

Mrs Valerie Hall

Valerie Hall Domiciliary Care - 7 Oak Street

Inspection report

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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 

Overall summary

The inspection took place on 21 and 22 September 2015. The inspection was unannounced.

The service is domiciliary care agency that is based on the same principles of a supported living scheme. The service provided care and support for up to seven people with learning disability needs. On the day of our inspection there were six people using the service. Three

females resided together in one house and up to four males resided together in the house next door. Each person had a tenancy agreement. The maintenance of both houses was the responsibility of the landlord.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with staff who told us they felt supported and that the registered manager was always available on a daily basis and approachable. Throughout the day we saw that people and staff were very comfortable and relaxed with the registered manager and staff on duty. The atmosphere was calm and relaxed and we saw staff interacted with people in a very friendly, affectionate and respectful manner.

Care records contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other healthcare professionals where necessary. We saw people were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We found people's care plans were regularly evaluated and reviewed with their care managers and updated. The care plan format was easy for service users or their representatives to understand by using pictures and symbols. We saw evidence to demonstrate that people or their representatives were involved in their care planning. We saw one person who used the service had written their own care plans.

The staff that we spoke with understood the procedures they needed to follow to ensure that people were kept safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes. Other professionals we spoke to were positive about the care provided at the scheme.

When we looked at staff training records they showed us staff were supported to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended both face to face and e-learning training to maintain their skills. They told us they had regular supervisions with a senior member of staff, where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were robust recruitment processes in place.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

We observed people were encouraged to participate in activities that were meaningful to them. For example, we saw staff spending time engaging people on a one to one basis. Others went out shopping in Washington and two people were attending college. We saw holidays had been planned for people using the service. One person told us they were going to Majorca with their family at the weekend.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a selection of choices at breakfast time.

We found the needs of the people who used the service were met.

We saw a complaints procedure was included in the service user's guide. This provided information on the action to take if someone wished to make a complaint.

We found a quality assurance system in place. The service had been regularly reviewed through a range of internal audits. Prompt action had been taken to improve the service or put right any shortfalls they had found. We found people who used the service, their representatives and other healthcare professionals were regularly consulted about people's care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were safe.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

There were procedures in place to keep people safe.

The service had thorough infection control procedures in place.

Medicines were securely stored and staff medication assessments took place.

Good



Is the service effective?

The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

People received a balanced and varied healthy diet.

Good



Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People's independent living skills were promoted.

People were supported by kind, considerate and caring staff.

Good



Is the service responsive?

The service was responsive.

Care records were regularly reviewed and risk assessments were in place where required.

The service had a full programme of community based activities in place for people.

The provider had a complaints policy. People we spoke with knew how to make a complaint.

People had been involved in writing their support plans and their wishes were taken into consideration.

Good



Is the service well-led?

The service was well led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 22 September 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also

contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service. The registered manager and five support workers.

We looked at the personal care and treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and a range of policies and procedures.

Is the service safe?

Our findings

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. Some of the people using the service had been assessed as requiring one to one support from staff to ensure that their care needs were met and that they were safe.

Two people were able to tell us that they felt safe. Other people were unable to verbally communicate with us. During our inspection we saw that people did not hesitate to go to any of the staff members when they wanted support or assistance. This showed us that they felt safe around the staff members. We spoke with two people using the service. Their comments included. "I love it here, I feel very safe." "Yes, I am safe; It is such a nice place to live."

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at three people's care and support plans. Each had an assessment of people's care needs which included risk assessments. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst supporting people to be independent and still take part in their daily routines and activities and in their community.

The provider had guidance on each individual care plan on how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood by staff. The staff described what they would look for, such as a change in a person's behaviour or mood. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of people had been completed by all staff and they had easy access to information on the agency's safeguarding procedures and a list of contact numbers were available. The registered manager was fully aware of the local authority's safeguarding procedures and their

responsibilities to report any concerns to the local authority. This demonstrated that the service had ensured that safeguarding training had been delivered and that staff were able to identify and report situations appropriately.

Staff told us they had confidence that any concerns they raised would be listened to and action taken by the registered manager. We saw there were arrangements in place for staff to contact management out of hours should they require support. We saw there was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns they had witnessed.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We looked at the Medication Administration Reports (MARs). There were no errors in the records we reviewed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right time. We saw the provider had protocols for medicines prescribed 'as and when required', for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given.

This meant people were receiving personalised care through the safe use of medicines.

We looked at three staff files and saw people were protected by safe, robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview which were in line with the provider's recruitment policy. This meant people using the service were protected by the provider's robust recruitment procedures.

