

Greenhill Care Homes Limited

Ilsham Valley Nursing Home

Inspection report

Ilsham Close
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Devon
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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?	Good ●

Summary of findings

Overall summary

About the service

Ilsham Valley Nursing Home is a residential care home providing nursing and personal care for up to 23 older people who might also be living with a physical disability. At the time of the inspection, 20 people were living at the home. Accommodation is provided over two floors with a passenger lift and stair lift providing access to the upper floor.

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

Without exception all the people and relatives we spoke with praised the home. People's comments included, "The home is well organised by the manager and it is homely" and "The staff here are caring and lovely, nothing is too much trouble for them, there is a lovely feel about the place."

People felt safe and well cared for. Relatives also felt confident their relations were being well cared for and were safe. Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible. Staff were aware of their responsibilities to keep people safe and protect them from avoidable harm or abuse.

People's preferences were respected, and staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well.

There were sufficient numbers of nursing and care staff employed to ensure people's needs were met. Staff had time to sit and engage people in conversation and to support people's involvement in social activities. Recruitment practices were safe, and staff were well-trained.

People received their medicines safely and as prescribed. Medicine management practices were safe.

The home was clean, well maintained and pleasantly decorated. Equipment used to support people's care and to maintain the safety of the home, was regularly serviced to ensure it remained in safe working order.

Consideration was given to providing a variety of leisure and social activities for people to enjoy.

Quality assurance processes ensured people received high quality care that met their needs and respected their preferences. People and their relatives were involved in making decisions about their care. The home encouraged people's feedback. People said they felt listened to and, although no one we spoke with had any complaints, they felt able to raise concerns should they need to do so. 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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 November 2018) and there was a breach of regulation. We imposed a condition on the provider's registration to carry out monthly audits and to submit reports to the CQC. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Ilsham Valley Nursing Home

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 Care Act 2014.

Inspection team

One inspector and an Expert by Experience undertook this inspection. 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

Ilsham Valley Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The service was being managed by the former deputy manager who was in the process of submitting an application to register with the CQC. This means that once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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, including the monthly reports submitted by the provider. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We met 10 people who used the service, speaking with eight in detail, and seven relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, the clinical lead nurse, a registered nurse, senior care workers, care workers, the activity co-ordinator and the chef. We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training, complaints and health and safety audits were reviewed.

After the inspection

We spoke with three professionals who had recently been involved with the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the previous inspection in 2018 we found risks associated with people's care were not always documented accurately to help mitigate ongoing risk of harm and/or reduce reoccurrences. At this inspection, we found improvements had been made and people were protected from risks associated with their care needs.
- The home had introduced new risk assessment and care planning documentation to provide a more structured approach to assessing and monitoring people's care needs. Assessments identified risks, for example, in relation to mobility, skin care, nutrition and the risk of choking.
- Management plans, including those for people with long-term health conditions such as epilepsy and diabetes, guided staff to support people in a way that mitigated risks. Records showed that where necessary, specialist advice from healthcare professionals was sought.
- Professionals told us the home sought advice appropriately and followed that advice.
- During the inspection we observed staff safely using equipment to assist people with their mobility.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the home was managed in a way that protected their safety. People's comments included, "Everything is fine here, I feel safe and the staff are kind" and "I feel safe here as there is always someone around." A relative told us, "I thank God that my wife is safe and secure living here and I say this to myself every evening when I get home after visiting her. I feel able to go away sometimes and don't feel that I need to visit her every day, as I feel comfortable and happy at how she is looked after."
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns over people's safety and well-being.

Staffing and recruitment

- Sufficient numbers of nursing and care staff were available to meet people's needs and to spend time with people in conversation and social activities. The home also employed an activity co-ordinator, housekeeping, laundry and catering staff. One person told us, "I have my call bell attached to my shirt and the staff come as quickly as possible when I press it" and another said, "I feel safe here as there is always someone around."
- Recruitment practices were safe. Pre-employment checks, including disclosure and barring (police) checks and confirmation of registration with the Nursing and Midwifery Council (NMC) for nursing staff, were carried out prior to the commencement of employment.

Using medicines safely

- At the previous inspection we recommended the provider strengthens their processes for checking

medicines administration. At this inspection we found improvements had been made.

- People received their medicines as prescribed. A relative told us, "My dad always gets his medication on time."
- Only nurses or senior care staff who had been trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people. We observed some people receiving their medicines from the nurse, and this was done safely.
- Where people took medicines 'as and when required', guidance was provided about when this should be administered.
- Body maps provided clear guidance to staff about where and how frequently topical medicines should be applied. The date topical medicines were opened and were to be discarded was recorded on the medicine.
- Medicines were stored in locked cupboards in each person's bedrooms. Medicine storage and administration records were checked and found to be well completed.
- Regular audits of medicine practice ensured processes were safe.

