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Valentines Way

Inspection report

50 Valentines Way
Romford
Essex
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Tel: 07759849906

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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
Valentines Way is a residential care home who were providing support with personal care to four people with learning disabilities or on the autistic spectrum at the time of the inspection. The service can support a maximum of four people. Each person has their own bedroom, and other facilities are shared.

People's experience of using this service and what we found
Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. Steps had been taken to help ensure the physical environment was safe. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Medicines were mostly managed in a safe way. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

Assessments were carried out of people's needs prior to the provision of care to determine if their needs could be met at the service. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. The premises were clean and well maintained. People had access to health care professionals.

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 told us staff were caring and that they were treated with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Care plans were in place for people, which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints, although the provider told us there had not been any complaints in the past year. People had been unable to participate in some of their preferred community-based activities due to government restrictions related to COVID-19. However, they had been supported to engage in a variety of in-house activities, and community-based activities were beginning to re-commence.

Quality assurance and monitoring systems were in place to help drive improvements at the service. People and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and the setting maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

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 good (published 12 November 2018).

Why we inspected
This was a planned inspection based on the previous rating.

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 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?

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?

Good

The service was well-led.

Details are in our well-led findings below.

Valentines Way

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
The inspection was carried out by one inspector.

Service and service type
Valentines Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 is not required to have a registered manager in place as it is managed by an individual who is registered as the sole provider.

Notice of inspection
This inspection was unannounced.

What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke

with four members of staff including the provider, business manager and two support workers. We observed how staff interacted with and supported people.

We reviewed a range of records. This included multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, two people's care records and a variety of policies and procedures.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to help protect people from abuse. The provider had a safeguarding adults policy in place which made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission.

● Staff had undertaken training in safeguarding adults and understood their responsibility for reporting any allegations of abuse. One staff member told us, "I would inform the manager and make sure the person is safe (if they suspected a person had been abused)."

● The home held money on behalf of people and kept records and receipts of financial transactions so there was a clear audit trail of what money was spent on. With the agreement of the local authority, the provider had access to the bank account of one person. There was not a clear system in place to demonstrate that monies withdrawn from the bank were used for the person, as bank statements were sent directly to the person who did not always share them with the provider. We discussed this with the provider, who told us in future they would get and retain a mini statement every time they withdrew money on behalf of the person so there was an audit trail in place for this.

Assessing risk, safety monitoring and management

● Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Assessments covered risks including Covid-19, behaviours that challenge the service and medicines. Risk assessments were subject to regular review which meant they were able to reflect risks people faced if they changed over time.

● Measures were in place to help ensure the premises were safe. These included carrying out various checks on the premises, including on gas and electrical installations. The provider carried out regular safety checks related to fire safety, such as checking fire alarms and emergency lighting.

Staffing and recruitment

● People and staff told us there were enough staff working at the service. One staff member said, "We have enough time to do everything." We observed staff were able to support people in a relaxed and unhurried manner. People's requests for staff support were attended to promptly.

● People told us there were enough staff working at the service to meet their needs. When asked if there were enough staff, one person replied, "Yes."

● Checks were carried out on prospective staff to help ensure they were suitable to work in a care setting. These included criminal records checks, employment references and proof of identity.

Using medicines safely

● Medicines were stored securely in a locked and designated medicines cabinet inside the office. Staff

undertook training, which included an assessment of their competence, before they were able to administer medicines.
● Guidelines were in place about when to administer PRN (as required) medicines. Medicine administration records (MARs) were maintained which included details of each medicine to be given. Staff were expected to sign these each time they gave a person a medicine.
● We looked at the MARs for a four and a half week period leading up to the day of inspection for all four people using the service. We found there was an unexplained gap for one medicine on the day before and the morning of the inspection. Stock balances showed the medicine had been given and the relevant member of staff confirmed they had given the medicine, and told us it was an oversight on their part not signing the MAR. We discussed this with the provider who told us they would take steps to help ensure this did not happen again.

