Whilst some agency care staff and nurses were used, the provider had systems in place to ensure these were the same agency staff to provide consistency.
- The provider had a recruitment process which involved checks to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely and in line with good practice guidance. People and relatives/representatives told us they were happy with how medicines were being administered.
- The administration of people's medicines was recorded appropriately, and medicines were stored safely. Where people had medicines prescribed on a 'when required' basis (PRN) there was supporting information to help staff to know when to give the medicine.
- We observed staff administering medicines to people in a safe way. Staff wore a red tabard alerting others they should not be disturbed. When administering medicines, staff took their time to explain to people what their medicines were. □
- The provider had recently moved to an electronic system to record medicine administration which sent an alert if there were any missed medication. Medication errors were thoroughly investigated, and appropriate action taken to prevent reoccurrence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were supported to maintain contact with their relatives and friends in line with the current government guidance.

Learning lessons when things go wrong

- The registered manager completed a monthly analysis in relation to accidents and incidents as well as other key factors such as wound care. There was also oversight from the quality manager who reviewed relevant information to identify any particular themes or concerns and ensured appropriate action was taken.
- Where accidents and incidents arose, the registered manager and their team used it as an opportunity to make improvements to the safety and quality of the service. For example, after 1 person had fallen, a new protocol was put in place to ensure the appropriate staff presence in the dining room and lounges to support people when needed.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to adhere to the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider was working within the principles of the MCA and people's rights were protected. At our last inspection there were no decision specific capacity assessments in place for people who had restrictions in place such as bed rails and sensor mats. At this inspection we found improvements and these assessments had been completed with people and best interest decisions were clearly recorded.
- People told us that staff asked for consent before supporting them. One person told us, "If they are going to do anything, they ask you if it is ok."
- We found DoLS applications had been submitted to the local authority, when necessary, to ensure people had appropriate legal authorisations in place. The registered manager had oversight of which people were subject to a DoLS authorisation and when they were due to expire. This information was also discussed in daily flash meetings to embed staff's knowledge and understanding.
- Staff had received training in MCA and DoLS and additional training was also being carried out by a local college. Staff were aware of the principles of the MCA, those people living at the home who had a DoLS and

what this meant for them. A member of staff told us, "DoLS links with someone lacking capacity and about being in a care home and not being free to leave."

Staff support: induction, training, skills and experience

- Staff received mandatory training and additional training to reflect the individual needs of people living at the home. The provider had developed training further by using a local college to deliver training.
- Relatives/representatives told us staff were well trained and competent. One relative told us, "I'm usually there when they are supporting [person], they are very competent."
- Competency assessments were taking place to ensure staff had the skills and knowledge to support people. This included assessing how staff supported people with medicines and with their mobility.
- Staff received regular supervision and a new staff recognition scheme had been introduced to highlight good practice. Staff told us they felt supported by the management team, who were quick to respond to queries or concerns.

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

- People and relatives/representatives told us they were happy with the food and people were offered a choice of what they wanted to eat. People were supported to make choices by using a menu including photographs and by staff showing them a plated meal.
- Care staff we spoke with had a good understanding of people's dietary needs and personal preferences. The chef was knowledgeable about people's individual needs and how to keep them safe from any risks such as choking and specific health conditions. Records of people's dietary needs were accessible for all staff.
- There was a system in place to monitor people's weights and we saw action had been taken to review weight loss concerns with the doctor.
- Our observations were mealtimes were relaxed and people were not rushed. Care staff supported people to eat with in line with their assessed needs.

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

- Relatives/representatives told us improvements had been made to the environment. One relative/representative told us, "There has been a lot of difference since the [registered manager] has been here, the décor is changing, it is brighter and happier." Further decoration was planned to improve the home, including themed corridors in line with peoples' likes.
- The provider had responded to feedback from relatives/representatives about re-opening one of the small lounges, which had been previously used for another purpose.
- There was signage around the building and individual pictures on people's doors to help people living with dementia to orientate around the building. The quality manager told us they would refer to best practice guidance in relation to adapting the environment for people living with dementia as part of the redecoration plans.

