Care Quality Commission

Valdigarth

Valdigarth

Inspection report

20 Granville Terrace
Wheatley Hill
Durham
County Durham
DH6 3JQ
Tel: 01429 823403

Date of inspection visit: 15 December 2014
Date of publication: 10/04/2015

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

We carried out this inspection on 15 December 2014 and was unannounced.

Valdigarth provides care and support for up to ten people who have a learning disability. At the time of our inspection there were ten people living in the home.

At the time of our inspection the home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The provider had policies and procedures in place for recognising and reporting abuse. Staff we spoke with were able to describe to us the different types of abuse and how to report any concerns they may have.

Summary of findings

Care plans we looked at contained appropriate risk assessments which had been completed in line with people's care plans.

The home was clean and tidy with liquid soap and paper towels available throughout for visitors to the home as well as people who used the service and staff who worked there.

We saw robust recruitment and selection processes were in place. We found appropriate pre-employment checks had been made including written references, Disclosure and Barring Service (DBS) checks, and evidence of their identity had also been obtained.

The home had an appropriate medication policy in place. We saw staff who dispensed medicines had received training in the management and storage of medicines. We looked at the medication administration records (MAR) and found they were completed clearly and correctly.

Staff working in the home received regular supervisions and appraisals with records of discussions held recorded in their personal files.

Everyone who lived at Valdigarth received care and support that was personalised to their individual needs. Care plans were in place for all the people who used the service and were reviewed and updated regularly.

Medical reviews and tests were completed when needed and results were recorded in care records. Changes to medicines were made when necessary meaning people's care was adapted to take account of their changing needs.

There was a formal complaints procedure in place which was displayed on notice boards in the home so it was visible to people who used or visited the service.

We saw a notice board in the home providing people who used the service with information. This included access to support services and how to make complaints. We saw some of the people in the home had accessed advocacy services and advocates were in place.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best 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?
The service was safe.

Good

There was enough staff to support people who used the service. Staff we spoke with had a good understanding of how to recognise and report any concerns of abuse.

There were robust checks in place to make sure staff were appropriately recruited. People received their medicines in line with the provider's medication policies and procedures. All medicines were stored, administered and disposed of safely.

The home was clean and tidy and staff had been trained in infection control.

Is the service effective?
The service was effective.

Good

People received effective care and support to meet their needs. Staff received training to make sure they had the skills and knowledge to provide effective care to people.

People saw health care professionals to make sure they received appropriate care and treatment when needed.

People gave consent for care to be provided and this was recorded in care plans.

People who used the service had access to information about advocacy services and received support where they wanted to access services.

Is the service caring?
The service was caring.

Good

People were supported by caring staff who respected their privacy and dignity. Staff spoke with people and supported them in a caring and friendly manner.

People, who lived at the home, or their representatives, were encouraged to be involved in decisions about their care and support needs.

Regular meetings were held with staff to discuss concerns or suggestions.

Is the service responsive?
The service was responsive.

Good

Plans were in place to enable people to carry out activities both inside and outside the home.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

When people were transferred between services information was accurately recorded and passed on. Professional advice was followed when recommendations for changes were made.

Is the service well-led?
The service was well-led.

Good

Summary of findings

People received care and support which was personalised to their wishes and preferences.

The home had an open door policy meaning people were able to talk to the staff when they wished.

The home had a culture of positive reinforcement and reassurance with support being given by staff that were trained to deal with behaviour that challenged the service.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care.

Valdigarth

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 15 December 2014 and was unannounced. This meant the staff and provider did not know we would be visiting.

The inspection was carried out by an Adult Social Care inspector.

Before we visited the home we checked the information that we held about this location and the service provider. This included reviewing statutory notifications submitted by the service, information from staff, members of the public and other professionals who visited the home.

During our inspection we spoke with three people who used the service and two staff. We reviewed records that were part of the provider's quality assurance tool and tracked the cases of three people.

For this inspection, the provider was not asked to complete 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. We did not speak with the registered manager about planned improvements during this inspection.

Good

Is the service safe?

Our findings

People who lived at Valdigarth were safe because the service had arrangements in place to protect people from harm or unsafe care. People we spoke with told us they were happy and safe living in the home. One person told us, “I like it here, they make me feel safe.”

The provider had policies and procedures in place for recognising and dealing with allegations of abuse. Staff we spoke with were able to identify different types of abuse and were confident about how to deal with any concerns they may have. We looked at the files of three members of staff. We found the staff had all completed training in safeguarding and the protection of vulnerable adults. All these things meant people were protected from the risk of abuse.

We looked at the care plans for three people who used the service. We saw risks to them, staff and visitors had been identified and strategies had been put in place to help keep people safe. For example one person had been identified as having behaviour that may challenge the service. We

saw the care plan for that person contained information on how staff should deal with concerning behaviour to ensure risks were minimised.

We spoke with the registered manager about staffing levels in the home. We were told the number of staff required was under constant review. The registered manager used a needs risk assessment and guidance from the local authority to ensure there were sufficient staff on duty.

