

S B Care Limited

Valkyrie Lodge

Inspection report

27 Valkyrie Road
Westcliff On Sea
Essex
SS0 8BY

Tel: 01702302642

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03 January 2018

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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

Valkyrie Lodge provides accommodation for up to six people who are living with mental health issues. There were five people living in the service on the day of our inspection. The service is located in a converted house that is central to community amenities.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

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.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence and to treat people with respect and dignity.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Valkyrie Lodge

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 the 3 January 2018 and was unannounced. The inspection was carried out by one inspector.

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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with three people, the registered manager and two care workers. We reviewed two care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People told us they felt safe living at the service and that the staff were very good.

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "If I had any concerns about people's safety I would report it to the manager." We saw that there was safeguarding information displayed for staff and people to follow, including confidential telephone numbers. The registered manager and staff knew how to raise safeguarding concerns with the local authority and to work with them to investigate these to keep people safe.

Staff recruited were suitable for the role they were employed for. Files contained appropriate references, proof of identity and Disclosure and Barring Service (DBS) checks. These checks ensured staff were suitable to work with vulnerable people. We saw that there were enough staff to support people's needs and this included supporting people into the community.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, for example their ability to access the community independently. The service had fire evacuation procedures in place and staff undertook regular fire evacuation training. Staff knew what to do if somebody became physically unwell and how to get urgent medical assistance. The registered manager had systems in place to learn from risks, significant incidents and accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and any lessons learned were implemented into staff practice to keep people safe.

People were cared for in a safe environment. The registered manager ensured there were safety certificates for equipment and systems used at the premises. Fire equipment was regularly checked and tested and health and safety audits completed of the premises. There were infection control policies and procedures in place to keep people safe and free from cross infection and staff were responsible for keeping the service clean.

People received their medication safely and as prescribed. The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records were in good order. Senior staff who had received training in medication administration dispensed the medication to people safely. People told us that they were supported to take their medication regularly and when they needed them. One person said, "The staff look after my medication and make it a priority to give it to me on time."

Is the service effective?

Our findings

Staff told us that they were supported to complete training that helped them to perform their role. One member of staff said, "I am up to date with all my training, I recently did food safety and the Mental Capacity Act. I have previously done an NVQ." A national vocational qualification (NVQ) is a nationally recognised training certificate that staff can attain to give them skills and knowledge to perform their role.

The registered manager told us staff were supported to stay up to date with their training which was mainly provided by a computer based training system. New staff had a full induction when they started to work at the service. Staff said they had regular meetings and supervision with the registered manager to discuss the running of the service and their performance. We found this was a two way process for staff to receive support and updates on best practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions, even if these could be perceived as unwise and knew how people's ability to make informed decisions can change and fluctuate from time to time. The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. Some people at the service also received aftercare under the provision of the Mental Health Act 1983 to ensure they had the support they needed to live in the community. We saw assessments of people's capacity in care records this told us people's rights were being protected.

People had enough to eat and drink. One person told us, "I make my own breakfast and lunch and staff tend to make a hot meal in the evening. The food is okay and varied." Staff told us they discussed menus with people each week to plan their meals and people had choice over what they wanted to eat. One person told us, "If you do not want to eat at the same time as everyone else the staff will save your dinner for you, but if it is not eaten that night it is thrown away because of health and safety." Throughout the inspection we saw people making their food and drinks independently.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any health appointments as scheduled. Where required people received specialist support and review from mental health professionals and their GP. People were encouraged to attend regular dental appointments and received a service from a visiting chiropodist. One person told us, "I have regular blood tests that the staff come with me to." The registered manager told us that people had yearly health reviews with their GP and had been given a choice if they wished to have yearly flu injections.

The environment was appropriately designed and adapted to support people. The service was spacious and people had their own rooms decorated to their choice. The registered manager had kept the service updated and well maintained with an on-going maintenance and redecoration program.

Is the service caring?

Our findings

People told us they got on well with the staff and found them to be supportive. One person said, "The staff are stupendous, always courteous whilst doing their job."