Through our observations and discussions with people and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet the needs of the people using the service. The registered

Is the service safe?

manager showed us the staff rotas and explained how staff were allocated to each of the peoples' homes for each shift. This demonstrated that sufficient staff were on duty across the day to keep people safe in their own home. When we spoke with staff, they confirmed that there was always enough staff on duty to meet people's care, treatment and support needs. The staff told us that they were happy to provide additional cover when staff were on annual leave.

The provider had a policy in place to promote good infection control and cleanliness measures within the service. The service had processes in place to maintain

standards of cleanliness and hygiene. For example, there was a cleaning schedule which all staff followed to ensure all areas of the service were appropriately cleaned each day. To promote people's independent living skills, some people helped out with household tasks such as laundry, ironing, cooking and keeping their bedrooms clean. We saw they and staff had access to a good supply of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about infection control procedures and how they should be applied in the homes of the people using the service

Is the service effective?

Our findings

Staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described in detail how they supported people in line with their assessed needs and their preferences. Two people told us that they thought the staff did their jobs properly.

We saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, understanding the signs and gestures used by two people effectively. This approach supported staff to create meaningful interactions with the people they were supporting. Care records contained clear guidance for staff on how to support people with their communication and to engage with this. This supported people to make day to day choices relating to their care and support.

People had access to food and drink throughout the day for example snacks and hot and cold drinks in between meals. We saw the menus were based on people's preferences and their likes and dislikes. If people didn't want what was on the menu then an alternative was always available. Staff told us "There are always different foods available; people can choose what they want." We saw that one person who used the service was in charge of keeping the menus up to date. Also did most of the food shopping by herself. On day one of our inspection, she went to the local supermarket and the butcher's shop alone. Another person told us that they always helped to prepare and cook meals with some support from staff.

People were supported by a stable staff team who had the opportunity to develop their skills and knowledge through a comprehensive training programme. Staff told us the training was relevant and covered what they needed to know. One member of staff told us they had received training on autism awareness.

As part of their induction staff spent time shadowing more experienced members of staff to get to know the people they would be supporting before working alone. They also completed an induction checklist to make sure they had the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the diploma in social care.

Training needs were monitored through individual supervision meetings with staff. During these meetings staff discussed the support and care they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. This meant that staff were supported by the registered manager and had the knowledge and skills to carry out their role effectively.

Staff confirmed that communication was good within the service. They told us they had a diary that was used during staff handovers. They said this ensured everyone was kept up to date with any person's changing needs.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The service contacted relevant health professionals such as GPs, learning disability nurses, care managers, and occupational therapists if they had concerns about people's health care needs. Records showed that people had regular access to healthcare professionals and also attended regular appointments about their health needs for example, all three women using the service regularly attended 'a well women's clinic'.

The registered manager told us, all had capacity to make everyday decisions regarding their care, treatment and support needs. The registered manager explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken.

Is the service caring?

Our findings

We found the service was caring and always put the person who used the service at the centre of their care. Over the two days of the inspection there was a calm and relaxed atmosphere in the homes of the people we visited. We saw staff interacting with people in caring and professional way.

Two people told us that the staff were very caring and that they felt valued.

Diversity describes the range of visible and non-visible differences that exist between people. We saw that the provider had clear policies and procedures in place that reflected their understanding that each individual was unique and recognised people's individual differences, regardless of their age, nationality, disability, race, ethnicity, gender or religion and beliefs. We saw that the provider adhered to this and actively promoted people's rights.

We found people's needs, including emotional, social, cultural, religious and spiritual needs, were included in people's records and assessments about the care and treatment they preferred and received. For example, we found that the service was putting the people who used the service at the centre of their care, treatment and support, ensuring that everything that was done was based on what was important to each individual from their own personal perspective. This meant people using the service leads, with choice being the defining principle in relation to their care, treatment, wellbeing and support.

We saw that the staff was following five key principles to promote person centred planning for example, the person was at the centre of the planning process and where possible, family and those that mattered were partners in the planning. The plans showed what was important to each person now and for their future and what support

they needed. The plan helped the person to be part of the local community and helped the community to welcome them. One person told us, I know nearly everybody in the village, it's such a lovely friendly place."

When we spoke with the support staff, it was apparent that they held person centred values, and a belief that that people in their care must have control in areas such as, who supported them, what they do with their day, being listened to, and making decisions about their lives. We saw all of these details were recorded in people's care plans. This meant that people were able to contribute in full to the planning of their care. Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences.

We heard staff address people respectfully and explain to people the support they were providing. Staff were friendly and very polite and understood the support and communication needs of people in their care. We saw communication plans were in place and speech therapy involvement had been sought in order to support two people with their communication.

