

North Yorkshire County Council

Valley Road - Resource Centre

Inspection report

65a Valley Road
Northallerton
North Yorkshire
DL7 8DD

Tel: 01609533394
Website: www.northyorks.gov.uk

Date of inspection visit:
11 May 2016

Date of publication:
18 July 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 11 May 2016 and was unannounced. The last inspection of the service took place in August 2014, when they were compliant with the standards assessed at that time.

Valley Road - Resource Centre is a care home registered to provide personal care and accommodation for up to seven people, including people living with learning disabilities or autistic spectrum disorder, old age, physical disability and/or sensory impairment. The service is not registered to provide nursing care. The home provides residential respite and short stay services to people who usually live in their own homes within the community. At the time of our inspection five people were actually in the home using the respite service. A total of 29 people used the Valley Road - Resource Centre for respite services, each with an assessed and planned allocation of respite stays.

The registered provider is North Yorkshire County Council. 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 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.

People who used the service, relatives and professionals all told us the service was well managed and providing good quality, person centred care. However, we identified that we had not always been told about incidents or events that the service had a legal responsibility to 'notify' us about. We also found that there were some gaps in some records that should have been available during the inspection. Effective internal quality checks should have identified these issues and ensured they were put right.

People who used the service and relatives told us that the service was safe. People were protected by staff who were aware of safeguarding procedures. People who used the service, relatives and staff also told us that the registered manager and management team listened and acted on any feedback.

Safe arrangements were in place for staff recruitment, with people who used the service being involved in the recruitment process. Respite services were booked and planned in advance so that suitable staffing arrangements could be made. Staffing recognised and took into account the changing needs of people who used the respite service.

The service had health and safety related procedures, including emergency plans, in place. Systems for reporting and recording accidents and incidents, including detailed reviews and actions, were in place.

Safe systems were in place for assisting people with medicines. Records and discussions with staff evidenced that that staff were trained and checks took place to ensure medicines were being given safely.

Staff had been provided with training and support to help them carry out their role. This included specialist

training relevant to the needs of the people staff were supporting. Staff told us they were well supported by the registered manager.

The support people needed with eating and drinking was detailed in their care plan. Different dietary needs were catered for, with clear information available to staff.

People's care records included detailed information about their care and support needs and preferences. People, their families and other relevant professionals had been involved in assessments and care planning. Arrangements were in place to support people who were 'transitioning' between different services and to introduce people gradually to the respite service. This helped to ensure that distress and anxiety was minimised and respite placements were successful.

People and their relatives told us that staff were caring and treated them well. Staff were able to describe how they worked to maintain people's privacy and dignity.

We saw an example of the service responding well when a person expressed that something was wrong. People and their relatives told us that staff were approachable, listened and responded if any issues were raised.

We identified a breach of regulation. You can see the action we asked the registered provider to take in the full version of this inspection report.

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.

People were protected by staff who knew how to report concerns. Safeguarding issues were identified and responded to appropriately.

Arrangements were in place to ensure that suitable staff were recruited and available to provide care and support.

Checks and systems were in place to ensure people received care in a safe environment, although some records were incomplete.

Is the service effective?

Good ●

The service was effective.

People received the care and support they needed. Relevant professionals were involved in people's care when needed.

Staff received training and support to help them do their jobs. This included specialist training and support to help them meet the needs of people living with autism.

The service worked within the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People told us that staff were caring and respectful in their approach.

Staff treated people with respect and protected their privacy.

People had been involved in planning their service, with a focus on reducing distress by giving opportunities for people to become gradually familiar with the service and staff.

Is the service responsive?

Good ●

The service was responsive.

People's care was appropriately assessed and planned.

Arrangements were in place to help people 'transition' between different services successfully and with minimum distress or anxiety.

People received flexible care that was responsive to their individual needs and preferences. This included people accessing the local community during their respite stays.

People were confident that any issues or concerns would be listened to and responded to effectively.

Is the service well-led?

The service was well led, but improvements are required.

Improvements were needed to the service's internal governance systems, to ensure that areas needing improvement [such as failure to notify and gaps in records] were effectively identified and put right.

People spoke highly of the service's management and the service provided to people. People received a good service.

The service was flexible and took account of feedback received from people who used the service and their families.

Requires Improvement 

Valley Road - Resource Centre

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 11 May 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. The registered provider had completed and submitted a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at any complaints, safeguarding information, feedback and notifications we had received about Valley Road – Resource Centre. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale.