Preventing and controlling infection

- The home was clean, tidy and fresh smelling. Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- People's bedrooms were clean and well maintained. One person told us, "The staff here are very nice, there is nothing they won't do, they keep my room nice and it is cleaned beautifully, they are always helpful" and a relative said, "The home is always clean."
- The manager and clinical lead nurse undertook regular handwashing audits to review staff's handwashing technique to ensure good practice.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the manager and clinical lead nurse responded appropriately and used any incidents as a learning opportunity.
- The manager used feedback from people, relatives and staff, as well as reviews of accidents to make improvements to the home.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- At the previous inspection in 2018, we recommended people considering moving to the home should have a needs assessment undertaken by a member of staff with clinical expertise, such as a nurse. At this inspection, the manager confirmed this was now the situation: either the clinical lead nurse or one of the registered nurses undertook pre-admission assessments.
- New assessment documentation had been introduced and these identified people's needs in relation to their health conditions and associated needs, for example, in relation to nutrition, skin care and continence. Staff were provided with guidance about how to meet these needs in line with best practice guidance and people's preferences.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.
- Good communication between nursing and care staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- Nursing and care staff received the training and support they required to do their job. This included health and safety topics as well as caring for people living with dementia. Nurses confirmed they received clinical supervision and were supported to undertake specialist training to support their role and revalidation with the NMC.
- New staff were provided with induction training and supported to undertake the Care Certificate (a nationally recognised induction programme). Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff were supported to undertake qualifications in health and social care.
- People and relatives said the staff were knowledgeable and competent. One person said, "The staff are all well trained and are kind and helpful" and another described the staff as "The best."

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

- People had choice and access to food and drink throughout the day. We saw meals were well presented and people told us they enjoyed the food. Their comments included, "The food is good here, I like the salads and the home have helped me lose three stone in weight, I feel better now" and "I love the food here, especially the roasts." Should people require food overnight, staff had access to the kitchen and could prepare snacks for people.
- Support was provided for people to be as independent as possible with eating and drinking. For example, people used adapted crockery to enable them to eat without support. For those people who required

support to eat and drink, we observed staff assisting people appropriately and at each person's own pace.

- People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks. Their intake was monitored, and professional guidance sought if necessary. Food and fluid intake records were well completed.

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

- People's healthcare needs were being met. One relative told us, "We're very happy with her care, she's improved since she has been here. She's got her sparkle back. She's definitely safe here and the staff are lovely, kind and caring."
- Records showed referrals were made to the GP and other healthcare professionals when required. People had opportunities to see a dentist or optician regularly or when needed.
- Healthcare professionals told us they had a good relationship with the home.

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

- The home had been adapted to help meet people's needs. Bathrooms and toilets were suited to the needs of people with limited mobility. There was a passenger lift and chair lift to the upper floors.
- The garden had been pleasantly landscaped to provide areas of interest for people to enjoy. There was a potting shed with an adjustable height table, greenhouses, raised flower beds and a fish pond. People were involved in growing vegetables and flowers to be used in the home. There was also an ice cream cart for use in the nicer weather. A memory area and children's play area were also being created in the garden.
- The home welcomed and encouraged children to visit their relatives and had also created a craft area within the home to entertain children during their visits.

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent, capacity assessments had been undertaken and best interests decisions made on people's behalf. Relatives told us they were fully involved in this decision making.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for. However, these had not yet been authorised due to the high number of applications from care services being received by the local authority.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives were complimentary about the staff and told us they felt well cared for. One person said, "I like living here, we have a laugh with the staff, they are very nice, kind and caring" and another said, "The staff are kind and caring, it's as good as it could be." A relative told us, "This is a wonderful, excellent home and the staff are kind and caring. They are all down to earth pleasant people."
- Staff held people in high regard and spoke kindly and respectfully about people. One member of staff said, "I Love it, it' a lovely place to work." Our observations showed staff were kind, caring, friendly and attentive. Staff took their time when talking to people and provided appropriate physical support and comfort. For example, we saw one member of staff supporting a person to eat their meal and they held the person's hand throughout.
- Staff were keen to ensure people's rights were respected and they were not discriminated against regardless of their disability, culture or sexuality.

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

- People and their relatives, where appropriate, were involved in making decisions about their care.
- Regular reviews ensured people were able to share their views about how they were being supported.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were seen to be discreet when asking people if they required support with personal care. Bedroom doors were closed, and staff were seen to knock and wait for an answer before entering.
- People's abilities and how they wished to be supported was recorded in their care plans.
- People were supported to maintain and develop relationships with those close to them. Relatives were invited to spend as long as they wished with people and were able to have meals with them. Relatives, some of whom visited every day, told us they were made very welcome.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received care and support in a way that was flexible and responsive to their needs. Staff knew people well and were able to describe their likes, dislikes and preferences.
- Relatives praised the home, one said, "I am very happy with the way my wife is looked after here and I am always made welcome and offered a cup of tea." In recent correspondence received by the home, a relative praised the "care and consideration" of the staff and described the home as "wonderful". It went on to say, "We are forever in your debt, all the staff are amazing, and we are so thankful that our mum is in such a fantastic place."
- Staff were aware of people's past history and used this information to tailor their support and interactions with people.
- Care plans were being rewritten into a more structured format and provided staff with descriptions of people's abilities and how they should provide support in line with their preferences.

