

Your Choice (Barnet) Limited

# Valley Way Respite Service

## 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?      | Outstanding ☆ |
| Is the service well-led?        | Good ●        |

# Summary of findings

## Overall summary

### About the service

Valley Way respite service is a residential respite service which accommodates up to six adults with physical and learning disabilities and profound or complex needs. At the time of our inspection, five people were using the service. The service has forty-two people they provide respite care to when required. Respite care provides planned short and long term breaks for people and their families including temporary emergency care. The home has three floors with accommodation on the ground and first floor and lift access throughout the service; all six bedrooms have en suite facilities.

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.

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

The service applied the principles 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.

At this inspection, we found the service was outstanding in empowering people to have as much control over their lives as possible and to achieve their maximum potential.

Relatives and healthcare professionals felt the care was highly personalised and staff worked well to deliver an excellent level of care. We found multiple examples to demonstrate the staff and management team were passionate about providing an innovative, responsive and excellent service to people.

The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed when they used the service. Staff were supported through induction, training, regular supervision and annual appraisals of their work performance. People were

supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them.

Staff were kind and caring and people's independence was promoted. People's privacy and dignity was respected. People and their relatives, where appropriate, had been consulted about their care and support needs.

There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received. There were effective systems in place to assess and monitor the quality of the service provided. The provider worked in partnership with healthcare services and professionals to plan and deliver an effective service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 5 June 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?

Outstanding ☆

The service was outstandingly 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.

# Valley Way Respite Service

## 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

This inspection was completed by one inspector.

#### Service and service type

Valley Way respite service 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.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We observed interactions between people and staff as some people were not able to answer our questions verbally because of their cognitive needs. We spoke with three relatives to gain their views about the service. We spoke with two members of staff, care ordinator, manager and registered manager. We also spoke with two healthcare professionals.

We reviewed a range of records. This included three people's care plans, risk assessments and medicine records. We looked at four staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse or harm. Relatives told us they felt people were safe. A relative told us, "Yes [person] is safe. I have total faith in the staff."
- There were safeguarding and whistleblowing policies in place and staff received training on safeguarding adults from abuse. Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns. A staff member told us, "I would immediately report it to the manager, I would go to the higher management if needed. I will contact the local authority safeguarding, CQC, Police and GP."
- Where there were concerns of abuse, records showed management staff had notified and worked with relevant healthcare professionals, including the local authority safeguarding team and CQC to ensure any concerns were acted upon promptly.

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely. People's care records included risk assessments for areas such as communication, mobility, pressure sores, epilepsy, personal care, eating and drinking, awareness of danger and financial abuse. These included preventative actions that needed to be taken to minimise risks as well as clear measures for staff on how to support people safely.
- There were guidelines in place for staff on how to support people safely where they displayed signs of behaviour that presented a challenge. These identified the triggers and signs which may cause them discomfort and the support required by staff to help them to feel at ease. Records showed the service used positive proactive strategies to deal with behaviours such as giving people space and reassurance, or diverting their attention to something they liked and enjoyed.
- Health and safety checks were completed on the home environment to ensure it was safe to use, including gas and electrical systems and fire alarm and emergency equipment. People had personal emergency evacuation plans (PEEP) in place in case of a fire or an emergency.
- The service also had a business contingency plan including an emergency contact list to ensure there were arrangements in place to keep people safe in the event of instances such as adverse weather, loss of IT and information data or other types of emergency.

Staffing and recruitment

- There were adequate numbers of staff on the day of the inspection. The atmosphere was calm and staff were not rushed or under any pressure when supporting people.
- The registered manager told us there was flexibility in staffing levels, so they could deploy staff where they were needed. Records and the care co-ordinator confirmed staffing levels were assessed depending on people's individual needs and occupancy levels which were accommodated for. Occupancy levels were reviewed on a quarterly basis which the care co-ordinator told us was manageable

- A staff member told us "We are fully staffed and it works well. We are informed in advance and we have a bank staff to help. There is always people to get on board to help." Another staff member told us "We know upfront who is coming, and we have a rota. There is very good teamwork here."
- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they started work at the service.

#### Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed.
- People's medicines were stored and kept safely. Relatives brought people's medicines into the service when they arrived which were checked by staff to ensure they had sufficient amounts to meet people's needs for the duration of their stay. There was guidance in place for the administration of medicines that were prescribed to be given 'as required' (PRN).
- Medicines checks were carried out to ensure any discrepancies and or gaps in recording on people's MARs were identified and followed up. The care co-ordinator also told us an external pharmacy audit had also been requested to review all aspects of medicines management and best practice for the service.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- The provider had an infection control policy which contained guidance on infection prevention and control. Cleaning products and other substances that could be potentially hazardous to people's health were safely locked away. Monthly infection control checks had been conducted to ensure infection prevention was being maintained.
- We observed staff maintaining the cleanliness of the home. Staff completed infection control training and wore protective personal protective equipment when needed. On the day of the inspection, we noted the service was exceptionally clean and tidy.

