

Black Swan International Limited

Valentine House

Inspection report

Broadway
Silver End
Witham
Essex
CM8 3RF

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Tel: 01376585965

Website: www.blackswan.co.uk

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Valentine House provides accommodation and personal care. At the time of the inspection, 46 people were living at the service.

People's experience of using this service:

People received exceptional, individualised care and support that was responsive to their needs. Care plans were person-centred and were regularly reviewed to ensure they reflected people's changing needs.

Relative's and healthcare professionals gave us extremely positive feedback about the standard of care provided at Valentine House. We also observed staff delivering kind, caring and compassionate support throughout our inspection.

Relatives told us staff treated people exceptionally well, ensuring they were respectful, compassionate and caring. People continued to be supported to maintain meaningful relationships with family members and people that mattered to them. Relatives spoke positively about the communication between themselves and staff and the support they received. They told us they were welcomed into the service and could visit as and when they wished.

The provider had significant oversight of the service. Robust audits ensured all issues identified were acted on in a timely manner. People's views were continually sought through questionnaires, general discussions and meetings. The registered manager placed great importance on partnership working to continually drive improvements.

Staff understood how to recognise signs of abuse and were confident in the action they would take to report any concerns.

The provider had arrangements to ensure only suitable staff were employed, and enough staff were deployed to keep people safe.

The registered manager and regional manager completed regular health and safety checks to ensure the environment was safe.

The service had effective systems in place to ensure people continued to receive their medicines safely and in-line with good practice. Robust medicines audits ensured issues identified were acted on swiftly, minimising the impact on people.

Staff continued to receive a variety of training to enhance their skills and knowledge. Staff reflected on their working practice through annual appraisals and regular supervision sessions with the registered manager.

The service had systems in place to manage and learn from complaints and concerns. Relatives were confident the registered manager would deal with any complaints in a timely manner.

The registered manager was involved in all aspects of the running of the home and provided her team with principled, person-centred leadership. They were well supported by the regional manager which ensured the provider had clear oversight of the service.

Rating at last inspection: Good (published 16 June 2016)

Why we inspected: This was a planned inspection based on the ratings at the last inspection.

Follow up: The service will continue to be monitored through the information we receive.

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

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 Safe 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 exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Valentine House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector 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. In this incidence they had experience of caring for an older person and dementia care.

Service and service type:

Valentine House is a care home. People in care homes receive accommodation and nursing or personal care. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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 was an unannounced inspection.

What we did:

Before the inspection we looked at information, we held about the service. Including; previous inspection reports, details about incidents the provider must notify us about, such as serious injury, events that stop the service running and safeguarding alerts. We reviewed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with eight people living at the service, six relatives and two visiting

healthcare professionals to ask about their experience of the care provided. Some people living in the service could not easily give their views and opinions about care. To help us gain a better understanding of people's experiences we observed interactions between people and staff in communal areas. We also spoke with seven members of staff including the registered manager, regional manager, care workers and kitchen and domestic staff. We reviewed a range of records including, three people's care and medication records, staff files, complaints and compliments, documents relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to know how to identify, respond to and report suspected abuse.
- Comments from people and relatives included, "It's the staff that make me feel safe. If you ask them for something they are really helpful" and "Yes, I think [relative] is 100% safe. It's the staff, they are great."

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place to protect people and keep them safe. Potential risks were proactively managed to enhance safety and support people to remain as independent as possible.
- Some people had been assessed as needing a hoist to move them from bed to chair. Their care plans contained detailed information for staff about how to do this safely, including the size of the sling needed and which loop to attach it to the hoist with.
- We observed staff carefully helping people to move around the service. Staff understood people's needs and were quick to react if they thought a person was at risk. One person told us, "They definitely understand me. They always make sure that I am comfortable. There are enough staff. They take me to the doctor if necessary. And come quickly if I press my buzzer."
- The registered manager completed regular environmental audits to ensure the environment was safe. These were also reviewed by the regional manager. Any concerns identified were responded to in a prompt manner.
- Personalised Emergency Evacuation Plans were in place and gave staff clear details on how to safely support people in the event of an emergency.