We spent time looking at staff records and the providers recruitment policy. We found the provider had a robust recruitment process in place and no one was allowed to start working in the home until checks had been carried out to ensure applicants were suitable for the role.

Prior to starting work Disclosure and Barring Service (DBS) checks were completed, health questionnaires were filled in and references were obtained and verified. People who applied for jobs were also required to attend an interview in order for the registered manager to meet them and assess their knowledge and skills.

We looked at the providers policies for the storage, administration and disposal of medicines. We found policies were comprehensive and gave clear guidance to staff. We also found there was a policy in place for the use of homely remedies and also ‘when required’ medicines.

The home did not have a dedicated treatment room but medicines were stored in a locked cabinet in the registered manager’s office. We looked at the Medication Administration Records (MARs) for people who used the service. We found the MARs had been signed by staff when they gave people their medicines. When new prescription medicines were delivered they were checked to ensure the correct medicine had been received however, we found that the amount of medicines in stock was not always recorded on the MARs. We asked the registered manager about this and were told that this was an oversight.

On the day of our inspection we spent time looking around the home. We saw the home was clean and tidy with a homely feel. Staff who worked in the home had received training in cleanliness and infection control. We saw the home was well maintained and checks were carried out regularly to make sure furnishings and electrical equipment were in good condition and safe to use.

We also saw there was a whistleblowing policy in place. This policy was to allow staff to raise concerns without fear of persecution from other members of staff. We asked staff if they knew about the whistleblowing policy and how to register concerns. Staff told us they would speak to the registered manager about any problems, they also told us they were sure their concerns would be listened to and dealt with properly.

Good

Is the service effective?

Our findings

People who worked in the home were required to carry out training to enable them to carry out their roles effectively. The registered manager told us that when staff started working for the company they were required to follow the 'Skills for Care Common Induction Standards'. Training included mandatory areas like infection control, safeguarding, food hygiene and medication handling as well as additional more specialised areas like epilepsy awareness. Staff files contained certificates showing the training they had completed and the date training was carried out.

We spoke with two members of staff who were on duty at the time of our inspection. Staff told us they received regular training and confirmed that the new staff were required to complete an induction when starting work in the home.

Staff working in the home were expected to have regular supervisions. We looked at the files of three staff that were employed at the home and saw evidence that supervisions had been carried out for all of these staff. We found supervisions were carried out four times a year in addition to staff appraisals. We found records of staff supervisions and appraisals in the files were well documented with records of discussions about concerns and training requests. In addition we saw personal development plans were in place for all staff showing agreed training and details of completion dates.

We looked at the care records of three people who used the service. We saw all the care records contained sheets titled 'This is to say that', these were a pictorial record of discussions about care plans, risk assessments and taking medication. Also recorded on these sheets was a note regarding confidentiality and signed permission for other people to view records. This meant people who used the service were able to participate in decisions about their care and the picture references helped them to understand what they were signing.

People who used the service were involved in decisions about meals that were provided. We spoke with three people who used the service and they all told us they chose what they wanted to eat as well as helping with preparing and cooking meals. We were also told by people who used the service that they enjoyed the meals that were served. One person told us, "I help with the cooking", another told us, "I like the food we get". During our inspection we saw people had access to the kitchen at all times and we witnessed people making drinks and snacks. This meant people who used the service were encouraged to make choices and be independent.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager was aware of her responsibilities in relation to DoLS however at the time of our inspection there was no one in the service who was subject to a DoLS authorisation.

Some of the people who used the service were not able to verbally communicate and therefore alternative methods were used. The registered manager told us staff used Makaton to help communicate. Makaton is a language programme using signs and symbols to help people to communicate and is designed to support spoken language. In addition to this we saw there was a notice board which displayed the photographs of staff that were on duty during the day. The photographs were placed next to pictures which helped people to understand what time of day staff started work. This meant people who used the service were able to communicate their needs without the need to speak.

Good

Is the service caring?

Our findings

We spoke with three people who used the service about how staff supported them. People we spoke with told us staff were kind and considerate. One person told us, “All the staff here are nice” another person told us, “I like living here, they’re all really good”.

During our inspection we spent time observing people who used the service and staff spending time together. We found the service was caring and people were treated with dignity and kindness. We saw staff treated people respectfully and spoke in a friendly manner taking time to listen and respond appropriately.

We saw people who used the service were fully supported to lead their lives independently. We found people who used the service were encouraged to use the kitchen to make drinks and help prepare meals. We also saw people helping with the day to day cleaning in the home, including hoovering and clearing tables. In addition we saw people were involved in the local community, some of the people we spoke with told us they worked at a local landscaping business and other activities arranged included bowling, trips to the cinema and dances.

Care records for people who used the service were kept in the staff office. All the information which related to people’s history and care was kept together meaning people’s records were kept securely and personal details remained confidential. We saw people’s care records contained signed authority to share confidential information to other medical professionals.

We looked at the care records of three people who used the service. We found care records were comprehensive and person centred, and looked at people as individuals. We saw care plans included people’s preferences and views like what people would like to be called. For example one person preferred to have support from female staff when bathing, this was recorded in the care plan and staff were aware of this.

