

Mrs Marie Jose Noelle Harris-Prudent

Valentines Way

Inspection report

50 Valentines Way
Romford
Essex
RM7 0YH

Tel: 07759849906

Date of inspection visit:
18 October 2018

Date of publication:
12 November 2018

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

We carried out an announced inspection of Valentines Way on 18 October 2018. Valentines Way is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide support to a maximum of three people. At the time of the inspection there were three people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This was the first inspection of the service since it was registered with CQC in December 2017.

The service does not need to have a registered manager in place as it is managed by an individual who is registered as the sole provider. 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 told us they felt safe. The provider had systems in place to ensure risks to people were assessed, reviewed and managed appropriately. Risk assessments of the premises were completed. There was regular maintenance and tests of the facilities and equipment. These included regular tests of fire alarms and emergency lights to ensure they were safe. Staff followed the provider's control of infection procedures to minimise risk of spread of infections.

Medicines were received, stored, administered and audited safely to people. Staff had training and experience of administering medicines.

The provider reduced and managed incidents and accidents by monitoring and drawing lessons from them.

There were enough staff to meet people's needs. The staff recruitment processes were robust ensuring that new staff were checked and were safe to support people.

There were arrangements to ensure staff received induction, ongoing training, support and supervision to undertake their roles effectively.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and people's care plans showed mental capacity assessments had been completed and applications for Deprivation of Liberty Safeguards (DoLS) were made to local authorities.

Care plans were person-centred describing people's support needs such as their physical, social, emotional, cultural and spiritual support needs. Staff were aware of and able to support and meet people's needs.

People's nutritional needs were met. People could choose, prepare and enjoy meals that met their cultural and religious preferences and health needs.

People had opportunities to engage in activities provided within and outside the service.

Staff supported people to access healthcare services. They supported them to have medical checks and attend appointments.

People and relatives knew how to make a complaint. The provider recorded, investigated and responded to complaints. One complaint had been recorded, investigated and responded to since the service was registered.

The provider sought feedback from people and relatives to ensure their views were used to improve the service. Health and safety audits, and other aspects of the service such as staffing levels, training and care plans were regularly undertaken to ensure the service ran well. A business continuity plan was in place to enable the service to deal with unforeseen circumstances and continue to deliver a service.

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.

There were appropriate risk assessments in place detailing possible risks to people and how to minimise them. Health and safety checks were carried out to ensure the environment was safe.

There were enough staff to meet people's needs. The staff recruitment processes ensured that new staff were appropriately checked before they started work at the service.

There were appropriate safeguarding policies and procedures in place and staff knew how to identify and report any incidents of abuse.

Is the service effective?

Good ●

The service was effective.

People and relatives told us staff were trained and experienced. Staff felt well supported and supervised by the provider.

The service operated under the principles of the Mental Capacity Act (2005). Where appropriate, best interest meetings were arranged and decisions were made with relevant parties.

People were supported to eat and drink to maintain a balanced diet. Staff supported people to access healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People and their relatives felt staff were caring. They developed a positive relationship with staff.

People and relatives were involved in developing their care plans. Where needed, advocates promoted people's voice.

People's privacy and dignity were promoted and protected by the staff team.

Is the service responsive?

Good ●

This service was responsive.

People received personalised care that was planned and reviewed to meet their needs.

Staff supported people to engage in activities.

The provider sought and responded to people and their relatives' views. This ensured people's ongoing wishes were included and reflected in the care and support provided.

There was a complaints process which ensured that people and relatives' concerns were investigated and resolved.

Is the service well-led?

Good ●

This service was well-led.

The provider worked well with relatives and professionals. Staff felt there was a positive culture within the service.

People and relatives were able to give feedback and influence the quality of the service.

The provider carried out audits of aspects of the service, such as care plans and medicine administration, to check they were being provided as required.

Valentines Way

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 was 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.

The inspection took place on 18 October 2018. This was an announced inspection, which meant the registered provider knew we would be inspecting. We gave the provider 24 hours' notice. This was because we wanted to make sure that the provider, or someone who could act on their behalf, would be available to support us with our inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service and provider. The provider had completed and sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with three people using the service, one relative of a person using the service, two care workers, the provider and the business manager. We also spoke by telephone, with another relative of a person using the service and an advocate. An advocate is an independent person who represents or speaks on behalf of a person using the service. After the inspection, we received feedback from a social care professional.

