

Broad Horizons Limited

Valmark House

Inspection report

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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 

Overall summary

Valmark House is a small care home that provides accommodation and personal care to up to four people who have a learning disability and/or autistic spectrum disorder. At the time of our inspection three people were using the service.

The home is managed by someone who is registered with the Care Quality Commission (CQC). The registered manager was not on duty at the time of our unannounced inspection. 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 knew how to keep people safe. Staff helped make sure people were safe at Valmark House and in the community by looking at the risks they may face and by taking steps to reduce those risks.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough qualified and skilled staff at the service. Staffing was managed

Summary of findings

flexibly to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well.

We observed staff had a good understanding of people's needs and were able to use various forms of interaction to communicate with them. Care records focused on people as individuals and gave clear information for people and staff using a variety of photographs, easy to read and pictorial information. Staff supported people in a way which was kind, caring, and respectful.

Staff helped to keep people healthy and well, they supported people to attend appointments with GP's and

other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed. People were supported to have a balanced diet and were able to make food and drink choices. Meals were prepared taking account of people's health, cultural and religious needs.

A number of audits and quality assurance systems helped the manager and provider to understand the quality of the care and support people received. Accidents and incidents were reported and examined and the manager and staff used this information to improve the service.

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.

Robust recruitment checks on staff were carried out, with sufficient numbers employed to meet people's identified needs.

Staff knew how to recognise and respond to abuse and had a clear understanding of procedures for safeguarding adults.

People were protected from avoidable risk as part of the support and care planning processes.

Systems were in place to provide people with their medicines safely.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet people's individual needs.

The Mental Capacity Act (MCA) was appropriately implemented.

People were supported to maintain good health and had access to ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

Staff treated people kindly and with due regard to their privacy and dignity.

People were supported in a way that promoted their welfare and wellbeing.

People made choices about their lives and their independence was actively prompted by staff in the home.

Good



Is the service responsive?

The service was responsive.

People had person centred care records, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the service.

People were enabled to complain if they wanted to, and the service used feedback to improve the provision.

Good



Is the service well-led?

The service was well-led.

Staff had a sense of the values and ethos of the organisation, and implemented this in practice.

Good



Summary of findings

Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

Systems were in place to monitor the quality and safety of the service provided and used to plan on-going improvements.

Valmark House

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 unannounced inspection took place 14 August 2015 and was carried out by one inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with two people who used the service and three members of staff.

People had complex needs, which meant they could not always readily tell us about their experiences. Where people could not communicate verbally we used observations, spoke with staff, reviewed two people's care records and other information, for example their risk assessments and medication records, to help us assess how their care needs were being met.

We looked at records relating to the management of the service including records relating to the safety of equipment, staff training and systems in place for assessing and monitoring the quality of the service. We also looked at three staff recruitment files.

Is the service safe?

Our findings

People we spoke with told us that they were happy at the home. Our observations showed that people looked comfortable in the presence of staff, and engaged in friendly banter with staff and each other. One person told us how their care arrangements had been altered in order to keep them safer.

People were kept safe because staff had the skills and knowledge to identify abuse and take actions to protect people. All the staff spoken with told us and records showed that they had received training in how to protect people from harm. One member of staff told us more training had been arranged to keep them up to date. Staff were able to describe what could be seen as abusive behaviour and what they would do if they saw this happen. Staff were able to identify the different people and agencies that could be contacted to escalate any concerns they may have.

Staff were able to describe the process to be followed, showing they understood how to respond to allegations or concerns about the safety of people who use the service.

Risks associated with people's needs and activities were assessed and plans put in place to minimise the risks. All the people had been living in the home for several years and staff knew them well. One person told us that the staff knew how to keep them safe and described how they did this. Staff were aware of the risks to people and how they were to be managed. For example, one person had a flow chart in their care plan, describing the steps staff should take in response to situations where a risk was identified. Staff were able to describe these steps and protocols with clear understanding about the needs of those they cared for..

Staff were aware of what to do in emergency situations to keep people safe. Staff told us and we saw that there was

always someone available to discuss concerns or respond to an emergency situation. Staff were able to tell us what they would do in the event of a fall or injury. One member of staff told us there had not been any accidents since our last inspection. Staff told us and we saw records that showed that staff had received training in fire safety which supported them to keep people safe.