Staffing and recruitment

- There were enough staff available to meet the needs of people. One person told us, "I am definitely safe. There are lots of people around. And they come quickly if I press my buzzer."
- The registered manager regularly reviewed staffing levels and adjustments were made as people's needs changed. For example, a 'twilight' shift had been introduced between 7pm and 12am to support people when they chose to go to bed.

Using medicines safely

- Medicines continued to be managed safely. Systems were in place to ensure only trained staff could administer medicines and their competency to do so was regularly reviewed through spot checks and supervision.
- Where people required their medicines to be administered covertly, the principles of the Mental Capacity Act (2005) had been followed.
- We observed a member of staff administering medications. They did this with care and patience and demonstrated a good understanding of people's personal needs and preferences, including observing

people whilst they took their medications before signing they had received them.

- Weekly medication audits were carried out by senior staff and the provider ensured oversight of the service by completing additional monthly medication audits. Where errors had been found senior staff investigated them by speaking to staff and stock checking medication. The outcomes were then shared with the wider staff team.

Preventing and controlling infection

- People were protected from cross contamination by established systems and processes. Staff received infection control training and records supported this.

- A robust cleaning schedule was in place, which identified specific areas that required deep cleaning regularly to minimise contamination.

- During the inspection we identified the service was clean and free from unpleasant odours.

Learning lessons when things go wrong

- The registered manager continued to maintain a record of any accidents or incidents. This helped to identify any trends. Where necessary measures had been put in place to reduce the risk of the incident happening again and to reduce the risk of injury.

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

Good: 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

- The provider was aware of their legal responsibility to ensure that accessible information standards (AIS) was being followed. The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff supported people who were hard of hearing to access hearing appointments and the outcome of appointments were recorded in care plans.

Staff support: induction, training, skills and experience

- The provider continued to support staff to complete a variety of training modules which ensured they had the skills and knowledge to support people.
- The registered manager completed annual appraisals and regular formal and informal supervision sessions with staff. This helped to identify any learning needs and provided staff with the opportunity for professional development.
- New members of staff completed an induction programme when they joined the service. Before providing care for people new starters worked alongside more experienced colleagues, this ensured they knew people's preferences and how they wished their support to be delivered.

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

- Staff supported people to maintain a healthy diet and people's specific nutritional needs were catered for.
- Meal times were sociable and inclusive. Staff sat chatting to people, offering support when needed.
- People had the opportunity to choose what they wanted to drink from a variety of alcoholic and non-alcoholic drinks.
- Staff encouraged people to be as independent as possible. When people required assistance, we observed staff providing support in a dignified and respectful manner. For example, one person required constant supervision with meals due to the risk of choking. We saw staff doing this discreetly and respectfully.
- The registered manager was in the process of introducing specialist crockery and cutlery at meal times, including coloured plates and specialist cups to further assist with dementia and arthritis or reduced hand function.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with the community nurse team to ensure people received timely and effective care. Feedback from a visiting community nurse included, "We have developed a really positive relationship with them." The team leader had written a letter to the registered manager praising staff for their hard work and the benefits it had to people living in the service. It stated, "I feel we have an amazing rapport with the staff and this is evident and reflected by the high standard of care each and every resident receives...Staff

are keen to understand and learn from us to improve their skills and knowledge which will continue to improve the care they are able to deliver, ultimately benefiting the residents."

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

- The provider had an annual development plan in place which outlined the areas of the service planned for improvement. We saw people had been consulted and contributed to the areas identified in the plan. For example, the service had a communal 'pub' area where sport was played on a large television screen. This area was the result of suggestions put forward by people living in the service.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager and care staff worked well with external health and social care professionals. This ensured people's health and wellbeing was monitored through regular appointments and reviews.
- Where the need had been identified staff had referred people for specialist advice and support including, the falls clinic, dietician and speech and language therapist.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service continued to work within the principals of the MCA.
- Staff gave examples of how they supported people with fluctuating capacity levels to make choices for themselves. One staff member described how they had supported a person to attend an appointment with the optician who was visiting the service. They initially explained to them what would happen, but the person was initially reluctant to attend the appointment and left the room. The staff member showed them their glasses and asked if the person would sit with the while they had their eyes tested. The person went back to the room with them and read the first line of the chart.