We looked at two people's care records and other records relating to the management of the service. This included three staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Is the service safe?

Our findings

People and relatives told us they felt safe within the service. One person said, "Yes, I feel safe." Another person told us, "I am happy. I am safe [in the service]." A relative said, "I think [my relative] is safe here. The model of care is fantastic."

Each person had a risk assessment which outlined the hazards (risks), who was at risk, how often (the frequency), and how to manage or mitigate the risk. The risk assessments were reviewed and up to date. Records showed that the risk assessments included possible risks in the service and when people were out in the community or when they were using public transport. The assessments provided guidance for staff on how to support and safeguard people. This helped to ensure that people were enabled to live their lives as they wished, whilst being supported safely and consistently.

Staff completed risk assessments of the environment, facilities and equipment. For example, fire risk assessments had been completed and each person had their personal emergency evacuation plan (PEEP) in place in case of a fire at the service. Records showed that electrical and gas appliances were checked and regular fire alarm, fire drills, hot water temperatures and emergency light tests were carried out to ensure the service was safe. We saw bedroom windows had restrictors to minimise the risk of opening them wide.

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. They told us that they would report any incidents of abuse they became aware of to their manager. Staff knew that they should report incidents of abuse to the local authority adult safeguarding team, the police and the CQC. A member of staff said, "I would report bad practice if something was wrong. I know about whistleblowing (reporting of concerns to external agencies), the phone numbers are in the office." Information we held showed that staff had used the whistleblowing policy to report their concerns.

The service learnt lessons from incidents and accidents. Records showed that incidents and accidents were recorded and monitored. The provider gave us an example that they had kept sharp knives locked in the drawers following an incident (threat of using them) in the service. They told us that they had reviewed a risk assessment and discussed it in team meetings. The provider told us they would always learn from incidents and make sure that the service was safe for people and staff.

Staff were safely recruited and had all the required pre-employment checks in place. This included references, their eligibility to work in the UK, employment histories and Disclosure and Barring Service (DBS) checks. A DBS check provides information about any criminal convictions a person may have. Staff also completed application forms, which included the applicant's complete employment history and any gaps in the employment history were discussed before staff were employed. The provider told us that they employed staff only if they were satisfied with the applicant's account of any gaps in their employment history.

People and relatives told us that there were enough staff to meet their needs. One person said, "Yes, there are staff to help [when I need]". A relative told us, "I think there are enough staff. They are always available to

care for [my relative]. The staffing level was flexible to meet people's needs. The staff rota showed that there were two care staff and the provider during the day shift and a waking night member of staff at the night. A member of staff told us that the staffing level at the service was enough to meet people's needs.

People told us they were happy with the way staff administered their medicines. One person told us, "Staff give me my medicines." Medicines were safely managed. Staff who administered medicines were had undergone training. Medicines were stored securely in a locked cabinet in the office. The temperatures where they were kept were monitored and recorded. Staff audited the medicines were correctly administered and recorded. We checked all the three people's medicines and medicine administration records (MAR) and found them to be correct.

People and relatives told us the service was always clean. One person said, "I help with cleaning. I clean my room." A relative said, "The home is always clean." Staff told us and records showed that staff received training in infection control. We observed staff using personal protective equipment (PPE), such as aprons and gloves, to minimise the risk and spread of infection. Staff told us there were supplies of PPE available to them. Hand gels were available to staff and visitors in the communal areas of the service to ensure infections were controlled.

Is the service effective?

Our findings

Staff assessed people's care needs before they moved in to the service. The provider told us and records confirmed that pre-admission assessment of people's needs were completed and people and relatives had an opportunity to visit the service to see if it was suitable for them. The provider told us that people were accepted to the service only if their needs could be met by staff.

Staff demonstrated a good understanding of people's needs and had received the training they needed. Records showed that staff completed a structured induction when they started work at the service. We noted that the induction programme was in line with the Care Certificate. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life such as safeguarding, infection control, first aid and health and safety. Staff told us they had an induction, training and were supported by their manager, that enabled them to do their job effectively. One staff member said, "I had induction when I started work." Records showed staff had signed and dated an induction check-list to confirm they had completed it.