People were supported by sufficient numbers of appropriately recruited staff. This enabled people to be supported in their daily lives and activities. One person had been out shopping with a member of staff and other staff were available to support another person who did not want to attend a day centre??. Staffing levels varied at different times of the day to ensure that staff were on duty when needed. Staff told us that there were sufficient numbers of them available to enable people to do the things they wanted to do. Staff told us that the appropriate recruitment procedures had been undertaken when they were employed. These included checking of application forms, previous work references and police checks. One told us, "I was not allowed to start until all the checks had been done." Checks were also in place to confirm that care workers were of good character.

People received their medicines as prescribed. Staff told us and records confirmed, they had received training to ensure that they gave people their medicines safely. Procedures were in place that ensured all medicines received into the home and administered were recorded and all staff spoken with were aware of the procedures. We saw that medicines were stored safely. Where people were prescribed medicines to be taken as and when required, for example as a result of changes in mood or behaviour, we saw protocols for staff to follow to ensure that. We saw that systems were in place to ensure that people took the medicines they required when they went to visit relatives.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One person told us, “The staff know how to help me manage my behaviour”. They told us this was important to them and how they lived their life?

The manager showed us how they monitored their systems to ensure all staff had completed their mandatory training. This included emergency first aid, food safety, infection control, medicine administration and safeguarding. The training records also showed that staff had received specific training on issues relating to the needs of people who used the service, for example, autism awareness and communication methods such as Makaton. Staff thought they had the right skills and knowledge to support people, they told us, “We always do refresher training” and, “Training here is very good and I look forward to it on most occasions”.

All staff received an induction when they first started to work at the service. One staff member told us about their induction they said, “It’s always beneficial to know about the service and the induction was useful.”

The Mental Capacity Act 2005 (MCA) is legislation to protect people when they are, at times or in specific circumstances unable to make decisions about their care. This helps to ensure that decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and they ensure where someone may have their freedom restricted, the least restrictive option is taken. Staff had undertaken relevant training on the MCA and DoLS and the senior carer on duty explained they were hoping the local authority would provide additional refresher training for staff in the near future. Records confirmed that applications had been made to the supervisory body (local authority) for people who lacked the capacity to make particular decisions. For example, where people were required supervision whilst in the community. The records associated with these applications showed that a robust process of consultation and best interest decision making had taken place, including ensuring the least restrictive options were considered. Most authorisations were in process and had not been returned at the time of our inspection.

People were supported to have a balanced diet and were involved in decisions about their food and drink. A series of pictorial cards were on display in the home for people who used these to communicate what they wanted to eat.. Staff used different ways to communicate with people to give them choices about food. One person, who was unable to communicate verbally, had a book with photographs of their favourite food. Staff explained how the person used the pictures to let them know what they wanted each day, or tell them if they didn’t like something. One person told us, “I walk to the freezer and look at the food. Then I choose what I want”.

People’s preferences and special dietary needs were recorded in their care records, for example, where people had special dietary needs because of religious or cultural reasons. Staff knew about this and were able to explain how they ensured these needs were met?

People were encouraged to be as independent as they could be with the preparation of their own food and drink. We observed how staff supported one person to make their own tea and we noted cooking and baking were part of some people’s weekly activities. One person told us, “I help to cook the meals at Valmark House”. Which they were proud of and happy about.

People were supported to access the healthcare services they required when they needed to. We saw from care records that there were good links with local health services and GP’s. There was evidence of regular visits to healthcare professionals such as GPs, dentist, chiropodist and people’s social workers. Care plans included individualised plans relating to people’s health needs which included input from healthcare professionals. These provided staff with support and guidance when supporting people with their health care needs.

The service involved and informed people about their healthcare and people’s health action plan were in easy read and pictorial format. Records contained details about people and their individual healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show staff how they liked to be looked after.

Is the service caring?

Our findings

People told us that the staff were, “Kind and caring”. During the inspection we saw staff interacting with people in a compassionate and professional way. We observed the body language of people, who were unable to communicate verbally, when interacting with staff. We found that people smiled and make eye contact with staff, and showed other signs of wellbeing, such as laughing and offering their favourite things as a gesture of friendship. We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. For example, Staff explained how they knew, if the people they cared for were upset or anxious, and understood the best way to support people at such times. We saw that the action they took in these situations calmed people and gave them reassurance.

Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. All of these details were recorded in people’s care plans. One person using the service described how they were involved in this and how important this was to them. Care plans included detailed information about people’s preferences and routines, and recorded targets related to promoting independence. One

person told us how they were achieving gradually increasing levels of independence around travelling alone. They told us, and their body language suggested that they were proud of this progress.

People were supported to express their views and be actively involved in making decisions about their care and support. Some people who used the service faced challenges around communicating their decisions. However the service had produced support plans which identified how people used a variety of different ways to make their needs known. One person showed us their care planning folder, which included several sections written by the themselves. People had contributed at different levels depending on their ability. This also showed how people were encouraged to be in control of their own lives and how they spent their time.

Staff worked with people to ensure their privacy and dignity was maintained. For example, one person’s clothing had become loose and they supported them to rearrange themselves without drawing attention to the person and whilst reassuring them throughout. Staff asked people for their permission before sharing their records with us as part of the inspection and knew how important it was to ensure people’s privacy and dignity. One staff member told us, “Dignity and respect are core values here, every individual is different, and we celebrate that here.”

Is the service responsive?

Our findings

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do, things they were good at, things they needed help with, what may upset them and how staff could best support them. People were involved in their own risk management plans, which included proactive and reactive strategies to use when a person became upset. This included how to recognise signs in people's behaviour or situations that may trigger their distress. Staff were able to describe how they used distraction techniques such as engaging in conversation or offering an alternative activity to help deescalate a situation and protect the person from any potential harm to their wellbeing?

One person who was unable to communicate verbally used a Picture Exchange Communication System (PECS) as a means of communicating with staff. The pictures allowed the person to make a choice about everyday things such as food or activities, make a request, or tell staff their thoughts. We saw pictures of activities and food choices were kept in a folder in the kitchen, staff explained the person used the folder when they wanted to make a choice or communicate with them.

The home had taken steps to give people opportunities to feedback their experiences and views about the service.

Meetings took place with people who used the service, their relatives, and other professionals involved in their care. Feedback was sought and changes were made as a result. For example, there was a record of a request from a relative that a particular activity be provided, and staff were able to confirm that this had been arranged as a result. The person enjoyed the activity and it became a regular event.

People were supported to follow their interests and take part in social activities. Each person had an activity file with a daily plan. People told us, and records confirmed that their favourite activities, were undertaken regularly, including trips to the zoo, swimming, going to the pub, and attending community clubs. People also confirmed that they enjoyed regular family contact, including trips out shopping and regular visits home.

We noted detailed information for people on the notice board showing them how to make a complaint and what they should do if they were upset or unhappy. This was in pictorial and easy read format so everyone at the service could understand, and promoted a culture where complaints were welcomed. Staff we spoke to were clear about the need to regularly ask people how they were feeling. One member of staff told us, "We always try and think what it would feel like to not be able to say if you were unhappy, so we make sure we check as we are going along".

Is the service well-led?

Our findings

Staff were positive about the manager and told us they felt able to report any concerns they may have to her. They told us, “The manager is good, they respect everyone’s opinion”. And, “The manager is good... is friendly and I can talk to them”.

Staff we spoke with felt that communication in the home was very good and they felt well supported by the manager. One said, “The manager is very helpful and approachable, they know their stuff and always have time to spare for you.” Another said, “I love working for this company, with it being a smaller organisation, you have more input and can influence changes. The manager knows us and the people we support really well, and that’s crucial”.

The provider and the registered manager monitored the quality of the service provided by carrying out regular audits and checks. These included medicines audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. This enabled the manager to account for the actions and behaviours of staff.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. Formal and informal methods were used to gather the

experiences of people who lived in the home and their feedback was used to develop the service. A senior carer we spoke with told us that the service had just introduced a new quality assurance survey system, based on the five Key Lines Of Enquiry (KLOE) used by CQC to measure the quality of care provided in adult social care. This was helping the service to focus on developments in the sector and adapted its operations in line with current practice and guidance.

Staff told us that the values of the team were important to be aware of. One told us, “It’s a very tight knit team here, and we communicate well and share the same ethos of person centred care”. The staff training programme included person centred care, communication, values and attitudes, and teamwork. This showed us that the staff team were encouraged to provide a service that had a positive culture and placed people at the centre how they carried out their roles.

Providers of health and social care are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way and had included the action they had taken as a result. This showed an open and transparent communication with us and demonstrated their ability to take action to improve the service promptly?

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.