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

- People were supported with their oral hygiene. A relative told us, "Yes, we've always had a problem with [person's] teeth. However, since the change in manager their teeth have been immaculate." We found records indicated people receive oral hygiene in line with their assessed needs.
- People and relatives/representatives told us staff were quick to refer to health care professionals when support was needed. One relative told us, "Since [clinical lead] has been here, they are very good at picking up on anything that needs to be done and making sure it happens."
- Systems were in place to ensure staff were made aware of any changes in people's needs. This included

handover meetings, daily flash meetings and instant access to people's care records and risk assessments.

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

- An initial assessment of people's needs was carried out before they moved to the home, so they could be sure they could meet people's needs and preferences. People and their family members were involved in the initial assessment.
- People's care plans showed needs such as religion and sexuality were discussed with them prior to moving to the home.

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.

We last inspected this key question at our inspection on the 26 April 2021 (report published 4 August 2021). We rated this key question requires improvement. At this inspection the rating has changed to 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

- All people and relatives/representatives told us that staff were kind and caring. One person told us, "Everyone is so friendly and helpful, they can never do enough for you." A relative said, "They are so gentle with [person]. Always reassuring and telling them what they are doing."
- We saw kind and respectful interactions between staff and people. Staff spoke fondly of people and enjoyed working at the home. One staff member said, "It's about going that extra mile for people, making their life enjoyable."
- People's care plans contained information about their wishes and preferences and there was consideration of people's diverse needs. One person's care plan detailed the person's religion, what their individual beliefs were and how they chose to practice their religion. A Catholic Sister visited the home regularly for people who wished to take part in prayers or speaking with her.
- Staff carried out equality and diversity training and there was an equality and diversity board within the home which displayed photographs of the LGBTQ+ community to promote an inclusive welcome to staff and people living at the home. The registered manager told us they had plans to celebrate PRIDE in line with the national event.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives/representatives were involved in the development of their care plan. One relative/representative told us, "Yes they involved [person]. They asked about their likes and dislikes and for personalised information." A person was able to show us their care plan which had been printed off for them. A person told us, "Reviews yes, I'm involved, I had 1 a few weeks ago."
- People told us they made choices about their day to day care. We saw some people preferred to spend time in their bedrooms and that choice was respected.
- The provider had moved to an electronic care planning system and wanted to develop this further so relatives/representatives and people could get access to their care records as appropriate.

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people with dignity and respect. One staff member told us, "My approach is about how I would like to be approached, it's about keeping the door shut, using towels to cover people, and ensuring people are covered when hoisting someone wearing a skirt."
- People were encouraged to maintain their independence where possible. This included encouraging people to make decisions about their day to day life, as well as supporting someone to maintain their mobility.

Is the service responsive?

Our findings

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

We last inspected this key question at our inspection on the 26 April 2021 (report published 4 August 2021). We rated this key question requires improvement. At this inspection the rating has changed to 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

- Care plans reflected people's needs and preferences and staff knew people well. A relative/representative told us, "They understand [person] has good days and bad days, if there is a problem, they ring me, ask if there is anything more they can do to help. They know about [person's] coping mechanisms."
- The care provided was person centred and reflected what was important to people including the temperature of people's bedroom, choices about the gender of staff providing the care and how people wanted to dress. Staff had arranged for a couple to spend time together in 1 of the lounges at the home and to enjoy a takeaway meal.

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 had an accessible information and communication care plan. This included guidance to staff on how to effectively communicate with people and if people required written information to be given in a different format.
- Information such as the complaints procedure was available in easy read, large print and staff had also recorded a version for people to listen to.

