

Heart of England Mencap Valley Road

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 ●

Summary of findings

Overall summary

About the service:

Valley Road provides short respite accommodation to people who have learning disabilities and complex health needs. The care home is a ground floor building and is registered to provide care for up to four people. However, a maximum of three people could currently stay at the service due to ongoing maintenance work. Nobody resides at the care home on a permanent basis. At the time of our inspection visit there were two people staying at the service. The service is currently provided to fifteen people.

People's experience of using this service:

- Improvements had been made since our previous inspection to the way the quality and safety of the service was managed and processes were improved for people in accordance with the Mental Capacity Act 2005 (MCA).
- People felt safe using the service.
- Staff recognised the risks to people's health, safety and well-being and understood how to recognise and report abuse.
- People had access to support from staff when needed.
- Staff recruitment processes included a check of their background to review their suitability to work at the service.
- People received support with the medicines. Regular checks were undertaken to ensure people received the correct medicines by staff who were competent to support them.
- Staff understood and practised infection control techniques and had access to protective equipment to promote this.
- The registered manager ensured people's care was based on best practice and staff had training to meet people's needs.
- Staff training was reviewed and guidance on people's needs was also shared through supervision meetings and group staff meetings.
- People were supported to have enough to eat and drink to maintain their well-being.
- People were supported to obtain advice from healthcare professionals, which was incorporated into people's care.
- Staff worked within the principles of the MCA. People were supported to have 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.
- Staff understood the importance of supporting people with empathy and compassion and provided reassurance when people became anxious.
- People were treated with dignity and their independence was promoted wherever possible.
- People and those important to them, were involved in planning their care with support.
- Staff supported people with activities that reflected their interests and were encouraged to explore new opportunities for people to experience.

- People and their families understood how to complain if they wanted to.
- A new manager was in post since our last inspection and staff recognised there had been changes in the way the service was managed.
- Relatives and staff worked together to ensure people's care was continually monitored, reviewed and reflected people's needs.
- Senior staff worked with external organisations to develop the service they provided.

We found the service met the characteristics of a 'Good' rating in all areas; More information is available in the full report.

Rating at last inspection:

Requires Improvement with breaches of the Health and Social Care 2008 (HCSA 2008) Regulations 11 and 17 (29 March 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The inspection was to monitor improvements to the service the provider had promised to make to address breaches of regulations 11 and 17 HSCA 2008 (Regulated Activities) Regulations 2014.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Valley Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: There was one inspector in the inspection team.

Service and service type: Valley Road is a care home. People in care homes receive accommodation and nursing or personal care. 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, who had recently transferred to manage another of the provider's services. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, a new manager had been employed and had worked at the service since September 2018. The new manager was in the process of applying to CQC to be registered.

Notice of inspection: We gave the service short notice on the day of our inspection to ensure the manager and staff were available to talk with us when we visited.

Inspection site visit activity started and ended on 25 February 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did: We checked records held by Companies House. We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection: We spoke with one relative to ask about their experience of the care provided.

We spoke with the new manager, a team leader and four members of care staff. Many people who used the service had complex needs and could not communicate verbally, so instead, we spoke with people who knew them well and following the inspection visit we spoke with six more relatives.

We reviewed a range of records. This included five people's care records and two people's medicine records. We also looked at records relating to the management of the home. These included systems for managing any complaints, checks undertaken on the health and safety of the home and compliments received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

We last inspected this service in January 2018 and rated Safe as 'Requires Improvement'. At that inspection we found medicines were not always managed safely and checks had not identified where improvements were required. Risks to people's safety were not always properly managed and some identified risks had not been assessed. At this inspection, we found improvements had been made in managing risks for people and managing medicines safely.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family members received safe care and placements were organised so people staying together were compatible.
- Staff understood people's individual circumstances and how to keep them safe from harm.
- Staff had received training about the different types of abuse. Staff understood they could report their concerns to the manager and felt assured that these would be taken seriously.
- The new manager understood their legal obligation to report their concerns to the relevant authorities and sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management

- The provider had improved the way risks to people's health and wellbeing were managed. Senior staff had referred to best practice and liaised with health professionals to review and develop people's risk assessments.
- Information in care plans guided staff on how to support people safely and staff understood how to reduce the risks to people's safety when supporting them.