During the inspection we spent time with five people who used the service. We spent time observing how people spent their time and the interactions between people and care staff.

We spoke to the registered manager, the autism strategic development and implementation worker, a team leader and two support workers. We also spoke with the manager of the day centre, which is located next to the registered respite unit. They worked closely with people who used the respite service, including during people's transitions between the community and respite stays.

During the inspection we reviewed a range of records. This included two people's care records, including

care planning documentation and medication records. We also looked at staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures.

After our visit we contacted the relatives of five people who used the service, to ask for additional feedback. We also contacted a healthcare professional and the National Autistic Society to ask for feedback.

Is the service safe?

Our findings

All of the people who used the service, relatives, health professionals and staff we spoke with said that Valley Road provided a safe, caring environment. For example, a relative commented, "I have no concerns about safety." A healthcare professional told us, "We believe that the service is safe; [The registered manager] is quick to respond to any concerns and raises safeguarding alerts appropriately."

We looked at the arrangements that were in place for managing allegations or suspicions of abuse and managing concerns. Staff had been trained on how to identify and respond to abuse. Staff we spoke with were able to describe the different types of abuse and how they would report any concerns. They felt comfortable raising issues or concerns with the registered manager and confident they would be listened to. We looked at the way any recent safeguarding concerns had been raised and handled by staff. We found that even very minor concerns had been reported, with actions taken to help keep ensure people were safe.

We checked the recruitment records for the two most recently employed staff members. Full recruitment records were not available in the service at the time of our inspection, but were maintained by North Yorkshire County Council and provided when requested. The records showed that a thorough recruitment process had been followed. This included interviewing prospective staff, obtaining written references and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, helping employers make safer recruiting decisions. We found that staff were recruited safely, with people were protected from unsuitable staff.

Staff told us how one person who used the service was involved in interviewing prospective staff. They had devised their own question to ask during interviews and were involved in discussions about the candidates.

No one we spoke with raised concerns about staffing at the service. During our visit we saw staff providing support and supervision to people, to ensure that people were safe and cared for. Staff were available to attend to people's care needs and take people out into the community when they wanted to do so. Staff told us that ensuring good staffing arrangements could be challenging [because of the constant change in people using the service and the way funding for one to one care was commissioned], but that these challenges were managed effectively by the registered manager. One staff member told us "I think it (staffing) is managed really well."

We spoke with the registered manager about how suitable staffing levels were maintained, given the constantly changing user group, and looked at staff rotas. The registered manager was able to describe how safe staffing levels were constantly reviewed and changed, depending on who was using the service and their needs. People's respite allocation was booked six months in advance, so people knew what service they were receiving and staffing could be organised accordingly. Contingency staffing to help cover emergencies was available through other local North Yorkshire County Council services.

We looked at the arrangements that were in place to ensure the safe management, storage and

administration of medicines. The relatives we spoke with told us that medicines were managed safely, with staff proactively checking medicines on people's arrival and following up any questions or concerns. One relative told us, "They are very thorough with stuff [medicines]."

Team leaders were responsible of administering medicines and confirmed they had received training. Medicine competency checks were completed to check staff administered medicines safely and we saw a completed example of this on one of the staff files we looked at. Staff we spoke with knew what to do if they identified a medicines error or omission.

Medicines were stored in locked facilities within the office. Arrangements were in place to manage controlled drugs [drugs with increased risk of misuse], although none were in use at the time of our visit. The staff we spoke with were able to explain the process for checking people's medicines when they arrived for respite and how any queries were clarified with the person's family, doctor or pharmacist. This helped to ensure people's medicines were administered safely. We randomly checked a sample of medicine administration records (MARs) and found that these people had received the medicines they required.

The care records we looked at included up to date risk management plans, which had been completed to identify any risks associated with delivering the individual care. For example, factors such as safe manual handling and falls. Staff were able to explain how they implemented a positive approach to care and support, focusing on what people could do and their goals and outcomes. Relatives we spoke with were positive about the way staff handled people's distress and related behaviour. For example, one relative told us how staff had received relevant training and discussed the person's needs with them, to ensure that management plans were person centred and suited to the individual.

Accidents and incidents were recorded. The records showed what action had been taken in response to the incident or accident to ensure people received any support they needed and were protected from further harm.

