

# North Yorkshire County Council

# Valley Road - Resource Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of this service on 11 May 2016. A breach of legal requirements was found. The provider's systems to assess, monitor and improve the quality of the service were not always effective. Recruitment records and audits were not readily available and we found gaps in some maintenance records. Fluid balance charts were not accurate and were not recorded contemporaneously. In addition we found that the service had not always notified us of events or incidents, in line with their legal responsibilities to do so.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Valley Road – Resource Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Valley Road – Resource Centre is registered to provide respite care services for up to seven people who have a learning disability. The centre is run and owned by North Yorkshire County Council. The service is situated close to the centre of Northallerton. At the time of the inspection there were four people using the service.

The home had a registered manager in place. 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 registered manager was absent from work at the time of this inspection.

At this focussed inspection on 2 June 2017 we found the provider had followed their plan and legal requirements had been met.

Checks of the building and maintenance systems were undertaken to ensure health and safety. Maintenance records were readily available and well maintained. Fluid balance records were available for the two people who used the service who needed to have their fluid intake monitored.

Hard copies of recruitment records were available. In addition recruitment records were held electronically and could be accessed whenever they were needed. Medicine audits were readily available for us to look at during the inspection.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. Tests of the fire alarm, bed rails and equipment were undertaken to confirm they were in safe working order.

The registered manager understood their role and responsibilities, and had notified us of events or incidents, in line with their legal responsibilities to do so.

At this inspection we found the provider's systems to assess, monitor and improve the quality of the service were effective.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service well-led?**

The service was well led.

We found action had been taken to improve the quality and safety of the service.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

We found records to be accurate, up to date and available for inspection.

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Valley Road - Resource Centre

## **Detailed findings**

### **Background to this inspection**

We undertook an announced focused inspection of Valley Road – Resource Centre on 2 June 2017. We informed the provider the day before our inspection. We did this because the service is a small care home and people who use the service are often out and we needed to be sure somebody was in. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 11 May 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting some legal requirements.

Before the inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by one adult social care inspector. During the inspection we spoke with one person using the service and one relative. We also spoke with a registered manager from another of the provider's services who was spending time at the service to ensure the effective running of the service whilst the registered manager was absent. In addition we spoke with the service manager, a team leader and a support worker.

During the inspection we reviewed a range of records. This included three staff recruitment records, maintenance and servicing records, medicine audits and fluid balance charts.

## Is the service well-led?

### Our findings

During the inspection we spoke with one person who used the service and one relative who told us they were happy with the care and service provided. They told us they enjoyed their visits for respite and all staff were very kind and caring. They said, "[Name of staff member] is funny especially with their head scrubbing skills [Name of staff member] is perfect at it." They also said, "[Name of staff member] is the funniest one of the lot. [Name of staff member] plays snakes and ladders and I love to cheat." The relative told us, "It does what it says on the tin and it does it really well. I can't knock it. Staff communicate well and have informed us if there have been any issues."

At our last inspection in May 2016 we found systems to assess, monitor and improve the quality and safety of the service had not always been effective. We found that recruitment records were not readily available as they were maintained and held centrally by North Yorkshire County Council. Fluid balance charts were not accurate and were not recorded contemporaneously, increasing the risk of them being inaccurate. Medicine audits were not readily available and we found gaps in some maintenance records. In addition we found that the service had not always notified us of events or incidents, in line with their legal responsibilities to do so.

At our focussed inspection in 2 June 2017 we found that improvements had been made. We looked at the recruitment records of three staff who had been employed since we last inspected the service. Records were readily available and contained information such as the application form, references, proof of identity and evidence of a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and adults. In addition the registered manager told us that all records were held electronically and could be accessed whenever needed.

Staff told us they completed fluid balance charts for two people who used the service. They told us they initially recorded the amount of fluid the person had taken on a white board at the time they had taken this and then transferred the information onto a fluid balance chart. We noted that the amount of fluids taken by people varied on a day to basis. Staff explained to us when less fluids were recorded this was when the person had arrived at the service late in the day or left early morning.

Medicine audits were satisfactorily maintained and readily available for us to look at during the inspection.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. Tests of the fire alarm, bed rails and equipment were undertaken to confirm they were in safe working order. We noted there were occasional gaps in checking, equipment. However, the registered manager told us this was because some weeks the service would be unoccupied as people did not need respite care.

The registered manager understood their role and responsibilities, and had notified us of events or

incidents, in line with their legal responsibilities to do so.

At this inspection we found the provider's systems to assess, monitor and improve the quality of the service were effective. While we are satisfied that the previously identified breach in regulation is now met we need to see consistent good practice over time therefore we will continue to monitor the service and return review these areas again at the next inspection.