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

Good: 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

- Staff continued to support people and treat them with respect, compassion and kindness. A staff member told us, "It's a nice working atmosphere. It's very homely, we work well together."
- One person told us, "The atmosphere is friendly. We are all friends together." Relatives comments included, "We love it. [Relative] could not be better cared for." And, "The staff are brilliant. Really good. I am impressed. They always make sure [relative] gets up and eats properly. The food is really good."

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

- Staff continued to support people to make choices in their day-to-day care, which promoted their independence.
- Comments from people included, "They are really good at helping me to maintain my independence, that is really important to me." And, "They look after me very well. But they encourage me to be independent."

Respecting and promoting people's privacy, dignity and independence

- A dignity champion was in place. The staff member had attended dignity training and shared their knowledge with other staff members. They used their role to support their colleagues and ensure the provision of compassionate, person centred care.
- Staff understood the importance of maintaining people's privacy and treating them with dignity. Staff gave us examples of how to ensure people's privacy was respected and support with personal care was given discreetly.
- People told us, "I am undoubtedly treated with dignity and respect. And they chat to me which is very nice." And, "They are kind and caring to everyone. They are very nice and do whatever you ask." Relatives comments included, "They absolutely treat [relative] with respect at all times. They are very kind and considerate. [Relative] always says how friendly everyone is." And, "They have a laugh. [Relative] is very happy. When staff go into [their] room, [their] face lights up. They definitely treat [relative] with dignity and respect. We, the family, are very happy."

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Before moving into the service, the registered manager met with people and their relatives to discuss their needs and care preferences to ensure the service could meet their needs. Once it was agreed the person would be moving into the service this information was then used to create their care plan, which was reviewed again once the person had settled into the service. A visiting healthcare professional praised the admissions system telling us, "People are admitted to the home appropriately, they really make sure they can meet people's needs."
- The needs of people were at the core of the service. Everyone we spoke with praised staff for the exceptional care they received. Comments included, "The atmosphere is brilliant, and the staff are amazing", "A building is just a building, it's the staff that make it and they really are fantastic."
- The registered manager had embedded a culture of promoting people to live fulfilling lives whilst minimising restrictions on their freedom. The regional manager told us, "[Registered manager] and the staff have really created a warm and welcoming atmosphere. There is a real family feel to the home, people come here to live and that's what we want them to help them to do."
- During the inspection we observed staff laughing and joking with people. People appeared at ease with staff and we heard staff speaking to people respectfully and treating them with kindness. One staff member told us, "We all support each other. It's the nature of the job, we all care otherwise we wouldn't be here. That's what makes it work." A relative said, "[The registered managers] amazing. So are the staff, it doesn't matter who you speak to they all know where [relative] is, what [they're] doing and how [relative] is."
- People received personalised care which was individually tailored to meet their needs and enhance their lives. Staff gave examples of how they had supported people to achieve personal goals. For example, one person had been admitted to the service with a pressure area and reduced mobility. At their request staff had supported them to gradually increase their function and they were now able to mobilise around the service. When another person had moved into the home from another service, they were not getting out of bed or socialising with people. We saw the person had now gained weight and was walking around the service joining in with activities in the lounge.
- Some people living at the service had input from the mental health team and displayed behaviours relating to anxiety and agitation. Staff had worked with the person and the team to develop calming strategies which were individualised and used to support the person.
- Staff spoke about the people they supported with compassion and respect. Staff knew about people's life histories and interests, this enabled them to establish positive relationships with people and their family and friends. One person had worked in a book shop, with the help of a staff member they had categorised donated books and made a library area in one of the communal rooms for other service users to use.
- One person explained to us how a staff member was supporting them to attend a family celebration. Prior to the occasion staff supported them to purchase a suit for the occasion and on the day of the inspection

the person was visiting the in-house hairdresser in preparation for the event.

