

Valdigarth

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Inspection report

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Tel: 01429823403

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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

About the service

Valdigarth provides residential care for up to 10 people living with a learning disability including autism. At the time of this inspection there were 10 people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service and what we found

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way. People said staff were kind, caring and respectful and they had developed good relationships with them.

People's care was based on detailed assessments and person-centred care plans. Risks to people's safety and wellbeing were appropriately mitigated. People and those important to them had been involved in planning and reviewing their care.

Staff worked closely with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

Staff enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had effective recruitment and induction procedures to ensure only suitable staff were employed.

People's independence was promoted. Staff ensured each person felt included and valued as an individual. People were engaged in meaningful activities of their choice. Staff ensured people maintained links with their friends and family.

The provider had a complaints procedure. People felt confident raising concerns. There were systems for monitoring the quality of the service, gathering feedback and making continuous improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Valdigarth

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. The Expert by Experience had personal experience of caring for someone who used this type of care service.

Service and service type

Valdigarth is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and the quality and safety of the care provided. The registered manager was not present during our visit.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. This included details about complaints, concerns and incidents the provider must notify us about. We sought feedback from the local authority and professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with nine people who used the service and three relatives. We spoke with the registered manager, deputy manager and two care staff.

We observed how people were being cared for and reviewed a range of records. This included three people's care and medication records. We looked at the personnel files for three staff and we reviewed records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and their needs were met. People and relatives commented, "I feel safe here" and "I don't have to worry at all about [Name]. I feel [Name] is very safe at the home. I have peace of mind."
- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and monitored. Care plans were in place to mitigate risks and were reviewed regularly.
- Systems were in place to support people in the event of an emergency, such as a business continuity plan. Each person had a Personal Emergency Evacuation Plan which contained information about how best to support them during an evacuation.
- The environment was maintained, and equipment was safe.

Staffing and recruitment

- People and relatives told us there were enough staff to support their needs. One relative told us, "There's always enough staff on when I go."
- The provider operated a safe recruitment process.

Using medicines safely

- Medicines were managed safely. Procedures were in place for recording the administration of medicines and staff followed these.
- People were happy with the support they received to take their medicines.
- Staff who administered medicines were trained. They were knowledgeable about people's medicines.
- Medicine audits and checks were completed regularly. They were effective in highlighting areas for improvement.

Preventing and controlling infection

- The home was clean.
- Policies and procedures were in place to promote good infection control practices. These were followed by staff.
- Equipment was available to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- The service responded appropriately when accidents and incidents occurred.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed pre-admission assessments about people's needs and choices were in place. These were used to develop people's care plans. One relative told us, "They [Registered Manager] asked all sorts of questions about what [Name] liked and things before they moved in, so they got to know them well right at the beginning."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff received regular supervision and appraisal. They said they felt supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their food and had a choice of meals. They were supported to prepare meals and maintain a balanced diet.
- Staff were knowledgeable about people's special dietary needs and preferences.
- People's weight was monitored closely. Detailed records were completed and regularly reviewed. Professionals were involved as appropriate.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager followed all the principles and guidance related to MCA and DoLS.
- Staff knew what they needed to do to make sure decisions were taken in people's best interests.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People told us they received health care support when needed. One person told us, "I go to Peterlee to see the optician."
- People's care records showed relevant health care professionals were involved with their care. This included, GP's, speech and language therapists, dentists and podiatrists.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment.
- The provider had a programme to continually maintain the environment for people, including redecoration.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were happy with the care provided. They said staff were kind and caring. Comments included: "I like all the staff", "I like it here it's nice", "[Name] seems to enjoy living there" and "You get to know the staff on first name terms. I'm quite happy with things."
- Relatives confirmed they could visit whenever they wanted. They were always made to feel welcome. One relative told us, "When I go they offer me a brew. They are welcoming."
- Staff showed concern for people's wellbeing. They knew people very well. Staff worked in a variety of ways to ensure people received care and support that suited their needs. One relative told us, "When [Name] comes to my house, staff will meet us halfway when we are dropping them back to save us doing the whole journey. They really fit around you if they can."
- Equality and diversity were recognised by the provider and staff. People were supported to maintain their religious beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in decisions about their care. Relatives told us, "[Name] is settled, it's lovely" and "Staff just get [Name]. I have no problems at all."
- The staff team worked well together and with the people who used the service. They understood people's communication needs and consistently engaged people in conversations.
- Information was available for people to access advocacy services. Advocates provide impartial support to people and communicate decisions.

Respecting and promoting people's privacy, dignity and independence

- People were respected, showed patience and understanding. One relative said, "It is a very happy environment with a small group of people who are all friends."
- The staff maintained the privacy and dignity of the people they cared for. They were clear this was a fundamental part of their role. One relative's quality survey recorded, "The staff have always been polite, helpful and show us respect."
- People's independence was promoted. One person told us, "I go to Durham sometimes on my own." And another person said, "I'm going to the gym today. I went swimming yesterday. I am trying to get myself fit."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans. They clearly described the care and support people required to meet their needs.
- People were empowered to make choices. They had as much control of their care, as possible. Comments included, "Friday's my cleaning day", "I choose the time I want to go to bed and when I get up", "Everyone does one night per week of washing up", "I pop down to the shop and get drinks" and "I go to the club across the road for a pint."
- People and relatives were involved in creating plans of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities, events and outings of their choice. These included, going to tea dances, discos, bowling, church and the cinema. People told us, "I like to go to the seaside and walk round the beach", "I enjoy football games and my Xbox. I have sky sports in my room which I enjoy watching", "Going to church is important to me" and "I like going shopping on the bus."
- Staff supported people to maintain important relationships. One person told us, "I go and see my sister every two weeks." One relative's quality survey recorded, "[Name] has a brilliant social life due to the staff at Valdigarth."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people using the service were able communicate their needs to staff without support. Where people had difficulties with communication, information was made available in different formats.
- People had access to Wi-Fi. They were able to use technology to communicate with relatives.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints. There had not been any formal complaints recorded at the service.
- People and relatives told us they felt confident to raise concerns. Comments included, "I would speak to staff. They help us", "I'd mention something if there was a problem, but that hasn't happened up to now", "I know how to complain" and "I have not needed to complain. No need whatsoever."

End of life care and support

- None of the people who used the service were receiving end of life care at the time of our inspection. However, the deputy manager explained how people would be supported to make decisions about their wishes. Professionals would be involved, as appropriate, to ensure people were comfortable and pain free.
- Staff had received training in end of life care. They empowered people and their relatives in developing care plans. Staff knew to respect people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive atmosphere.
- Staff morale and teamwork were good. They were enthusiastic about ensuring people received good care and support. Staff told us the management team were supportive.
- Relatives told us communication was good and staff were approachable. Comments included, "Never had any problem. I think it's fairly well-run" and "Overall I'm pretty happy with the service and I think my wife is too."

Managers and staff being clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities.
- The provider monitored the quality of the service and visited regularly to make sure a high standard of care was delivered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people, relatives and staff were regularly sought. They were invited to regular meetings and sent annual surveys. Their feedback was used to make changes and improvements to the service. Relatives told us, "We go to all the meetings" and "They [staff] keep me updated and let me know about things."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager acted in an open and transparent way. They submitted statutory notifications to CQC following significant events at the home.

Continuous learning and improving care

- The provider had an effective quality assurance system to review areas of the service and to drive improvement.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to achieve good outcomes for people.

- The service had good links with the local community, such as the church, community centre and other key organisations. This reflected people's needs and preferences.