

Inspection Report

2023-2024

Shenn Valley

Adult Care Home

12 December 2023

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on 12 December 2023. The inspection was led by an inspector from the Registration and Inspection team who was supported by a colleague from the team.

Service and service type

Shenn Valley is an adult care home. The home provides personal care for up to twelve adults who require assistance to maintain their independence.

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 and residents had an open and relaxed relationship. There was a lovely atmosphere and staff talked with pride about caring for people.

Families told us they were confident their relatives were well cared for and safe. Comments recorded included;

"The care () received was the best."

"An amazing team.. fabulous care."

"The support I get from the home is second to none."

Paperwork was well organised and it was easy to track residents' needs and how they had been met.

All areas as highlighted by the recent CQC inspection had been met.

About the service

Shenn Valley is registered as an adult care home able to accommodate up to twelve service users. At the time of our inspection there were twelve people living there. Each person had their own bedroom, with shared bathrooms, kitchen and communal areas.

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 inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 9 December 2023. We visited the service on 13 December 2023.

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 documents were seen on inspection. These included people's care records and health and safety records. A variety of records relating to the management of the service were also viewed. We spent time with staff and management discussing the running of the service. We used an observational framework for inspection, this is a way of observing care to help us understand the experience of people.

After the inspection

We provided feedback to the manager of the home. We had feedback from four staff members and three family members about the service.

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 line with the inspection framework.

Assessing risk, safety monitoring and management

A variety of health and safety checks were in place. Personal Emergency Evacuation Plans (PEEPS) were in place for all residents. Staff fire training was all in date. All actions detailed in the fire risk assessment had been actioned. All fire equipment and emergency lighting checks were in date. A satisfactory electrical installation report was in place. PAT (Portable Appliance Testing) had been carried out. Boiler maintenance was in date. Equipment servicing was in place.

Staffing and recruitment

Staff files were seen and all recruitment checks were in place. Staff DBS (Disclosure and Barring Service) checks were all up to date or in progress.

Rotas were clear and legible and shift leaders were identified. Dependency assessments were seen in place, and staff confirmed that additional staff cover was available in case of increased need. Staff and family members confirmed to us enough staff were always on duty.

An emergency business and continuity plan was in place.

Preventing and controlling infection

An infection control policy was in place. The home was clean, tidy and welcoming on inspection. Personal Protective Equipment (PPE) was in place. Cleaning schedules were in place, together with safety data sheets. Fridge and freezer temperatures were recorded. Segregation of laundry was in place to minimize infection. The COSHH (Control of Substances Hazardous to Health) cupboard was locked on inspection.

Learning lessons when things go wrong

We discussed with the manager the process of statutory notification of events. We had been appropriately notified of all incidents, and learnt about actions taken and referral to other professionals.

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 line with the inspection framework.

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

Pre-admissions assessments had been carried out. Gender preferences were in place and seen. Review meetings took place at least every six months or when required. Staff told us the importance of “understanding needs can change.” Family members confirmed to us they were kept informed and involved, and we saw evidence of this. Various professionals had been involved in providing advice and guidance as required.

Staff support; induction, training, skills and experience

All training was up to date. Staff told us they had received the training needed to be able to care for people. Supervisions had been carried out at three monthly intervals and appraisals were seen. Staff meetings had taken place with various issues discussed.

Staff medication competency assessments had been appropriately carried out.

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

Dietary requirements were recorded in initial assessments and health action plans. Other professionals had been involved in providing advice. During the inspection we observed individuals being given choices. Staff knew what people liked, and we saw choice boards on display. Staff told us, “Meal times are still protected and done in a calm manner,” and we saw this on inspection.

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 does not require any improvements in this area.

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

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

We spent time with staff and residents throughout the inspection. We saw staff taking time to speak individually with residents, and were patient and kind. Staff were familiar with individual need, and talked to us about how they met that need. Residents told us they were treated with kindness and cared for well. Families told us, "We are more than happy with the care; it is a home." "They are a different person altogether; I recommend the place." A family member also told us, "I've never slept so well; I have a lack of worry." Families also told us that individual religious needs were also met. We saw how families were welcomed in to the home and relaxed open visiting was in place.

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

We talked with families about the involvement in the care of their relative, and we saw evidence of their involvement in review meetings. They told us they were involved and were "always kept informed as to their care."

Independent advocacy had been sought for an individual in the home.

We saw evidence of capacity interests and corresponding best interest decisions in place.

Resident meetings had been held including discussion regarding activities and menus.

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 line with the inspection framework.

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

We saw a variety of documentation relating to each service user, including care plans and risk assessments. Family members had also been involved in planning care and ongoing reviews. There was evidence of capacity assessments and best interest decisions, including family discussion, being taken.

Residents’ information regarding levels of support required was fully recorded. Comprehensive risk assessments were also in place. Communication needs of individuals were clear. We saw staff communicating with people in an individual way. Families told us about they had been impressed with the care provided to previous family members, and the home had been chosen for another relative when care was needed. Hobbies and interests were all recorded in service user records, with varied activities available in the home.

We were told about technology being used by individuals. Information about the home was available in easy read format as required. Staff were able to tell us about individual residents and specific need.

Improving care quality in response to complaints and concerns

The complaints policy was in place. There had been one complaint received, which had been dealt with appropriately. Staff told us the home was a place where there was openness, and “support and advice” always available to help improve the lives of people.

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 does not require any improvements in this area.

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

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

Staff and management told us about the values of the home. They told us that the ethos of the home was “for the residents.” They also told us that they felt it was important to adapt to the needs of the residents and therefore continue to provide a person-centred home. Staff meetings and supervisions reinforced this way of working. Staff told us the manager had been an excellent role model, and continued to lead the home putting residents at the centre of everything.

The manager was appropriately qualified. A current up to date job description was in place. The manager had done various courses as part of professional revalidation to keep up with their knowledge. Regular staff meetings had been held.

Appropriate insurance cover was in place.

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

The staff team had received specific training to meet people’s needs. An apprenticeship programme was also in place. Staff had received regular supervisions and appraisals. Staff told us they were kept well informed about changes and ongoing matters relating to the home through handovers and ongoing informal communication between staff and management.

We saw evidence of audits undertaken with feedback from a variety of parties recorded. The annual report was in progress.

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.