During our inspection we saw people were supported by kind and attentive staff. We saw staff showed patience, compassion and gave encouragement when supporting people. We saw people were treated with dignity and were supported to make choices and remain independent. We saw all personal care and support was carried in the privacy of people's bedrooms or bathrooms, and always with doors being closed. In addition, we saw staff respected people's privacy and recognised when they wished to be alone (or with family or friends), and protected from others overhearing their conversations, and respecting their confidentiality and personal information. One person showed us that she had her own lounge and we saw it had been furnished and decorated to their own taste. She said, "I can have my own private time whenever I want."

Is the service responsive?

Our findings

We saw that care records were regularly reviewed and evaluated. Each person's pictorial care record included emergency contact details including next of kin, GP, social worker and a description of the person, including details of their personal health and wellbeing.

We looked at the care records of people who used the service. We saw people's needs had been individually assessed, and where necessary plans of care drawn up. We saw detailed information had been supplied by other agencies and professionals, such as the person's care co-ordinator. This was used to complement the care plans and to guide staff about how to meet people's needs.

The care plans we looked at included people's personal preferences, likes and dislikes. We also found there was information covering people's life histories and personal statements about their hopes for the future. Risk assessments were in place and included bathing and toilet needs, preparing food and drinks, nutrition, falls, safety outside the home, transport, medication, and fire awareness. Each risk assessment identified the level of risk for each area and the level of supervision required. For example, one person's risk assessment demonstrated that they were able to leave their house on their own and use public transport independently. This person had also written her own care plans.

We saw copies of 'hospital passports' in the care records. These were written in case the person who used the service had to spend time in hospital and included important information about the person. For example, how the person reacted if they were worried or upset about something, how the person communicated, and what the

person's personal care needs were and what they liked and disliked. This meant that people could be assured a more consistent, co-ordinated approach to their care should they have to move between services.

We saw care records included a timetable of events and activities that each person took part in throughout the week. For example, we saw that two people attended college and activities on their return included; "to help clean my room" "help with my laundry" and "help to prepare tea". We saw copies of 'my diary', which documented what people who used the service had done each day and was split into morning, afternoon and nights. One person told us, "I see my family on a regular basis and I have lots of hobbies. I love going to the bingo and the social club in the village and the local restaurant."

People were involved in activities and each person had their own activity planner. Some of the more independent people had activities going on all week and everyone got to go on holiday. Places mentioned included Spain, Wales and Scotland. We saw one person who used the service did the daily grocery shopping independently. Another person who used the service told us he helped staff to prepare and cook meals. This meant people were supported to follow their own interests in a manner that encouraged independence and protected against the risk of social isolation.

We saw a copy of the complaints procedure and an easy read copy of the provider's 'complaints and concerns' policy. These described what a complaint is, how to make a complaint, who to contact and who to contact if the complainant was not happy with the outcome. Two people told us they knew how to make a complaint and who to.

This meant that the provider had an effective complaints system in place.

Is the service well-led?

Our findings

The registered manager had been in post since the service opened over 10 years ago. A registered manager is a person who has registered with CQC to manage the service.

Staff told us “There is a transparent culture here. The registered manager encouraged staff to be assertive and speak out. It’s a big friendly family atmosphere”, and “Registered manager is great, always responsive and nothing is a problem.”

During the inspection we saw the registered manager was active in the day to day running of the service. We saw they interacted and supported people. From our conversations with the registered manager it was clear she knew the needs of the people very well. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people’s needs.

The staff we spoke with were complimentary of the registered manager. They told us they would have no hesitation in approaching her if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the service users they supported. We saw documentation to support this.

The registered manager told us she encouraged open, honest communication with people who used the service,

staff and other stakeholders. We saw this was achieved through regular meetings where staff and service users were provided with feedback and kept up-to date about any changes within the service. We saw the registered manager worked in partnership with a range of multi-disciplinary teams including specialist learning disability nurses, people’s care managers and family members. In addition, all were asked to share their views about the quality of the service by completing an annual survey. The provider used these to make improvements to the service if necessary. This meant there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

We saw the registered manager worked alongside staff on a daily basis and this gave her the opportunity to observe staff practices and to make sure that people were treated with dignity, respect and compassion.

We saw the registered manager had in place arrangements to enable service users and their representatives. For example, we saw service users were asked for their views in regular meetings and six month review meetings. One person said, “The staff and the registered manager always talks with me about everything and I can ask any questions that I want. I have lived here for four years; it’s such a nice place with plenty to do.”

All of this meant that the provider gathered information about the quality of the service they provided from a variety of sources and used the information to improve outcomes for people.