Staffing and recruitment

- Relatives and staff told us there were enough staff to provide support to people when they needed it.
- The new manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service during that period. They explained the service could sometimes offer respite stays at short notice, because the staff worked flexibly.
- Recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- The provider had improved medicine management procedures and introduced new checks which staff confirmed had helped reduce errors to zero in the previous 12 months.
- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.

- People and their relatives were asked if there had been any changes to their medicines before their stay, to ensure information was kept up to date.

Preventing and controlling infection

- All areas of the home were clean and tidy. Care staff told us they shared the responsibility to clean the home and they knew about maintaining good hygiene standards.
- There were systems to prevent and control the risk of infection. Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the manager of any events. The manager reviewed information to identify if any changes were required to people's care needs to keep them safe.
- Changes to people's care were shared with staff through supervision and staff meetings to reduce the likelihood of further incidents reoccurring.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

We last inspected this service in January 2018 and rated Effective as 'Requires Improvement'. At that inspection we found the registered manager did not always work within the principles of the Mental Capacity Act 2005 [MCA]. Improvements were required to ensure people's capacity was assessed, best interest decisions were recorded and consents were obtained in accordance with the MCA. At this inspection, we found improvements had been made and there was no longer a breach of the Regulations.

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

- Before people stayed at Valley Road, an assessment of their needs was completed. Many people who used the service had complex needs and could not communicate verbally or lacked the understanding to make decisions themselves. People were supported during assessment by people who knew them well, including their legal representatives or family members. The assessment included their physical, mental health and social needs and a personalised care plan was developed tailored to each person's individual needs.
- Relatives felt confident staff understood their family member's care and support needs.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake the required training when they commenced employment and 'shadow' existing and experienced staff members to gain an understanding of their role.
- Staff explained if specialist training was needed to meet a person's individual needs, this was provided.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had access to regular supervision and received feedback on their performance.
- Staff told us training gave them the knowledge and skills to support people according to their individual needs. Staff were very positive about the standard of the training. The manager told us they had moved away from electronic learning courses following feedback from staff and now provided more 'hands on' training. A member of staff told us, "We have more in-house training with specialist people or a manager and it's fabulous."
- The new manager monitored training to ensure staff skills were kept up to date and they received the training they required. For example, staff were receiving training in positive behaviour support, to enable them to support people with their individual needs if they became anxious.

Supporting people to eat and drink enough with choice in a balanced diet

- Relatives told us their family member received choices in the food and drinks offered.

- Relatives were asked about their family members dietary needs, preferences and any allergies during their initial assessment and again before their stay, to ensure dietary information was kept up to date. Where people had specific likes and dislikes, allergies and other dietary requirements, these were recorded in their care plan.
- People who used the service had complex needs and required a high level of support to maintain their health. Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being. They prepared meals and supported people to eat and drink in a way that met their individual needs and was safe.
- Staff explained people had varying levels of understanding and abilities to communicate due to their complex needs. Staff supported people to make choices as far as possible, by showing them what was available. If they were unable to understand choices, staff created a menu using people's food preferences on their care plans.

Staff working with other agencies to provide consistent, effective, timely care

- Where a need was identified, people were referred to other healthcare professionals such as the occupational therapist for further advice about how risks to their health could be reduced to promote their wellbeing.

Supporting people to live healthier lives, access healthcare services and support

- Relatives were asked to provide information about changes to their medical needs prior to their stay. Any changes were communicated to staff, who understood people's individual needs and were observant for changes in their well-being.