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 meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● The provider had a policy in place on accidents and incidents. We saw that accidents and incidents were dealt with in line with the policy. This included reviewing any incidents to see what lessons could be learnt to reduce the risk of a similar incident re-occurring.

Good

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

- People's needs were assessed by the provider before the provision of care. The business manager told us in the first instance they were provided with a lot of information about the person by the local authority. The provider then met with the person and other relevant people such as relatives and professionals so they had the opportunity discuss their needs and to determine if they could be met by the service.
- Assessments were carried in line with guidance and the law. For example, they looked at people's equality characteristics and considered what was important to the person. Assessments covered needs related to mobility, medicines, personal care, culture and religion.

Staff support: induction, training, skills and experience

- Staff were supported to gain knowledge and skills to help them in their role. Staff undertook an induction programme on commencing work at the service, and thereafter, received regular training. This included training about food hygiene, infection control, safeguarding adults and behaviours that challenged the service.
- Staff had regular one to one supervision meetings with a senior member of staff. This gave them the opportunity to discuss issues of importance to them. Supervision records evidenced discussions about training, people who used the service and good working practice.

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

- People told us they enjoyed the food. One person said, "The food's nice, I like lasagne and stir-fry." They confirmed they had these meals on occasions. A second person told us, "The food is good here."
- A weekly menu was planned with the involvement of people who used the service. A member of staff said, "We have a discussion with the residents about what goes on the menu." The menu showed people were offered a varied and balanced diet that reflected their preferences and culture.

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

- The premises were well maintained and suitable to meet the needs of people. People had access to all communal areas, including a garden. The premises were decorated to a good standard. People using the service at the time of inspection did not have any specific needs for the premises to be adapted.
- The premises were in line with the principles of Right support, right care, right culture, in that it was an ordinary house that blended in with other homes in the area.

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

● The provider worked with other agencies to support people's care needs. People had routine access to health care professionals including GPs, psychiatrists and the community mental health team. People told us staff helped them with their medical appointments, one person said, "They (staff) take me to the clinic and the GP for the blood test."
● People were supported with their oral health care. Care plans were in place for this and people were supported to see a dentist. People were encouraged to brush their teeth regularly.
● People's health care needs were met. Regular exercise was encouraged, one person told us, "I like to go for a long walk", which they did most days. Health Action Plans were in place which provided information about how to support people to have heathy lifestyles.

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.

● DoLS authorisations were in place for people. Where this was the case, the provider adhered to any conditions of the authorisation and had notified the Care Quality Commission of the authorisation, in line with their legal responsibility to do so.
● People were supported to make choices over their daily lives where they had the capacity to do so. Where they lacked capacity, mental capacity assessments were carried out to determine this.

Good

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 told us they were well treated by staff, one person said, "I like them (staff) because they are nice people and I get along with them. They are nice to chat to when I get upset." Another person said, "I like the staff because they are good. They help me to make my sandwiches."
- Equality and diversity needs were covered in people's care plans. People were supported with their needs in this area. One person told us they liked to go to a place of worship. This had been stopped during the COVID-19 pandemic, but plans were in place to start this again.
- People's cultural needs were supported with food, clothing, music, films and television. For example, one person told us they had religious channels on their TV in line with their faith.

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

- People were supported to express their views and be involved in decisions about their care. For example, people were involved in developing care plans, so they reflected what was important to the them.
- Monthly residents' meetings were held. These included discussions about what activities people wanted to take part in. They also included discussions about the changing rules in relation to COVID-19, so people were kept up to date with what they were able or unable to do, and what the rules were regarding visiting friends and relatives.
- People told us they were able to make choices about their daily lives, for example, one person said, "I dress myself and choose my clothes."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy, dignity and independence. Staff told us how they promoted privacy when supporting people with personal care. One staff member said, "The doors are always closed when we give personal care, we knock before we enter." The same staff member added, "(Person) does what they can themselves, like shaving, you don't have to do it. We help where (person) needs help, we don't need to do everything."
- People were supported to develop independent living skills and had jobs in the home they helped with. One person said, "I help with the washing up. I dust my room all by myself." Another person said, "My job is hanging out the clothes." We later observed this person hanging out their laundry to dry in the garden.
- Each person had their own bedroom which helped to promote their privacy. They were able to personalise them to their own tastes. One person told us they did not like their bed. We discussed this with the provider who said they would arrange for the person to choose a new bed. People had their own phones and other electronic devices which they used to keep in touch with family, which they were able to do independently

of staff.

