Broad Horizons Limited

Valmark House

Inspection report

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Tel: 01206853539

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09 February 2018
16 February 2018

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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

Valmark House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Valmark House is registered to provide accommodation and support with personal care for 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.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service good.

The service did not have a registered manager at the time of our 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 house manager was in the process of completing an application to apply for registration. The registered provider was also supporting the service day in this interim period.

The service is a semi-detached property with single occupancy bedrooms located over two floors. People have access to a kitchen, lounge/diner and quiet room. The service has a well-maintained garden.

People were safe at the service. Staff knew how to identify abuse and understood the safeguarding procedures to follow to protect people from abuse. Risks to people's health and well-being were assessed and managed. People's needs were met in a safe and timely manner by a sufficient number of staff. The provider followed appropriate recruitment procedures to ensure they employed staff who were suitable to provide care. There was effective infection control procedures in place and people's medicines were managed safely. Equality and diversity priorities were in place to protect people and staff from discrimination. Systems were in place to ensure lessons were learned whenever an incident took place.

Care plans gave staff clear information about people's physical and emotional needs and the support they required. People had access to a range of health and social care professionals and were provided with a healthy and balanced diet. Staff ensured people had sufficient amounts to eat and drink. 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.

Staff involved people in planning their care and knew their likes, dislikes and preferences. People had developed positive working relationships with the staff who supported them. People were treated with

respect and their confidentiality maintained. Staff promoted people's privacy and dignity.

People participated in activities, hobbies and interests on a daily basis. There was a complaints process available and people were asked for their views at review meetings. In addition, people and their relatives were invited to give their feedback in surveys. Care plans were person centred and gave staff clear information about the person's preferences and what was important to them. For those people who were unable to express their needs and wishes verbally, staff had detailed information about the behaviours, gestures and body language people would display to communicate their needs or emotions.

Regular audits and checks were carried out on the quality of care people received. Shortfalls identified were addressed in a timely manner.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 inspection took place on 09 and 16 February 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to our visit, we looked at information we had received about the service and information sent to us by the provider since the services last inspection in 2015. During the inspection, we were only able to talk with one person who lived in the service, but we observed other people living there interacting with staff and each other. We spoke with the house manager and two senior staff. We also spoke with two relatives and the provider by telephone.

We looked at three people's care records and their medicine administration records. We reviewed information about the management of the service including safeguarding reports, incident records and policies and procedures. We looked at two staff records that included recruitment, training and supervisions.

Good

Is the service safe?

Our findings

People continued to live safely at the service. Staff remained up to date with their knowledge of safeguarding through attending training and refresher courses. Staff understood their responsibilities and followed safeguarding procedures in place to identify and report abuse. Relatives told us they felt people were safe. One relative told us, "Yes [family member] is safe, staff know people well."

Risks to people's health and well-being continued to be assessed, reviewed and managed. Records showed staff followed guidance in place to support people in a safe manner while they protected their safety in a positive way. Risks identified included managing their medicines and finances, behaviour and accessing the community. Risk assessments and management plans were updated to ensure they reflected people's needs and the support they required. For example, in one person's care plan we saw detailed information relating to their behaviour that included triggers and guidance for staff in how to manage these behaviours. The service completed a weekly session with the person recording 'how they felt' 'any behaviour that had occurred the previous week' and their choices and preferences of things they would like to do for the following week. This meant the person was able to reflect on previous incidents and help avoid re-occurrences.

People were supported by a consistent staff team, the majority of whom had worked at the service for some time. This promoted people's well-being and made them feel safe and well cared for. Staffing levels were sufficient to enable staff to meet people's needs in a person centred way. We looked at one newly recruited staff member and found safe and effective recruitment practices continued to help make sure all staff were suitable for working in a care setting. The registered provider ensured all required documentation was received before a member of staff started work.

Medicines were stored and managed safely. We checked a sample of people's medicines and found the amount of medication left in the medication cupboard matched what had been administered. Medicines administration records (MARs) contained no gaps or omissions in signings, which indicated people received their prescribed medicines as required.

People and staff were involved in planned fire drills and information needed during an emergency was readily available. The provider ensured other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety. We noted staff were checking tap water temperatures but the provider did not have a risk assessment in place to ensure adequate measures were in place to mitigate and control the risks associated with Legionnaires' disease. The provider contacted us following this inspection to confirm an external company had visited to carry out an assessment.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw staff used gloves and aprons appropriately and the service was clean and fresh on the day of our inspection. Health and safety audits that included infection control standards were completed every three months.

We noted there were a low number of accidents. However, all accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of further incidents reduced.

Good

Is the service effective?

Our findings

Care and treatment was delivered in line with evidenced based guidance. People had access to health and social care professionals and regularly attended appointments. People using the service had lived there for a long time. Care plans still contained their original needs assessment and care plans were updated every month or sooner to reflect any changing needs. A relative said, "They let me know about any appointments arranged and the follow up."

Staff received training to support them to be able to care for people safely. This included training in moving and handling and safeguarding as well as specific training modules such as learning disability awareness and autism. Staff told us they felt supported and were able to approach the management team for support at any time. One staff member said, "We are a small happy team and we can talk to the house manager or provider at any time. They have encouraged me to undertake further qualifications such as diplomas level two and three." Another staff member said, "They always make me aware of what is going on and they listen to our ideas." They went on to explain they had designed and made all the pictorial signage, and the provider had asked if they [staff member] could make some for their other service. A relative told us, "Staff have been there a long time and are very experienced."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Records showed people and / or their representatives had consented to care and support. Mental capacity assessments were carried out when necessary. Records confirmed best interests meetings were held when a person lacked capacity to make decisions about their care. Families, and where appropriate, advocates and health and social care professionals were involved to ensure people's needs were met.