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

- The purpose-built premises were spacious enough to accommodate people's needs for mobility equipment and allowed easy access to all the rooms. There were four bedrooms for people using the service, however, one was not being used due to ongoing maintenance work by the owner of the building. There were shared bathroom facilities including a sensory bath and a secure, level garden area which people could use with a specially adapted wheelchair swing.
- The communal lounge areas contained some equipment to allow people with different mobility needs to relax, for example floor mats and bean bags.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority.
- The provider had made improvements to their processes. People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity and had someone who could legally act on their behalf when making important decisions, this was recorded in their care plan.

- Best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- Staff confirmed they received relevant training and they could tell us how they obtained people consent and supported people to make decisions in their best interest. One member of staff told us how they obtained consent from people who could not verbally communicate, "We look at people's facial expressions and use picture cards for a lot."

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us they felt staff cared about people and valued them as individuals. A relative told us, "Staff respect and listen to us."
- There were caring interactions between staff and people who used the service. One person was displaying signs of anxiety and a staff member gently reassured them until their mood changed and they became less anxious.
- Staff enjoyed their role in supporting people to ensure they had the best life possible. One staff member told us, "I love what I do. The customers are lovely. I try and do everything I can for them."
- Staff respected people's diversity. They respected people's individual wishes regarding their lifestyle choices and explained how they might need to adapt their support to best match an individual's cultural and religious traditions and preferences.

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

- Staff spoke confidently about how they supported people to make decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.
- The new manager explained they were currently reviewing everyone's needs, by visiting people at home to discuss their care. Many people who used the service had complex needs and could not communicate verbally or lacked the understanding to make decisions themselves, so discussions were held with people who knew them well, including their legal representatives and family members. The provider was currently looking at ways of supporting people to understand and contribute to their care choices better, for example using new formats of care plan to help people's understanding.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us they felt staff respected their family members. One relative said, "Staff are very caring. They treat (Name) with dignity and make them feel safe."
- People were supported to maintain their independence wherever possible and where people required support, assistance was offered. A relative told us, "Staff encourage (Name) to be independent, they like to help in the kitchen."
- Staff understood the importance of supporting people to maintain their dignity and promoted this when caring for people. All bedrooms were for single occupancy, some with en-suite facilities, which helped ensure privacy and dignity was maintained when personal care was provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

We last inspected this service in January 2018 and rated Responsive as 'Requires Improvement'. At that inspection we found complaints were not properly managed. At this inspection, we found improvements had been made to the complaints process.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us there was good communication with staff, which was important because many people who used the service had complex needs and were unable to communicate verbally. With appropriate consent, staff used a 'chat book' to record key information. These books were transferred with the person and staff could see how the person had been during the day before they arrived at the service. This allowed them to personalise the care they received at the service.
- Staff contacted people's relatives prior to their respite stay to identify if there had been any changes to the person's needs, including their health. Care plans were updated where necessary. A relative told us, "Staff take their time with (Name) and monitor their wellbeing."
- Care plans were personalised and included details about people's preferences to enable staff support people in ways they preferred.
- People had key workers who wherever possible supported them during their stay and ensured their records were up to date. A member of staff told us, "I am the keyworker for (Name). I want to provide them with a continuity of care and replicate what they have at home. I invest time and have a chat with the person's parents. I try to make it jolly and welcoming for them."
- People took part in different activities, including watching DVDs and were supported to use sensory equipment. During the daytime, many people attended the providers' local day service. Staff told us activities were limited due to the equipment they had available. However, the new manager encouraged staff to explore new opportunities for people to experience and some people had recently been supported to enjoy a local safari park. A staff member who supported people on the trip told us, "I felt like I'd achieved something for the customers."
- The service identified people's information and communication needs by assessing them. The new manager understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, for example in people's hospital passports.
- The service was registered with CQC before Registering the Right Support and other best practice had been developed. The care provided reflected the need for people with learning disabilities and / or autism to live meaningful lives that included choice, promotion of independence and inclusion. People received planned and coordinated person-centred support that was appropriate for them.
- People had been asked if they preferred male or female support and their wishes were respected.