Good

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

- Care plans were in place for people. These were person-centred, setting out the needs of each individual and how to meet those needs. Care plans covered areas including health, personal care, relationships, social and leisure activities and cultural needs.
- Staff told us they were expected to read care plans and they demonstrated a good knowledge of people's needs. Care plans were subject to regular review. This meant they were able to reflect people's needs as they changed over time.

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.

- People's communication needs were met, and these were covered in their care plans. Most of the people spoke English and staff were seen to be communicating effectively with them. Where people lacked the capacity to understand documentation, staff explained this to them.
- One person had limited English and staff had developed ways of communicating with them such as through sign language, and there was a pictorial chart showing what different signs the person used. This person had also been working with the speech and language therapy team to help develop their communication.

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 provider told us that over recent months many community based activities had to be cancelled due to government restrictions related to COVID-19. However, they said they were now starting up again. This meant they were following the principles of Right support, right care, right culture by supporting people to engage in a meaningful way in the community. One person told us they were looking forward to going back to college, saying, "I want to do a computer course."
- During lockdown in-house activities had been arranged such as BBQs and parties. A person told us it was their birthday the week after the inspection and they were going to have a party. They said, "We will have a party and cake and a celebration and my (relative) will be coming." A fellow resident at the service was going to be DJing at the party. Another person said, "I like singing and dancing" and told us staff joined in with them when they did it.

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.

● The provider told us there had not been any complaints received in the past year and we saw no evidence to contradict this. People told us they knew who they could complain to if they wished to.

Good

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive and open culture. Staff spoke positively of their line manager, who was also the provider. One staff member said of their manager, "Very approachable and understanding. They are so caring, they really love what they are doing. They always tell us 'I'm here if you need me', even if it's night you can send them a message." A person who used the service said of the provider, "They are a nice person."
- There was a person-centred ethos at the service, so that good outcomes were achieved for individuals. Care plans were person-centred, and the provider worked to meet individual needs, in line with people's preferences.

Continuous learning and improving care

- Quality assurance and monitoring systems were in place to help drive improvements. Various audits were carried out, for example, in relation to medicines, health and safety and infection control. Care plans and risk assessments were subject to regular review.
- Spot checks were carried out to monitor staff performance. These covered staff's understanding of people's needs, how they communicated with people and records completed by staff on a shift.

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 provider had systems in place to be open and honest with people when things went wrong. Accidents and incidents were reviewed to see how further incidents could be prevented from re-occurring. A complaints procedure was in place to address concerns raised by relevant persons.

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

- The provider was the manager at the service and there were clear lines of accountability. Staff were provided with job descriptions and they were clear about their roles.
- The provider understood their legal requirements, for example in relation to the regulator the Care Quality Commission, and had sent us notifications of significant events as required.

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

- Surveys were carried out with people, relatives and staff to gain their feedback on the service. We viewed

completed survey forms which contained positive feedback. For example, one relative had written, "I have no problems. I know if there was a problem they would tell me." Another relative had written, "The staff are always very friendly." A person wrote on their survey form, "Staff care for me."

● Staff meetings had not happened frequently in recent months due to COVID-19 restrictions, but a staff member said, "We have not had team meetings recently, but we are kept informed of things."

● The provider worked to promote good practice with regard to equality and diversity. People's equality characteristics were included within their care plans and with the support provided to people. The provider followed good practice in their staff recruitment processes in relation to equality and diversity and a number of policies were in place to help promote diversity.

● The provider worked with other agencies to develop best practice and share knowledge. For example, they worked with the local authority and attended forums for registered people of adult social care services.