Staff told us they had attended the provider's mandatory training. A member of staff said, "I had attended safeguarding, mental capacity act, infection control, food hygiene, fire, and person-centred care." In addition, staff told us they had training associated with people's specific and diverse needs such as autism, epilepsy and challenging behaviour. The training matrix showed that staff had completed or planned to complete refresher training. Records and discussions with staff showed that staff received supervision. The provider was aware of the need to complete an annual appraisal for staff where they would review staff objectives and identify areas they would need to improve.

People were supported to maintain good health. Conversations with staff and records we saw demonstrated that the staff sought advice or support from health professionals when they had concerns about a person's wellbeing. We noted that people were supported to see healthcare professionals such as GPs, opticians, dentists and psychiatrists. This showed that the service worked in partnership with healthcare professionals to meet people's needs.

Staff supported people to maintain a balanced diet. One person said, "I cook my food". A relative told us that they were satisfied with the healthy diet a person was provided with at the service. Staff told us and we observed that people's independence was promoted. For example, during the inspection we saw a member of staff promoting independence by encouraging a person to make a cake. A person using the service told us how happy and proud they were to be able to prepare and enjoy their cultural food.

The MCA 2005 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 make 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 authorisation procedures for this in care homes 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 met. The service had made appropriate applications for people and records confirmed they had been in constant contact with the local authority for authorisations. We observed that staff sought people's consent when providing care. People and relatives told us staff sought their consent when providing care and support.

People and relatives told us staff were trained and experienced. However, one person said, "Yes, staff are good. They know what they are doing. But I am not happy here, I want to move." We spoke with the relative of the person and they told us, "I think staff are trained. [But my relative] is not happy there." We brought this to the attention of the provider and discussed this with an advocate. We noted that the provider, social and healthcare professionals were aware of the person's concerns and a best interest meeting was being planned for them. During our conversation with the person, they told us that they "liked people who used the service and they wanted to stay at the service for Christmas".

The design and layout of the premises and garden was appropriate to meet people's needs. People told us they liked their bedrooms, communal areas and the decoration of the premises. A relative said, "There is a homely feel about this place."

Is the service caring?

Our findings

People and relatives told us the service was caring. One person said, "I am happy here. [The staff] are caring." A relative told us, "[Staff are really caring]. They go out of their way to do anything for [my relative]."

We observed people were comfortable in the presence of the staff, and had developed positive relationships. We saw people could communicate, joke and laugh with staff. People's independence and privacy was consistently promoted and they were treated with respect and dignity. Staff were observed interacting with people in a respectful manner that promoted their independence and confidence. One social care professional wrote, "They are professional and the staff show clients respect."

People who used the service and their relatives were involved in developing care plans. One person told us that they had attended their care plan review. A relative said, "Yes, I was involved in the care plans. I know everything what is going with [my relative]." Care plans included people's likes, dislikes and their preferences about their care. People had regular opportunities to discuss their care and review their care plans if they wished to.

Care plans included a section on people's life story and future goals. This made clear to staff what was important to each person. People's mental health needs were considered alongside their physical health.

There was good communication between relatives and the provider. Relatives told us the provider shared information with them by telephone, emails and text messages. They told us they were satisfied with the ways they communicated about the wellbeing of people with the provider.

Where needed, people were provided with advocates. Advocates represent or speak on behalf of people and promote their voice. We spoke with one advocate who told us they were clear about their role of representing a person using the service.

Staff had a good understanding of how important it was to promote people's independence. They gave examples of how they promoted independence when supporting for people. For example, one member of staff said that they encouraged people to do as much as possible by themselves and offered assistance only when it was required. We saw staff supporting people to do as much as possible for themselves whilst ensuring people were safe and comfortable.

People's dignity and privacy was maintained. Staff described how they would maintain people's dignity when assisting them with personal care. One member of staff told us they would always knock on the door before entering and shut the door and curtains when supporting people with personal care. We observed that staff spoke with people in a respectful and dignified manner.

People were protected from discrimination within the service. Staff understood that racism, homophobia, or ageism were forms of abuse. They told us people should not be discriminated against because of their race,

gender, age and sexual status. A relative said staff treated people equally and they had no concerns about discrimination.