People who used the service were encouraged to participate in planning their care with their wishes being recorded. For example the name people preferred to be called. Staff who worked in the home knew the people they supported and were able to tell us about their lives, families likes and dislikes. We saw these details were recorded in people’s care plans. We saw people’s care records contained signed consent forms which included pictorial references so people who used the service knew what they were signing.

We saw a notice board in the home provided people who used the service with information about help they could get and how to make complaints. We saw information included how people could access advocacy services if they wanted independent advice.

People who used the service were encouraged to have relationships outside the home and we found some of the people who lived at the home regularly spent time with family and friends. At the time of our inspection we found people were making plans for Christmas with one person telling us, “I’m going to visit my [relative]”.

We saw people who used the service had access to healthcare services like GPs, opticians, and podiatrists and also received ongoing support from social workers where appropriate. This helped ensure people’s wider healthcare needs were looked after.

Good

Is the service responsive?

Our findings

Everyone who lived at Valdigarth received care and support that was personalised to their wishes and was responsive to their changing care needs.

We looked at three care plans in detail and found they were person centred to the individual and provided clear information to staff about people's needs and how to support them in the way they preferred.

We found care plans were written in collaboration with people who used the service and their family members. Care plans included communication, medication and challenging behaviour. We saw a care plan for one person's communication difficulty. This care plan gave the staff information on how to communicate with the individual and how to promote the person's engagement.

Risk assessments were written and linked to the care plans. These risk assessments were used to identify areas where people's safety may be compromised and how to mitigate the risks while maintaining independence. For example we saw a risk assessment which related to one person's medical condition and found it detailed triggers and how to manage the condition. We saw risk assessments were regularly reviewed and changes were made if needed. This meant people's needs were kept up to date and they were able to continue doing things while being kept safe.

Care plans contained information in pictorial format to allow people who used the service to understand what they had discussed.

We found evidence of health assessments from other services and saw where people were transferred from other services a record was kept in people's care records detailing the care they received. We saw evidence of appointments and assessments from healthcare professionals which included recommendations for care and treatments that have been carried out. We also saw that where people were referred to see other professionals they were supported to attend appointments and recommendations were followed.

Where people were taking prescribed medicines it was sometimes necessary to have tests carried out to ensure there were no adverse effects on their health. We saw the tests were completed and recorded in the care records. Where necessary we saw changes were made to people's medications. This meant care was adapted to respond to people's changing needs.

We saw the provider had a formal complaints procedure in place. We found a complaints file was in place however, at the time of our inspection there had been no complaints about the service. People we spoke with told us they knew how to make a complaint. We were told, "I tell [staff member] if I have a problem", another person told us, "Yes I can complain".

We looked at the rooms of some of the people who used the service and found people were able to personalise their bedrooms and keep their own property. This included things like DVD players, televisions and stereo equipment. We also saw people who used the service were able to lock the door to their bedrooms and were able to retain the keys or ask staff to look after them on their behalf. This meant people were able to maintain their privacy.

People told us about activities they took part in. We were told by the people we spoke with about the Christmas party they had attended the night before. Everyone told us they had a good time and were also in the process of getting ready for a meal that they were to attend later that day.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in place. 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.

The registered manager told us the home had an open door policy, meaning people who used the service, their families and other visitors were able to chat and discuss concerns at any time. Staff we spoke with told us the registered manager was approachable and they felt they could speak with her if they had any concerns. One person told us, "[The registered manager] is approachable and fair and listens to people's suggestions".

We spoke with the registered manager about the home's policy on restraint. We were told, restraint and seclusion were never used in the home, instead the staff had been trained to deal with behaviour that challenged the service with positive reinforcement, reassurance and distraction. This meant people were protected from the risk of harm because staff did not use physical interventions.

Staff we spoke with told us they had regular staff meetings and this was confirmed when we looked at the minutes of meetings held. We found people were able to discuss any areas of concern they had about the service or people who used it. People who used the service did not have formal meetings as the registered manager felt they responded more positively if they got together for an informal chat.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We saw evidence that fire safety audits had been carried out every month with checks being carried out on emergency equipment like fire extinguishers and fire alarms and ongoing maintenance being completed to ensure equipment is kept in a suitable condition.

In addition to this we found the registered manager carried out monthly audits for medicines, first aid box stock and fridge temperatures.

The home had a maintenance person who was responsible for carrying out general repairs around the home. A maintenance book held details of any concerns and the date required work was carried out. We found monthly audits were carried out to ensure appliances were safe and working correctly, all appropriate testing had been carried out and the décor in the home was to a good standard. This ensured people who used the service and the staff working in the home were protected from the danger of using unsafe equipment.

After audits had been carried out we saw the manager used them to identify areas of concern and to put an action plan in place allowing for improvements to be completed. This meant the provider was working toward continuously improving the service.

Accidents and incidents were recorded and the manager reviewed the information held in order to establish if there were any trends of patterns. This meant where necessary changes could be made to keep people safe.

The provider had a whistleblowing policy in place and staff we spoke with were aware of the procedures they should follow if they wished to raise any concerns about others or the organisation.