#### Learning lessons when things go wrong

- Systems were in place to promptly respond to accidents and incidents. Records showed actions were taken in a timely manner when incidents occurred. This included notifying relevant healthcare professionals and CQC if needed. Measures were put in place to minimise the risk of reoccurrence of incidents.
- Accidents and incidents were monitored. Any lessons learnt were used to improve the quality of service which were relayed to staff through staff meetings and guidance to embed good practice.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence 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 has remained the same. 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

- Assessments were carried out before people started using the service to ensure their needs could be met appropriately. Before starting the service, people were also able to attend tea visits before their initial overnight stay to enable them time to adjust to the service. This also helped people and staff to get to know each other.
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans.

Staff support: induction, training, skills and experience

- Staff spoke positively about working for the service and told us they felt supported by their colleagues and management. A staff member told us, "It is brilliant, the manager and organisation and what they do for staff." Another staff member told us "They are caring and supportive to staff and people and that is unique."
- Staff completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Staff also completed training the provider considered mandatory in areas such as safeguarding, medicines, learning disabilities, as well as in specialised areas such as Percutaneous Endoscopic Gastrostomy (PEG) and pressure ulcer training.
- Staff spoke positively about the training they received. A staff member told us "There will be alerts if you are due training. It helps very much for example pressure sores, I knew of it but after the training, I really understood the risk and know what signs to look out for that I never knew before. It's fabulous." Another staff member told us "Lots of training! We were shown how to use the sheets and hoist. We have had PEG training and the abbots nurse told us everyone about the management of PEG."
- Staff were supported through regular supervision and an appraisal process which enabled them to discuss their personal development objectives and goals. A staff member told us, "We have the confidence to speak about the service, our performance and how we are feeling and working with staff. We discuss everything."
- Relatives spoke positively about staff. A relative told us, "All the staff are excellent." Another relative told us "They look after [person] very well."

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

- People received the support they needed to eat and drink safely. Care plans contained information on people's dietary requirements and preferences which helped ensure they received appropriate support.
- People's likes, and dislikes, cultural needs and preferences were considered when deciding the types of dishes, they would like included on the menu which were provided for them.
- The kitchen and dining areas were fully accessible to people and staff promptly adhered to people's

choices and wishes. We observed food was freshly cooked and staff supported and prompted people only if it was needed. People were not rushed and were left to eat at ease, at their own pace and when they wanted.

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

- The premises had been adapted according to people's needs. We saw the environment had been designed and arranged to promote and support people's freedom, independence and well being.
- The building was airy with plenty of windows to allow natural sunlight. Doorways and hall ways were wide to ensure people using mobility aids such as a wheelchair had easy access to other parts of the premises. There was a lounge area, dining area, kitchen and garden area which were accessible to people if needed, so they could spend time together. During the inspection, we observed people spending time and eating together in the dining room.
- People had en-suite bedrooms. They were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests and were personalised with people's belongings, to assist them to feel at home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services when required. Care plans contained information about people's health and medical needs and the support they required with maintaining good health.
- The service worked in partnership with a range of health and social care professionals to ensure people's health was maintained, such as speech and language therapists (SALT) physiotherapists, psychologists, community nursing, district nurses and abbot nurses. The care co-ordinator was able to provide an example of how they worked with psychologists to reduce instances of behaviours that challenged for a person using the service.

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.

- Where people lacked capacity, records showed the best interests decision making process had been followed which included involving relatives and healthcare professionals where required.
- Records showed the manager had applied for DoLS authorisations where required. We saw the relevant processes had been followed and standard authorisations were in place and being met.
- Staff understood the principles of the MCA and told us they always asked people's consent before providing care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence 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

- During the inspection, we observed positive interactions between people and staff. Staff showed interest in people and their needs were promptly attended to. Staff were kind, attentive and spoke in a gentle and pleasant manner and interacted well in a way that people understood. We observed people appeared relaxed and comfortable in the presence of staff and approached staff comfortably if they needed anything. Relatives spoke positively about the way people were looked after. One relative told us, "Beautiful staff, very caring nature." Another relative told us "[Person] is well cared for."
- Care plans included information about people's individual cultural and spiritual needs to ensure that equality and diversity was promoted, and their individual needs met. For example, people were supported to practice their faith and celebrate their cultural events during their stay at the service. The menu included, and people were able to choose meals in accordance with their cultural backgrounds. The care co-ordinator also told us, where possible, they also matched staff of similar backgrounds with people to support them with any cultural and diversity needs they may have. For example, a person enjoyed singing along to their favourite cultural music and likes it when staff who also know the language, sing along with them.
- Staff received equality and diversity training and demonstrated a good understanding of this area. A staff member told us "We are all equal although we are different backgrounds and gender, but we are all one and embrace everyone as one and accept them as they are."