Is the service responsive?

Our findings

People received care and support that met their needs. Staff we spoke with knew people's needs and how to support them. A member of staff told us that the service provided personalised care which meant that the support people received reflected and met their needs. They told us they offered people choices and support to enable them to live as independently as possible in the service.

Care plans were personalised and focussed on the needs of the person and the intervention or support required. One person told us, "Yes, I attended my care plan meeting." A relative said, "I talk to staff about [my relatives] needs. I also attend care plan meetings." Each of the needs identified was specific to the person, which meant that the service provided was person-centred. Records showed that there was guidance for staff on how to support people to meet their needs. We noted that the care plans were kept under regular review ensuring, where appropriate, any new needs were identified through the reviews.

Information about people's care and staff interventions or contacts with them was recorded in the daily notes and handed over to colleagues. This included people's daily support plans, what tasks had or had not been carried out during day and night shifts, what staff required to undertake to meet people's needs. Staff told us they found the daily notes useful to share information and respond to people's current needs.

Staff supported people to engage in activities. One relative said, "Staff take [my relative] out - more than I would do if [my relative] was living at home with me. They find [my relative] activities and courses. They support [my relative] to attend colleges." Staff told us and records confirmed that people were supported to access community based social, leisure activities. Relatives told us staff supported people to attend a place worship.

The provider sought people and relatives' views about the service through their key worker and regular meetings. A relative told us they regularly met with the provider and discussed the service. Another relative said, "I remember completing a survey questionnaire." This ensured that people and their relatives' views were listened and responded to on a regular basis.

There was a complaints procedure in place. People and their relatives told us they knew what to do if they had any concern about the service. We reviewed complaints and noted that one complaint had been recorded, investigated and responded to since the service started in December 2017.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Assessments of needs and care plans included people's communication preferences and staff knew how to communicate with people.

Is the service well-led?

Our findings

People, relatives and a social care professional were positive about the management of the service. One person said, "[Staff] are good. I like the home." A relative told us, "[The provider] listens. I can talk to them." A social care professional commented, "The management is proactive. They are also receptive to suggestions and recommendations."

The service did not require a registered manager because it was owned by an individual who oversaw the day-to-day running of the service. We noted that the provider was supported by the business manager. Staff we spoke with were positive about the management of the service. They told us they felt supported and were happy in their roles. One member of staff said, "[The provider] was very approachable and supportive. That is one of the reasons I work with them."

There was a regular programme of audits. These included the audits of medicines, care plans, health and safety and incidents and accidents. The provider told us and records showed actions had been taken when shortfalls were identified through the audits. For example, the provider said they employed a handy person because of a health and safety incident they discovered during a planned audit of the premises. This helped the service to be proactive in identifying and rectifying issues or hazards so that people lived in a safe environment.

Staff meetings were held regularly. The last staff meeting took place on 4 September 2018. The minutes of this meeting showed that staff held discussions on people who used the service, health and safety, and training. A member of staff told us, "We hold staff meetings. It is very helpful. We discuss staffing issues, residents and training". This showed that staff were able to discuss issues relevant to care to ensure improvements were made and people received support and care that met their needs.

Staff felt supported and motivated in their roles. One member of staff said, "The manager is supportive. [They are] hands on, always on the floor supporting us. I can talk [to the manager]." Handover records and observations showed that there was a good team work at the service.

The provider developed annual survey questionnaires to obtain people and relatives' views about the quality of the service. We noted that from the last annual survey questionnaires, only one had been completed and returned to the provider. The response was positive about the service and the comments included, "I couldn't ask for more. [My relative] has been supported to engage in various activities that [they enjoy] and would benefit from." The provider told us that they were preparing similar survey questionnaires so that people and their relatives would have an opportunity to share their views about the quality of the service.

The service worked with other organisations to ensure people received a consistent service. A social care professional wrote, "The management works in a cooperative way with other agencies/professionals." We noted that the provider worked well with social and healthcare professional to reviewing and meeting people's needs.

The provider had a business continuity plan in place. This outlined what staff needed to do to ensure the provision of the service was not disrupted even if there was a major unexpected incident.