Our observations showed that the service was clean and well maintained. The communal areas were furnished comfortably and pleasantly furnished. Suitable equipment was provided to meet the diverse needs of the people using the service. For example, bathrooms were equipped to cater for different needs and abilities, so that people could use the facilities that suited them best.

Records were available to show that premises and equipment were regularly checked and maintained in safe working order. However, some maintenance certificates were not immediately available and had to be followed up by the registered manager when we asked questions about them during our visit. There were also some gaps in the records relating to routine maintenance checks. A health and safety audit was due to take place two days after our visit. This resulted in an action plan which was provided to us. This plan addressed the issues we identified during our visit, and included actions already taken and completion timescales.

A fire risk assessment was in place. The fire alarm and other fire equipment had been checked and serviced appropriately. A 'traffic light' system was in place to identify the support individuals would need to safely evacuate the building in an emergency. Staff received training on fire safety four times a year, with a full evacuation drill planned in June. The service also had an easily accessible emergency plan and file, along with a 'grab bag,' containing all of the information and equipment staff might need in an emergency situation.

Staff were able to explain how they took the needs of people using the service into account and involved

them in planning around fire safety. For example, by recognising that the fire alarm sound could have a detrimental effect on people who disliked loud noises and a person whose seizures could be triggered by sudden loud noises. Staff also described how they talked to people about fire safety and what to do if the alarm went off, to help their understanding and reduce distress.

Is the service effective?

Our findings

During our visit we saw that people received the care and support they needed. Feedback from relatives about people's experiences was positive. For example, one relative told us, "[Name of person] loves it there." Another told us, "He loves it, never had him say he doesn't want to go and if he didn't we'd know about it." Relatives also told us that the service communicated with them well. For example, two relatives told us how they were kept well informed and consulted on any issues.

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. We received positive feedback about the competency and approach of staff. For example, a relative told us that, "The staff are very good." A healthcare professional told us, "[The registered manager] and all of the staff at Valley Road are professional at all times."

Staff told us that they were up to date with their training and provided with regular training courses and updates. They also told us that specialist training was provided where this was relevant to the people they cared for. For example, training on epilepsy and the use of specialist emergency medicines. Training on autism had been provided, with additional support provided by the autism strategic development and implementation officer. This helped to ensure that staff had the specialist knowledge and skills needed to support people who used the service. The staff we spoke with were knowledgeable about people's individual needs and how these were managed.

The registered manager explained how training was monitored using an online system. This enabled managers to check what training staff had completed and what training was due easily. Staff records we looked at showed that staff had completed training that was relevant to their role. Induction training records were also available. The registered manager showed us how the Care Certificate was being implemented as part of induction training. The Care Certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care.

Staff told us that they felt supported by the registered manager and wider staff team. They told us they received formal supervision and could seek support when needed. One staff member said, "Always someone here, always someone you can turn to," and, "Well supported, no one minds you asking questions." Another staff member told us, "It's a supportive environment. We do share information and learn off each other." The two staff supervision records we looked at showed that staff had received formal supervision sessions, although the frequency had varied. Staff practice observations were also taking place, to ensure staff competency in managing medicines and manual handling.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. Training on the MCA was provided to staff. The registered manager was able to describe the main principles of the act and how they involved people as much as possible in making decisions about their care. They were also aware of the DoLS and how to apply for authorisations when someone was being deprived of their liberty. They had sought advice on how the DoLS applied to the people using the respite service and had made authorisation requests where needed.

At the time of our visit four people who used the respite service had authorisations in place for their respite stays. A further six authorisations had been requested and were awaiting assessment by the authorising body. Relatives we spoke with were aware of this process and had been involved.

We saw staff consulted people and sought their consent throughout the inspection. For example, we saw staff offer people choices and explanations, such as choices of meals and drinks, and that people spent their time in different places and doing different things, depending on personal preferences. For example, one person went out into the community twice during our visit, because this was what they told staff they wanted to do.

We looked at how people were supported to maintain their nutritional wellbeing. Staff were able to describe people's individual dietary needs and how these were met during their respite stays. For example, one person required a vegetarian diet, while other people needed gluten free and dairy free foods. It was clear that people's dietary needs were catered for. For example, we saw that gluten free and dairy free foods were available and clearly identifiable in a labelled cupboard. Staff also showed us how one person had their own personal toaster, because of the risks associated with their food intolerances. The kitchen cupboards and drawers were clearly labelled with pictorial signs, to help people maintain independence and find what they wanted. Detailed information about people's dietary needs and preferences was available to staff, in people's care plans and in the kitchen area. We also saw evidence of the involvement of specialist professionals, such as dietician and speech and language therapy team.