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

- Records showed people, relatives and healthcare professionals where required, were involved in decisions about people's care. A relative told us, "We have reviews and meetings, so we can get the best care for [person]. Everything is well organised and co-ordinated."
- People were supported to make day to day decisions for themselves and were provided with choices. During the inspection we observed staff respected people's choices and what they wanted, people could choose where to sit and how they wished to spend their recreational time.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff had a good understanding of treating people with respect and dignity. A staff member told us "I tell them what we are going to do and ask if I am allowed to. I close the doors and windows and make sure I am fully equipped and reassure the person."
- Care plans set out how people should be supported to promote their independence. During the inspection, we observed staff provided prompt assistance but also encouraged and prompted people to build and retain their independence where possible

- Staff understood the importance of promoting people's independence. One staff member told us, "Some people help us to set the table, some clear the table. We encourage them to do what they can and praise them when they do."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff had outstanding skills and an excellent understanding of people's needs which helped people to enhance their lives. For example, a person who had experienced a family bereavement was not able to move on in life and build personal relationships with people. Staff used personalised social stories to enable the person to deal with the bereavement. This helped prepare the person to move onto independent living.
- Staff went above and beyond in assisting staff at the person's new placement to get to know the person by providing 1:1 support for six months. As a result, the person is now happily living an independent life. An external professional commented "[Person] would not have settled at the new flat, the transition would have fallen through, if it was not for the continued support from Valley Way. Some of the new staff here were nervous about supporting [person] due to their complex needs but Valley Way staff were very good at working with staff, handing over information and encouraging [person] to interact with new people and settle in. [Person] now loves their new flat and is very happy here."
- The service understood the needs of different people and delivered care and support in a way that meet these needs and delivered a high standard of care. For example, a person who had profound and multiple learning disabilities required intensive support whilst recovering from major surgery. Staff worked highly effectively as a team to ensure every available support was provided. The person needed support with multiple medical appointments and medication changes and staff ensured that nothing was miscommunicated or missed. During a six week review, the family commented the person was now in the "best health they have even been" and this was due to the support received from staff at the service.
- The service used innovative ways of involving people in the way they were consulted and empowered to make decisions. For example, some people were unable to verbally communicate, however the service adopted innovative ways to ensure people were involved in choosing the decor of the service. A number of paint samples in different colours were provided to people who were asked which colour they would like to see on the walls in each room. Staff would hold up the paint samples to the walls in each room and people would pick by pointing or by using their preferred method of communication to indicate a preference. Staff supported people using computers and tablets to access various websites selling decorative items. People choose using their preferred methods of communication, either by clicking the items they would like or by pointing or indicating yes or no to each particular item with body language or facial expressions.
- Due to the exceptional way staff had been responsive to people's needs, they received awards and recognition for their achievements. The co-ordinator received an 'everyday hero' award by the provider which is an award nominated anonymously by colleagues who they think highly of. The staff and the team at the service also had nominations for 'monthly everyday hero awards.' Reasons described for the service being nominated included feedback such as "I nominate this staff because they go above and beyond at

Valley Way, putting in extra time where needed and ensuring that a high level of support is provided at all times, maintaining positive relationships with service user families."

- Feedback from relatives received during this inspection also demonstrated the exceptional service they received. A relative told us "We are very impressed with the service, they are fantastic. They go over board to take care of everything that is needed, straight away they let us know about anything we need to know. They are fantastic." Another relative told us "The service is a life line for us. It is an excellent service and I can't fault it. The care is very good, and staff are also excellent."

#### 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.

- The service had an innovative approach to using technology and had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. People used eye gaze equipment which enabled people to control the TV and CD players through their eye movements rather than a traditional mouse or computer. We observed one person using the eye gaze equipment to turn the TV on and off and pick what to watch and listen to.
- Staff had an excellent understanding of how people wished to communicate. During the inspection, we observed staff interacting well with people and spoke with them in ways that people were able to understand and convey their wishes.