- Staff supported people to participate in a wide range of personalised and group activities. This ensured people were not socially isolated. Where people declined to participate in planned activities, staff members were respectful of their wishes, however, continually monitored them to prevent social isolation. A relative told us, "There are lots of activities. [Relative] used to come down to lounge but now spends more time in [their] room. Staff sit in there and chat, which is important."

Improving care quality in response to complaints or concerns

- The service had a robust system in place to manage complaints. The registered manager recorded verbal and written complaints and, in line with their policy, responded in writing to address the concerns raised. The regional manager told us, "We do try really hard to act and react to what people want."
- Relatives told us they were able to raise concerns and were confident the registered manager would address them promptly.
- A visiting healthcare professional explained how the registered manager had responded quickly when concerns were raised about some of the beds and promptly sourced and purchased appropriate alternatives.

End of life care and support

- Staff completed specialist training to provide them with the skills and knowledge to support people at the end of their life. In addition to this the service had also established links with the local hospice and the district nurses for additional advice and support.
- Care plans included people's preferred priorities of care. These had been completed in conjunction with people and their relatives and outlined how and where they wished to be cared for as their health deteriorated and at the end of their life. When people had been admitted to hospital from the service and diagnosed with palliative care needs staff supported them to be discharged back to the service if that was their preferred place of care. Comments from one relative included, "They liaised with the hospital, district nurses etc. to ensure everything was in place for when [relative] was released from hospital. They couldn't have made this most difficult time any easier for us, [relative] passed away peacefully and with dignity. Each and every member of staff that we saw from the carers to the domestic staff could not have been more kind and helpful."
- Staff and relatives gave examples of outstanding care and support provided to people at the end of their life. Following the loss of a person one relative had written to the registered manager thanking them for the 'dream team' looking after the person and their family at the end of their life. They stated, "If you were to plan the passing of a loved one you could not have asked for anything different."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open culture at the service. The registered manager had an 'open door policy' and was available and visible around the service.
- The registered manager told us, 'I'm very proud of the home, it's like a family really. We put people first and involve families as much as possible.'
- The registered manager was very well supported by the provider and had developed a highly effective relationship with the regional manager. The registered manager said, "The whole of Black Swan are really supportive. There is always someone available."

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

- The registered manager was involved in all aspects of the running of the home and provided her team with principled, person-centred leadership.
- Staff, people and their relatives all spoke highly of the registered manager and of how the service was run. One relative told us, "The manager is very approachable. She gets the job done. Sorts out all the problems. It is more like a family than a home."
- Staff felt valued and motivated to do their work. They had confidence in the registered manager who empowered them to reach their potential.
- The regional manager visited the service on a regular basis. This ensured they had oversight of the staff and the needs of people living at the service. We observed them sitting and chatting with people and assisting people to move around the service. People knew them by name and were observed to be relaxed and comfortable in their company.
- Staff understood their roles and responsibilities and there were effective systems to monitor staff skills, knowledge and competence.
- Staff could discuss their role through regular supervisions and annual appraisals.
- The provider had introduced an 'employee of the month' award. Staff could be nominated for the award by residents and their peers to recognise outstanding care.
- The registered manager made appropriate referrals to safeguarding authorities and the Care Quality Commission when incidents had occurred in line with regulatory requirements.

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

- Scheduled resident and relative meetings were held every three months. This provided the opportunity for

them to make suggestions about the running of the home. In addition, a bi-monthly newsletter was available for staff and residents.

- The registered manager encouraged staff to express their opinions and engage in the development of the service. This had been achieved through staff surveys, peer group meetings and regular staff meetings.
- There were good links with the local community which benefitted the people who lived at the home. For example, some people living in the service had been involved in the remembrance parade.

Continuous learning and improving care

- The management team regularly completed a range of quality audits. Where necessary actions were identified and addressed to bring about improvements. Audit results were monitored by the provider who regularly visited to provide support and undertake their own quality monitoring.
- The registered manager continuously strove to develop their skills and knowledge. They met with other registered managers for support and guidance and to share best practice.

Working in partnership with others

- To ensure that people using the service were supported in the most effective way the service worked in partnership with other health and social care organisations. For example, the registered manager was working in conjunction with the local hospital on a project to reduce hospital admissions and improve the discharge of people from the hospital to the service.