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

- We received a lot of positive feedback from relatives/representatives and people about the activities within the home. One relative told us, "The activities co-ordinator has done so much to liven this place up." Another told us the activities co-ordinator spent time with a person who was cared for in their bedroom they said, "They spend time and read to [person]. They will go and hold their hand and have a chat with them."
- We observed the activities co-ordinator involving people in choices about activities. One person said they wanted to go horse racing, so the activities co-ordinator organised an event where people watched horse racing and could make bets on the races.
- There was a relaxed atmosphere within the home, and we observed people were supported to maintain friendships. One relative told us, "It's a lovely environment they have always got something going on." We observed all members of the staff team not just the care staff interacting with people and spending time

with them.

Improving care quality in response to complaints or concerns

- People and relatives/representatives told us they had not made any complaints but felt able to approach the registered manager directly with any concerns. We saw a number of compliments had been received regarding the care and support people received.
- We saw 1 concern had been raised by a person which had been dealt with quickly. The registered manager had spoken to the person to check they were satisfied with the response.

End of life care and support

- People had a personalised end of life plan in place and staff had received training in end of life care.
- We received positive feedback from someone whose relative had recently received end of life care at the home. They told us, "It was really good we couldn't have asked for better."

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had previously been inconsistent. New systems and processes had been successfully introduced into the service, but these systems required time to embed as the service grew.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not established or maintained effective governance within the service. This was a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider's governance system was not entirely effective and there had been a delay in ensuring staff had access to guidance about 1 person's specific health condition, and to ensure 1 person's records in relation to pressure care were fully completed. Although this did not have an impact on the care provided, it did increase the risk of staff not providing the care as required. The quality manager and registered manager took immediate action to address our concerns and improve the systems in place.
- The management team had put an action plan in place and improved systems to address the concerns raised at previous inspections. Relatives/representatives and staff spoke positively about the improvements that had been made and the positive impact on people's care. These changes required further embedding to ensure they remained effective as the home grew.
- At our last inspection we had concerns about environmental risks not being addressed in a timely way. At this inspection we found improvements and there was a system in place to ensure regular environmental checks and assessments took place and any action identified was completed promptly.
- We saw improvements in systems to ensure medicines were managed safely and the principles of the Mental Capacity Act were adhered to. The registered manager led by example ensuring their knowledge was up to date and accurate so they could support staff to improve their knowledge further. A clinical lead was also in post to support the nursing team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to express their views about the care they received, and advocates were also involved when required. The registered manager had supported 1 person to access an advocate to support them with a particular issue they were concerned about.
- People and relatives/representatives told us about there being a homely feel, rather than the home feeling

institutionalised. One person told us, "The best thing is the general atmosphere, it doesn't feel institutionalised it feels like a proper home." A relative/representative said, "You can see the residents are happy because it is homely, it feels like home."

- Relatives/representatives told us about positive outcomes for people living at the home. For example, 1 person had been supported to get out of bed, after being cared for in bed for a long time. The relative told us they were now spending some time in the lounge and had enjoyed being involved in activities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- The management team understood their responsibility under duty of candour to be open and transparent when something goes wrong. Relatives/representatives told us that communication was very good and they had been contacted when incidents occurred, and discussions had been held about how to reduce the risks to people.

- People and relatives/representatives spoke positively about the new registered manager and the impact they had made on the home. One relative said, "[Registered manager] is lovely, they came in at a difficult time and have done good things. They put plans into action and are well aware of what is happening with the residents." Another told us, "Since [registered manager] took over I get an awful lot of phone calls. Everything is relayed back to me and I've never had that before."

- Staff told us they had seen improvements at the home and the new management team listened and took action with any concerns raised. One staff member told us, "If you tell [quality manager and registered manager] anything they are straight on it. We have moved to more person-centred care now."

- There were regular meetings with people and relatives/representatives for them to share their views of the home. An annual survey had also been completed with people, relatives, representatives, staff and visiting professionals. The feedback received was very positive and some suggestions of improvement to the environment had been actioned.

Working in partnership with others

- The staff worked closely with a variety of other health care professional to improve people's care delivery and meet their healthcare needs.