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.

- Staff had an innovative approach to activities, ensuring they reflected the needs of people using the service. Staff used a mobile sensory trolley so people had the choice of using the sensory equipment individually in their bedrooms or as a group activity with other people using the service. The sensory equipment gave people more choice and control over activities they wished to partake in, and where. The sensory trolley had also been used therapeutically and this has helped decrease the instances of behaviours that challenged the service and built confidence in people to engage in activities and socially interact with other people using the service.
- The service has secured funding for some outdoor gym equipment for the garden, which the care co-ordinator told us would help with their healthy lifestyle initiative alongside the allotment for people using the service.
- People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. A relative told us, "[Person] goes out into the community and the service always arrange a trip out on Saturdays. [Person] is always engaged. The family visits and [person] comes to see the family, but [person] loves it there and always demands to go back, which is always a good sign."

#### Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. The service had a complaints policy and procedure and complaints log in place. Records showed complaints had been investigated and responded to promptly.
- One relative told us, "There is nothing to complain about with this service."

#### End of life care and support

- No one at the service was receiving end of life care at the time of our inspection. However, management staff told us, where required they would work with people, family members and other healthcare

professionals to ensure people's end of life wishes and care was identified and measures put in place to ensure these were met.

# Is the service well-led?

## Our findings

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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post who knew of their regulatory responsibilities and a co-ordinator in place who was responsible for the day to day running of the service. Management staff had notified the CQC of any significant events at the service. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- Management staff understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. For example, we noted communications to people and their relatives showed the care co-ordinator provided apologies and reassurances that action was being taken including measures to minimise the risk of any reoccurrence of such events and any issues were promptly resolved.
- During the inspection, we were advised the current registered manager would be leaving and a new manager had just been recruited to manage the service. We met the new manager during the inspection who told us he was in the process of registering with the CQC to become the registered manager of the service.

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

- There was a systems in place to assess and monitor the quality of the service. The registered manager and provider completed audits and checks covering areas such as safeguarding medicines, care documentation and staffing. Where issues were identified, action was taken to improve on the quality of the service where needed. For example, feedback as part of an audit commented that improvements were needed with the décor in the living room. The service took this on board and involved people using with choosing how the communal areas should be redecorated and this was implemented.
- People and relatives spoke positively about the service and the care co-ordinator. A relative told us "[Care co-ordinator] is fabulous, nothing is any trouble." Another relative told us "They are very good, and I can just pick up the phone if I have any concerns."
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. Staff spoke positively about the management staff, in particular of the care co-ordinator. A staff member told us, "They listen and that is very important." Another staff member told us "[Care co-ordinator] is very co-operative and listens. She is always there for us."

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



characteristics; Continuous learning and improving care

- The provider obtained feedback from people and relatives about the service through review meetings and relatives' meetings. Records showed that feedback was acted upon to ensure improvements were made where needed. For example, a suggestion from relatives was a one page information sheet for each person should be in place so that staff could read quickly with all their 'need to know' details. These have now been implemented and used by staff. The service is also in the process of organising holidays for people who may wish to go. A relative told us "Any suggestions, everything is always taken on board and any changes needed are always done in the best interests of the person, rather than the service."
- Records showed a number of compliments about the service received by relatives. For example, a relative had commented that "[Person's] health was a 10 and this was due to the care [person] is receiving at Valley Way. ... [Person] is well cared for and enjoys Valley Way." Another relative commented "I would like to extend sincere gratitude to the staff at Valley way who have been brilliant with [person. I really supported all the changes we have made to [person's] benefit."
- The service promoted an inclusive and open culture, and management staff recognised staff contributions in a positive way. One staff member told us, "They always push you and encourage you to get better, very supportive."
- Team meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A staff member told us, "We get told of any new updates any feedback from relatives, safeguarding briefings, training. They ask us for ideas and listen."
- The provider proactively engaged and involved all staff to shape the service and culture. There was a staff panel which consisted of support staff from the provider's other services which meets monthly to discuss any issues or developments for them to feedback in local team meetings. At the last conference, staff were involved in choosing the values they would like the provider to represent. These values were regularly discussed in team meetings and staff supervisions.
- The staff also started a staff champions board which entails staff being responsible for an area within the service. Staff are then responsible to research on their areas and discuss at team meetings as well as advocate any changes that may be needed to embed best practice.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care. Healthcare professionals spoke highly about the service. A healthcare professional told us they had no concerns about the service. The service was very well led on a day to day basis by the care ordinator who is very well regarded, transparent and candid. Another healthcare professional told us communication with Valley way was open and proactive.