Improving care quality in response to complaints or concerns

- The provider had made improvements to their processes. We viewed records of complaints made in the last 12 months. These had been investigated and responded to in accordance with the provider's policy.
- There was a complaints procedure which was available in an easy read format so it was accessible to people.
- People could raise concerns without feeling they would be discriminated against. However, one relative told us they were not advised of the outcome of an issue they had raised informally. We discussed this with the new manager who gave us their assurances they would communicate the outcome of all concerns in future, where appropriate.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

We last inspected this service in January 2018 and rated Well-led 'Requires Improvement'. At that inspection we found processes to monitor the quality of service were not always effective and changes were required in the way the service was monitored and improved. At this inspection, we found improvements had been made and there was no longer a breach of the Regulations.

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

- The new manager had received an induction to their role from the previous manager who continued to manage two of the providers other services.
- The new manager had supported staff to make changes to improve the service. They were helped by a mobile team leader, who managed the service in their absence. They told us they felt supported by the provider and the practice development manager whose role was to update and improve policies, training and ways to make people's care more personalised.
- Relatives were confident in the management of the service. Comments from relatives included; "The manager is very approachable. They came to our house and explained how everything worked. We were very anxious, but every time we had a question I knew I could ask the manager" and "The manager is energetic, enthusiastic and put us at our ease."
- Staff explained there had been changes in the way the service was managed and they had mixed views about this. One member of staff told us, "There's always change because this is a complex needs service. Staff are encouraged to see change is for the better." Some staff told us they felt communication within the service could be improved. Staff were provided with regular supervision meetings and staff meetings to discuss any concerns they had.
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, key workers regularly checked people's care plans and ensured entries reflected people's experience of care. Staff were kept up to date about people's care through staff supervision and regular staff meetings.
- Information about key events were shared with the provider for review, to check the appropriate actions had been taken to keep people safe.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff understood how to monitor people's care so any additional support could be provided when needed. For example, if someone's needs changed, they were monitored to ensure information was captured to provide the correct support.

- The registered manager understood their obligations for reporting important events or incidents to the CQC and ensured these were completed in a timely manner.
- The registered manager was aware of their duties under the new general data protection regulations and information was kept securely.

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

- People told us they were encouraged to share their experiences of the service at events held by the new manager. The provider had ceased requesting feedback by survey, as the response rate was poor. Instead social events were held at the service where people and their relatives were invited to share information about the service and make suggestions for improvements. Relatives said it helped them to understand new developments within the service and to get to know each other. The new manager had obtained people's views and made changes to the service. For example, providing people with 'chat books' which transferred with them to the providers day service and provided more consistent care.
- Staff were given opportunities to share their views of the service and the support they received. There were meetings held by the provider for staff. Staff recently asked for more support to maintain their well-being and additional resources were secured by the provider for an employee support programme staff could contact for independent advice.

Continuous learning and improving care

- We found the provider had made improvements to the way it monitored the quality of the service.
- Checks were carried out by senior staff on a range of issues, including the quality of people's care plans, medicine records, health and safety checks such as fire equipment testing and observations of care staff. Records showed actions were taken to make improvements to the service, following the checks. However, action plans were not always updated to reflect actions taken. We discussed this with the new manager and they gave us their assurance action plans would be monitored more effectively in future, to ensure improvements had been made in a timely way.

Working in partnership with others

- Staff worked collaboratively with other agencies to improve people's experience of care. These included local authority social work teams and health and social care professionals.
- Managers of all the providers services met every two months to share information about learning which had taken place and different ways of working. The new manager told us they had been able to make suggestions for new ways of working to improve standards of care. For example, employing new staff in a dual role to work at the providers local day service and care homes, to enable information to be communicated more consistently across the providers services.