We saw that people were happy in the company of staff. The environment was very relaxed and calm and people were encouraged to spend their time how they wished too. Staff knew people well, including their life histories and their preferences for care. Each person was allocated a key worker to help support them on a day to day basis and to ensure all their needs were being met. The registered manager kept care plan up to date with people's support needs and reviewed these regularly with people and health commissioners. Social workers and health commissioners work with services to ensure people are receiving the correct level of support they need in the least restrictive environment. They also work with people and services to ensure their support needs are being met in line with their wishes.

People told us that staff respected their privacy and promoted their dignity. One person said they had specific health needs and at times if they were feeling unwell they would leave their bedroom door open so that staff could check on their well-being. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time. One person told us, "I have enough privacy in my room and I spend my time watching DVDs or listening to music." People had access to religious support; the registered manager told us how they supported one person to be able to attend the temple of their choice in London. In addition, advocacy services were available should people need independent advice and support in making decisions about their care and one person actively used the support of an advocacy service. People were encouraged to maintain contact with friends and relatives and told us how they went out with relatives or that they came to the service to visit them.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service the registered manager met with them and their family or carer's to do a full assessment of their needs to see if they could be met by the service. Care plans were then formulated identifying how people liked to be supported. The registered manager worked with people and health commissioners to ensure care remained relevant to their needs and they had the correct level of support. The registered manager also supported people who had relapsed and were unable to maintain their wellbeing at the service, by working with other healthcare providers. This meant that people would not lose their home when they deteriorated and were reassured that once they reached stability they could return to permanently live at the service.

The service was responsive to people's needs. For example the registered manager had made adjustments to one person's bathroom as they had a habit of blocking toilet cisterns by placing objects in the toilet. By changing the toilet to have a larger flush of water going through it this had stopped the toilet from blocking. They had also changed the shower so that the water flowed overhead and directly down to negate the issue of one person not closing their shower door which would then cause flooding. By making these minor adjustments the registered manager had ensured people maintained their independence with personal care.

People enjoyed varied pastimes and the staff engaged with people to ensure their lives were enjoyable and meaningful. People told us they spent time out in the local community going to shops, parks and cafes. People also said that they followed their own interests and enjoyed spending their time how they wished. Staff said that they supported people out on trips if they needed support and that some people were able to go out on their own.

The service had a complaints process in place that was accessible and any complaints were dealt with effectively. One person told us, "If I had any complaints I would talk to [manager's name]" They went on to say that they did not have any complaints.

The registered manager told us that they did not currently support anyone on end of life care, however if needed they would work with other health professionals to support people at the end of their life.

Is the service well-led?

Our findings

People told us the registered manager was very visible within the service. One person said, "[managers name] is very good, I can talk to them about anything."

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.

Staff shared the registered manager's vision for the service. One member of staff said, "We aim to improve their quality of life, to give them independence and enjoy life." Another member of staff said, "We want to make them happy so it feels like home."

Staff felt supported at the service. One member of staff said, "The manager is very supportive and always available." Staff had regular meetings with the registered manager to discuss the running of the service and any ideas they may have. Meetings were also used as an opportunity for the registered manager to share training and learning with staff. Staff told us they felt they worked well together as a team and that they communicated well together to ensure everyone was kept up to date with people's care needs. Staff had a handover meeting between each shift, to discuss any care needs or concerns that had happened and used a communication book to share information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People's opinions were sought within the service. We saw the registered manager held regular meetings with people and sought their opinions on how the service was run and gathered their feedback. In addition they also gave people a questionnaire to gain feedback on the service every six months. One theme from the questionnaires was for more activities which the registered manager was addressing with people.

The service had been developed as a small family home in the middle of the community. There were good links from the service into the local community facilities which staff encouraged people to access fully.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example on medication, health and safety, and the environment. All information from audits was used in a meaningful way to ensure the quality of the service was maintained and to assist them to continually drive further improvements. For example improvements had been made to the way medication was monitored following issues identified during audits.