The provider told us they had recently discussed each person in full with the local authority and was now taking steps to send in DoLS applications for the people that lived in the service. This was because people that used the service required staff support at all times to keep them safe when accessing the community.

The person we spoke with told us they liked the food and was able to choose what they wanted. They said, "The food is nice, I can look in the fridge/freezer and choose." The manager told us that people were involved in choosing what they wanted they wanted day to day. There was a friendly atmosphere during lunch and we saw people were able to choose where they ate their meals.

The service was well decorated and the communal areas were comfortable and homely. Bedrooms were

personalised and there was an accessible garden for people to enjoy in the better weather.

Good

Is the service caring?

Our findings

People were treated with kindness and respect from staff who knew them well. One person told us, "The staff help me, my keyworker helps me clean my room." During our observations, people were relaxed in the company of staff and we could see they understood people's needs wishes and preferences. People had difficulties communicating; however, staff knew what people were trying to say. For example, one staff member realised a person wanted a particular item and went straight away to get it for them. Relatives told us staff were kind and caring, one relative said, "Absolutely they are caring, I could not be happier with the service."

Each person had their needs assessed before moving into the service and the findings of the assessments formed the basis of their care plans. We saw care plans had detailed information about people's likes, dreams, aspirations and ambitions. Information included a section 'all about me' that told a story of the persons likes, dislikes, hobbies and interests. Other sections of the care plan focused on people's strengths and what they might need support with to maintain their independence. One person's care plan said, "I can load the tumble dryer". This gave staff guidance in relation to what the person could do independently and what they might need support with.

Information about Valmark House was given to people when they came to live at the service to enable them to make informed choices and decisions. Care plans contained a service user guide and information related to the service including how to complain. People living at the service all had family members to support them but information about advocacy services was available if needed.

People's privacy and dignity was maintained and respected. We noted all staff worked in a way that demonstrated it was people's home. For example, they introduced us to people and asked if it was okay for us to go into people's rooms. One person showed us their bedroom independently. A staff member told us, "We always knock on people's doors and make sure people have privacy for any personal care."

People were supported to maintain relationships with friends and family. People's relatives and those acting on their behalf visited at any time. Relatives told us they were kept informed about their family member's progress and staff understood people's needs. One relative told us staff brought their family member to them for visits. A relative told us, "To my [family member] Valmark House is home, they quite happily return, as it is their home and their family.

Reviews of people's care involved the individual and where appropriate their relatives. Relatives told us the service kept them informed about all aspects of their family members care. One relative told us, "They keep me up to date and I am invited to attend any meetings or appointments about [family members] care.

Good

Is the service responsive?

Our findings

People's care plans were detailed and person centred. They included information that enabled staff to promote people`s independence and provide care in a way people preferred. Care plans detailed people's communication needs and included information about the choices people could make, including their likes and dislikes. People's care plans covered all aspects of their physical and emotional health and were written in a way that was easy to understand. The care plans made it easy to gain an understanding of the person and what support they needed. Care plans were positive and focused on people's abilities and the best way to promote them in the day to day support provided. One staff member told us, "We do a weekly report with people and involve them, it helps to get a picture of how the person is feeling about their care and support."

People were encouraged and supported to join in activities both inside and outside the service. Staff told us there was a variety of activities people could choose from and they decided what they wanted to do. A staff member had created a variety of pictorial cards related to activities people liked which helped them choose. . These included, shopping, visits to the pub, bowling and swimming. People were also involved in activities at the service and on the day of our visit, we saw one person completing a puzzle and another playing a board game with staff. We also noted people were encouraged to be involved in all aspects of daily living; one person was helping to fold their laundry.

People were supported to book holidays every year and staff said people really enjoyed this time. The house manager told us they had a caravan by the sea, which people using the service could use for holidays.

Information about how to make a complaint was available in a standard format and an easy read format. No complaints had been made about the service, but relatives were aware of who to complain to if the need arose. People and relatives were asked for their views about the service through a survey. People were asked for their feedback in a format they could understand. Results from the surveys were positive.

The service did not provide nursing care and staff told us they had not yet needed to provide end of life care for people. However, they had prepared for it by ensuring people had their wishes documented in their care plans.

Good

Is the service well-led?

Our findings

The service did not have a registered manager at the time of our 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 house manager was in the process of completing an application to apply for registration.

The house manager had worked at the service for a long time. People continued to benefit from a culture of openness and transparency at the service. Staff told us the house manager and registered provider were easy to talk to and approachable. Staff worked together as a team to ensure people received safe care and support. We observed good relationships within the staff team and could see they communicated well with one another. Staff were very positive about working at the service. One staff member said, "It is a brilliant atmosphere, we are a small team but very close and talk through any issues." Another staff member said, "I have a passion for my job and I think people are getting a really good service, staff retention is excellent."

Relatives told us they were happy with the care the staff team provided. One relative told us, "I am happy with the service." Another relative told us, "[Family member] needs continuity and staff are constant which is good for them and gives them stability."

The provider had systems in place, including regular audits to monitor the quality of the service. The findings of these audits identified any improvements needed and the action required in addressing these. For example, recent medicines audits had been carried out to ensure medicines were being managed safely. Supervisions and appraisals were in place, training data checked regularly and feedback sought. Staff were aware of their responsibilities, and understood what was expected of them. We could see checks and reviews of care plan information within the care plans. Staff told us as they had a small team they discussed any issues within handover so formal staff meetings were not required.

The management team worked with the local authority to ensure they were working in accordance with people's needs and obligations with the commissioning contract. The last monitoring visit from the local authority had been assessed as good.