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

- The home employed an activity co-ordinator who arranged social events to take place most days of the week.
- People told us they enjoyed a wide range of activities which included opportunities to go out of the home to local places of interest. One person said, "I like the quiz times, bingo, music and skittles" and another person said, "I enjoy all the activities here like bingo, singers, quiz times and, as I am interested in birds, the home have put bird feeders outside my bedroom window so that I can watch them from my room."
- Religious services were also held in the home if people wished for these. One person told us, "I am a Catholic and I have visitors here from the church and I receive communion every Saturday."
- On the day of the inspection people enjoyed a game of skittles using equipment that had been adapted by the activity co-ordinator to support people with limited dexterity to play.
- The home had two budgies in a large cage which could be wheeled into the bedrooms of those people who chose to stay in their rooms or who were being cared for in their bedroom due to poor health. People told us how much they enjoyed these birds.
- The activity coordinator described the home's plans to provide each person with a DVD player so that people who did not wish to join others in the lounge room could enjoy watching a film. The home had an extensive library of DVDs and CDs chosen by people living in the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the previous inspection we recommended the provider review the style of written communication with people to ensure it met the AIS. At this inspection, the manager confirmed all documents used to communicate with people had been reviewed to ensure they met the standard.
- People's communication needs were identified in their care plans and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the AIS.

Improving care quality in response to complaints or concerns

- People and relatives had no complaints but felt confident they would be listened to if they did. One person said, "[name of manager] is an excellent manager, if I am not happy I would tell [name]" and a relative said, "[name of manager] does a good job.... I feel I can complain if I need to and that things get sorted."
- A suggestion/complaints box in the entrance way, introduced as a result of feedback from people and relatives, allowed people to make comments anonymously if wished.
- Records of complaints and the actions taken to resolve issues were maintained. The manager reviewed all complaints and told us they used these as an opportunity to learn and make improvements.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files.
- Staff were supported through training and guidance from the local hospice regarding caring for people at the end of their lives.
- Recent 'thank you' cards demonstrated the care and kindness shown to people and their families at this time.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspection we found the provider's governance framework had not been effective in helping to monitor the quality and safety of the service. At this inspection we found improvements had been made.
- Since the previous inspection, the home had employed a senior nurse in the role of clinical lead. That meant they were responsible for overseeing people's nursing needs and to work alongside nursing staff to support their practice.
- Quality assurance processes, such as audits, had been reviewed and further developed in consultation with the local authority's quality assurance and improvement team. We saw these were regularly used to monitor the home's practice in relation to medicines management, infection control, and the safety of the environment.
- Resident and staff meetings ensured the manager had the information they required to monitor staff performance as well as the safety and quality of the care provided.
- Professionals told us they found the manager and nurses to be very professional, approachable and helpful.
- The manager was aware of their responsibilities to provided CQC with important information and had done so in a timely way.

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

- People, relatives and staff told us the home was well managed. One person told us, "The home is run very well, the staff are all well trained and are kind and helpful" and another said, "The home is well organised by the manager and it is homely." A relative told us, "The staff here are caring and lovely, nothing is too much trouble for them, there is a lovely feel about the place."
- The manager led by example and was very positive about the changes being made at the home. They and their staff team were keen to tell us about the progress being made to ensure people received safe care that respected their wishes and enhanced their quality of life.

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 manager understood their duty of candour and told relatives and people where things had gone wrong in the past.
- Relatives confirmed they were kept up to date. One said, "My wife couldn't be looked after any better, it's

like being at home here and she is comfortable. The staff are all kind and caring, they all talk to me and explain things to me about her care."

- The manager kept up to date by participating in best practice forums and networks, subscribing to nursing website updates as well as to updates from the National Institute for Health and Care Excellence (NICE). Updates and information were shared with the nursing and staff teams, and we saw evidence of reference material for nurses to refer to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with people, relatives and other agencies to achieve good health and well-being outcomes for people. Feedback gained throughout the inspection was very positive.
- Recognition of staff performance was celebrated by identifying a member of staff each month to receive a certificate of recognition for staff good practice. This certificate was displayed in the home.
- Questionnaires were used to gain feedback from people, relatives and staff. A review of the most recent questionnaire showed very positive responses. Recently received 'thank you' cards also provided very good feedback about the quality of care provided.
- Feedback from professionals was positive regarding the day to day management of the service.