We saw evidence that the service liaised with relevant health and social care professionals based on people's needs. For example, social care professionals had been involved in people's assessments and reviews, with their input available in people's care records. Feedback from a healthcare professional included, "The manager is very good at communicating with the team and always makes every effort to attend our meetings or CPA [Care Programme Approach] meetings for clients."

During our visit staff had concerns about one person who was using the service not being themselves. We saw that staff took action to make other relevant professionals aware of their concerns, to help ensure that the person was safe and well.

Because people who used the service only stayed at Valley Road – Resource Centre for short periods of time they maintained their own community doctor. Information about relevant healthcare professionals was available in people's care records, so that staff could contact them if needed. We saw examples of this happening in people's care records. For example, staff had contacted one person's doctor to clarify information about the person's medicines during a respite stay.

Is the service caring?

Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people using the service. All of the people we spoke with were complimentary about the approach of staff and how they treated people. For example, one person said, "They [staff] are very good." A relative described the staff as, "Very kind and very patient." A healthcare professional described the service as having, "A very compassionate and caring staff team."

We observed the care and support people received during our visit. We saw that staff treated people well. For example, we saw staff explaining what was happening and giving people choices throughout the day. When care tasks were carried out, such as moving and handling, staff offered explanations and reassurance while the task was being completed.

We saw examples where staff knew people's individual needs and preferences and respected these in a caring way. For example, reassuring one person and providing support, while recognising that their distress was not their normal behaviour and taking appropriate action to ensure their wellbeing. People seemed comfortable with the staff and able to express their wishes and feelings.

During our visit we observed that staff ensured people's dignity and privacy was respected. During our inspection we observed staff knocking on doors before they entered and ensuring that care was carried out in private. Staff we spoke with were able to describe to us how they helped to maintain people's privacy and dignity. For example, by ensuring doors and curtains were closed so that personal care was carried out in private.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives. We saw that people had information about their individual routines and preferences included in their care and support plans. The relatives we spoke with told us that the staff had taken great care to involve the person, their family and other relevant professionals in the planning of their care. For example, spending time with people before they started to use the service and finding out as much as possible about people. People had been introduced gradually to the service and provided with opportunities to become familiar with the home and its staff, to help ease any distress or anxiety caused by the change to their usual routine.

This service provided temporary respite care services and as such did not provide specialist 'end of life' care.

Is the service responsive?

Our findings

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person.

Relatives described how the person and their relatives had been fully involved in the assessment and care planning process. For example, one person told us, "I can't think of one thing we've ask for that they haven't responded to," and described the service as, "Flexible in approach." Another relative described how they had been involved and consulted in developing plans for managing their relative's distress and related behaviour. They told us this had been positive and they were happy with the results.

The registered manager told us about the process for assessing people's needs, planning their care and introducing them to the service. Information was gathered from the person and their family and relevant professionals involved in people's care. The manager told us, "We try to pull together as much information as possible to get a rounded picture."

All of the staff we spoke with recognised the importance of introducing people to the service gradually, to help reduce distress and anxiety and ensure that respite stays were successful. For example, by arranging a series of short introductory visits to the service so that people could become familiar with the service and staff, before they actually stayed for respite.

A member of staff led on 'transitions', to help ensure that each person was supported well when they were moving between different services. For example, when a person ceased using children's services because of their age and started to use the Valley Road – Resource Centre instead. One relative described the experience of their loved one and told us, "I thought it [the transition] was handled very well."

During our visits we looked at the care plans and assessment records for two people. These included information about people's individual routines and preferences and information from relevant professionals. The records were detailed and gave a good picture of the individual, including what was important to them.

All of the staff we spoke with knew people well and could answer any questions or queries we had about people's individual care needs. Relatives also confirmed that staff knew people well. For example, one relative told us, "They [the manager] makes sure the staff know about (Name of person)." Another told us, "New staff have got to know [person using service] very well."

Health professionals we spoke with were complimentary about the approach of the service's staff. They said that staff knew people well and were responsive to their needs. For example, a healthcare professional told us, "The service is very robust in being able to support people with severe and profound disabilities, who all have very specific and individual needs."

