

Annual Inspection Report 2022-2023

Shenn Valley

Adult Care Home

30 November 2022



Isle of Man
Government
Kallagh Ellan Vannin

DHSC

We carried out this announced inspection on 30 November 2022. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Shenn Valley is a residential care home. The home provides personal care for up to a maximum of twelve residents. At the time of our inspection there were twelve residents using the service.

The home provides accommodation across three floors. There are bathroom facilities on each floor. There are communal lounges, together with a large dining room where residents are free to take their meals. Bedrooms are furnished with residents' possessions as they wish.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Staff told us that the home was "a lovely environment to work in; very warm – friendly and homely."

Residents all told us that they were happy living in the home. We were told that "11 out of 10 for the home; it is an excellent place." "I feel like staff are my friends."

Family feedback told us that staff were "kind, helpful, respectful and compassionate."

At this inspection we found improvements had been made in response to the previous inspection.

About the service

The service is registered as an adult care home able to accommodate up to twelve service users. It provides care and support to people with varied care needs.

Registered manager status

The service has a registered manager. 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 announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 23 November 2022. We visited the service on 30 November 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

A selection of records were seen on inspection. These included people's care records, health and safety records. A variety of records relating to the management of the service were also viewed. We spent time discussing the service with both manager and staff. We also spoke with service users, and a family member. We spent time with residents, both on an individual basis and also during a shared mealtime.

After the inspection

We received feedback from two relatives following the inspection. They both confirmed that the care their relatives received was "very good" and "excellent."

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does not require any improvements in this area.

This service was found to be safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

The service had a safeguarding policy in place. Staff had undergone safeguarding training on induction, together with ongoing refresher training. Staff were able to tell us about the types of concerns they would raise to management, and they felt “confident they would be taken seriously.” We discussed safeguarding procedures with the manager, and saw evidence that a safeguarding concern had been appropriately actioned.

Assessing risk, safety monitoring and management

A variety of health and safety checks, including electrical safety, equipment safety, legionella testing and fire safety measures were all in place.

We talked with staff about how they allowed people to take positive risks and still maintain some independence. We also discussed with staff how the service cared for residents as their capacity fluctuated.

Staffing and recruitment

One bank staff member had commenced in post since the last inspection. We saw evidence of appropriate recruitment checks had been carried out. All residents and staff spoken with told us that there was enough staff on duty to enable quality time to be spent with residents. We were told by residents that they were promptly attended to if they rang for assistance.

Using medication safely

A medication policy was in place. Medication storage was secure and MARS (Medication Administration Record Sheets) were in place. We saw self administration risk assessments carried out. Staff medication competency assessments had been completed. We saw evidence of resident medication reviews having been undertaken.

Preventing and controlling infection

The home was clean and tidy on inspection. We saw cleaning schedules in place, together with PPE (Personal Protective Equipment) in use as required. All staff had had infection control training together with food hygiene training. We saw fridge and freezer temperatures recorded, together with a variety of food hygiene measures, for example, different coloured chopping boards.

Learning lessons when things go wrong

We saw evidence that appropriate action had been taken by the manager following a medication error. Staff told us about the learning they had gained.

Inspection Findings

C2 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. The service does not require any improvements in this area.

This service was found to be effective in accordance with the inspection framework.

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

Pre admission assessments were all in place. We saw that needs identified had been carried through into care plans. We heard from a family member how staff were “knowledgeable” and “knew exactly how to handle” their relative in line with detailed care plans. We saw people with varying needs treated with care and compassion.

Staff support; induction, training, skills and experience

Staff supervision and appraisals had been carried out appropriately. Staff told us “I feel like I can express my views well and make suggestions.” Staff also told us they found them “very helpful to express views and suggestions.”

Staff told us that they were “very supported” and “received plenty of training.” All staff told us that they felt training was “essential” to their role.

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

During the inspection we observed a mealtime. Residents told us “the food is excellent; they go out of their way (to cater for me).” The chef told us about residents’ likes and dislikes. Staff told us about residents’ individual nutritional needs, and we saw these catered for. Staff were discreet and were available for assistance as required. The mealtime was a pleasant and relaxed experience, accompanied by music.

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

Care plans seen identified health needs. We saw documentation which included referral to other professionals as appropriate to meet residents’ needs.

People’s needs being met by the adaptation, design and decoration of the premises

Residents’ rooms were furnished with their own belongings as they wished. We spoke with residents who told us they were “very comfortable; it’s a home from home.” Residents were seen both in the communal areas, taking part in activities and relaxing in their rooms. A stair lift was available in the home. There was a small garden at the front of the property, together with large gardens opposite for residents to visit with staff. Visitors were welcomed into the home, and we were pleased to see family visiting the home during our inspection.

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

We saw capacity assessments in place, together with recorded best interest meetings. We discussed with the manager decisions that had been undertaken in creating risk assessments

regarding restrictive practice. Staff told us how important it was to gain residents' consent before any care was given.

Inspection Findings

C3 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. The service requires improvements in this area.

This service was found to be caring in accordance with the inspection framework.

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

We had opportunity to see staff and residents talking with each other. We saw staff caring for people and giving them time. Residents told us; "Staff are wonderful. I feel they are my friends." A family member said they were "totally grateful () is here. They are very comfortable here." Staff were seen to treat people as individuals, and talk about their particular interests. We saw staff use different aids to communicate with residents. Family told us that their relative "felt very comfortable." Staff were seen to be aware of different people's needs and responded appropriately.

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

We saw evidence that residents and their families had been involved in the creation of care plans. We were told that residents meetings took place, but we did not see a written record. This needs to be in place.

Respecting and promoting people's privacy, dignity and independence

Staff told us that they "treat people as you would want to be treated;" "listen to their stories; treat them how you'd like your parents to be treated." Staff told us how they always explained to people about what they were doing, and "respect their decision and choice."

We saw staff allowing people to make decisions; we were told that it was important to "respect their choice and decision making."

Action we require the provider to take

Key areas for improvement

- Residents' meetings to be fully documented.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive in accordance with the inspection framework.

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

Care plans were seen. These were detailed and gave full information regarding people’s needs. Staff told us about how they supported people in line with care plans seen. We saw detailed information about support needed, and people told us how well their needs were met; they told us staff were “knowledgeable” about what they needed. There was a key worker system in place. The inspector also saw evidence of other professionals involved to meet specific needs.

Meeting people’s communication needs

We saw staff responding kindly to residents with communication needs, and we saw discussions taking place around how best to meet identified need.

Improving care quality in response to complaints and concerns

There had been no complaints raised since the last inspection. People told us that they would be comfortable raising any concerns.

End of life care and support

The home had been involved in providing end of life care for a resident. We saw family appreciation for the care; “always be grateful for the loving care and attention you all gave.” “We really appreciated your care and kindness to us. We saw DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) records in place which had been appropriately reviewed.

Inspection Findings

C5 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. The service requires any improvements in this area.

This service was found to be well-led in accordance with the inspection framework.

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

Staff told us that the service is well led; "I've learnt from the best." Management was described as "honest and approachable." We were also told by staff that the manager is "very observant; this culture cascades down." Staff told us that the manager was "constructive," and ensured that "things were put in writing" so that everyone was clear on procedures. "Communication is really good." Staff felt well led in the home. They told us that the manager welcomed feedback right across the home.

We did not see evidence of structured quality assurance measures to evidence satisfaction with the service. We also did not see recorded staff meetings. These need to be in place. We discussed activities within the home, and saw an activity going on during the inspection. An ongoing maintenance programme is in place within the home.

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

A registered manager was in place. Management had submitted Notification of Events forms appropriately. Password protected systems were in place. Information was securely stored in a locked office.

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

Staff told us that the home was "happy" and they felt involved in how the home was run. Family feedback told us that management and staff were "wonderful," and they were kept very well informed on their relative's care. We saw staff talk with residents about their individual lives and past memories.

How does the service continuously learn, improve, innovate and ensure sustainability

We heard about various audits that had taken place, but we did not see any evidence on inspection. We did not see an annual report in place.

Working in partnership with others

We were told of the home working with a variety of other agencies, including safeguarding. We also saw evidence that other professionals had been involved in assisting in providing services to residents.

Action we require the provider to take

Key areas for improvement

- Recorded quality assurance measures to be in place.
- A record of staff meetings to be in place.
- An annual report to be in place.