We looked at the arrangements in place to help people take part in activities, maintain their interests, encourage participation in the local community and prevent social isolation. During our visit we saw staff supporting people to access the local community. For example, one person went for a car drive in the morning and into town in the afternoon. Two other people went for a walk into town during the morning. One person attended their usual day centre. Comments made by relatives included, "They take him out a lot, he knows where he likes to go," and, "They take him out, goes shopping." Staff described how they tried to maintain people's usual routines and activities as much as possible during their respite stay.

People told us that the manager and staff listened to any issues that were raised and took appropriate action. The service was described as flexible and the relatives we spoke with felt they were kept informed and consulted about their loved one's care. Comments made to us included, "Very approachable, we can discuss anything and things are altered or changed as needed."

A procedure for handling complaints and concerns was available. We saw the record of complaints and compliments during our visit. There had been two complaints made in the six months before our inspection, with records showing what had been done to resolve them.

Is the service well-led?

Our findings

We found that the service needed to make improvements to its internal governance arrangements, to ensure that potential issues were identified and rectified effectively. For example, we found that the service had not always notified us of events or incidents, in line with their legal responsibilities to do so. We have written to the registered provider regarding this, reminding them of the statutory notification requirements.

We also found that some records were not accurate, up to date or readily available. For example, fluid balance charts were not recorded contemporaneously, increasing the risk of them being inaccurate. Recruitment records for staff and medicine audits were not readily available during our visit. Gaps in some maintenance records had not been effectively identified and addressed, until we asked questions about them during our visit. Good governance systems should have identified these issues independently and ensured they were put right.

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

We received positive feedback about the service's approach and management. People described the manager as approachable and responsive. There was a high level of satisfaction with the service expressed. For example, one relative told us, "I'm really happy with it [the overall service], I can't say anything else." Another said they were, "Thrilled with the place." A healthcare professional told us, "I have discussed [our request for feedback] with other team members and we have always found the service to be excellent."

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the home had a registered manager in place who had worked at the service for a long time. A registered manager is a person who has registered with CQC to manage the service. People we spoke with told us that the service had consistent management and a stable staff team. Where there had been changes we were told that these had been managed well. One social care professional who worked closely with the respite centre told us, "Staff handle people very professionally and it seems a very happy atmosphere."

People knew who the registered manager was and felt able to go to them to discuss issues or concerns. People felt that the manager and staff listened to them. One person told us, "[The registered manager] is very helpful. If they are not in the office and you leave a message she gets back to you." Another told us, "Any small issues have been responded to and sorted out." The staff told us that the service was well managed and the manager was approachable. One staff member said, "[registered manager] is very supportive, even out of hours. I have no issues with management at all."

Throughout our visit the registered manager was open, honest and provided the information and explanations we asked for. They were fully involved in the day to day delivery of the service, spending time out of the office observing what was happening and interacting with the staff and people who used the service. We observed them taking an active interest in what was happening and taking action to ensure that

people's needs were responded to.

The registered manager told us they felt supported by the registered provider and had received support and supervision from senior management. We saw records of their last three formal supervisions sessions.

Arrangements were in place to gather feedback from people who used the service and their relatives. For example, the manager had used a questionnaire to ask people what they wanted to spend the amenity fund on. Ten people had responded giving suggestions including pony therapy, outings, aquatic fanatic, buying more bag books and a Wi-Fi booster for the home.

There was evidence that Valley Road – Resource Centre used external expertise and guidance to help ensure the quality of its services. The registered manager told us that the night staff completed medicine audits, but was unable to locate the records of these during our visit. A pharmacist had recently visited to complete an independent audit. This had resulted in an action plan, which showed the registered manager was making the suggested improvements. An audit by the local authority's Health and Safety officer was planned for the Friday after our visit, with the registered manager sharing a copy of the resulting report and action plan with us.

The service was also working towards achieving accreditation with the National Autistic Society (NAS). This work had included a range of developments, including additional training and support to staff, to help them develop good practice and meet accreditation standards. After the inspection visit we contacted NAS for feedback about Valley Road – Resource Centre and the accreditation process. They told us that they had no concerns about the service coming from their involvement and commented that, "The staff have been very motivated and supportive of the whole accreditation process, they seem genuinely open to anything that can improve the care they offer."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service had not always been effective.