

Valdigarth

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Inspection report

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Tel: 01429823403

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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

This inspection took place on 1 March 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Valdigarth provides care and accommodation for up to ten people with learning disabilities. On the day of our inspection there were nine people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service in December 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service were complimentary about the standard of care at Valdigarth.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care plans were in place that recorded people's plans and wishes for their end of life care and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The registered provider had an effective complaints procedure in place and people who used the service were made aware of how to make a complaint.

Staff felt supported by the management team and were comfortable raising any concerns. People who used the service and staff were regularly consulted about the quality of the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Valdigarth

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 registered 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 1 March 2017 and was unannounced. One Adult Social Care inspector and an expert by experience took part in this inspection. An expert by experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with four people who used the service. We also spoke with the registered manager, deputy manager and a member of staff.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and happy at Valdigarth.

The premises was clean and tidy. Generally the building was in good condition however there was one area of a wall upstairs on the landing that required repair. There was a yard to the rear of the premises which was gravelled to create a seating area outside for people who used the service.

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us staff absences were covered by their own permanent staff and the service never used agency staff. Staff did not raise any concerns regarding staffing levels at the home and people who used the service told us there were enough staff to support them when needed.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These included personal care, domestic tasks, physical health, finances and going out. These described potential hazards and the controls in place to reduce the risk. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate checks and records were in place to protect people in the event of a fire.

The registered provider had a 'Protection of service users' policy in place and we discussed safeguarding vulnerable people with the registered manager. There had not been any recent safeguarding incidents reported at the service. We found the registered manager, and staff we spoke with, understood safeguarding procedures and staff had been trained in how to protect vulnerable people.

Appropriate arrangements were in place for the administration and storage of medicines. Medicines audits

were carried out monthly. All the staff were trained to administer medicines, which was updated annually, and staff received observations to ensure they were following correct procedures with regard to the administration, recording and storage of medicines.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. A person who used the service told us, "They [staff] talk, they laugh, they are funny" and staff spoke with people in a "Nice way". Another person described their keyworker as, "She's nice and funny, we have a laugh together."

Staff were supported in their role and received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff received annual appraisals however these were overdue. We discussed this with the registered manager who was aware and we saw these were planned.

Staff mandatory training was up to date. Mandatory training is training that the registered provider thinks is necessary to support people safely. One member of staff's first aid training had expired however we saw this training had been booked. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. People we spoke with told us they thought the staff were well trained. This meant staff were appropriately supported in their role.

People who used the service were supported with their dietary needs. People described the food as "Excellent" and "Alright" and all said they were involved in meal preparation. People told us they had a choice of food and there was plenty of food on offer. None of the people who used the service had specific dietary needs however people were weighed monthly to ensure there had not been any significant weight loss or gain and staff encouraged people to eat healthily when planning and preparing meals.

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). Where applicable, DoLS had been applied for and we found the service was working within the principles of the MCA.

People had 'Communication and decision making' care plans. These were in place to ensure staff and healthcare professionals knew how the person communicated, how to effectively communicate with the person and how the person made decisions. Care records we looked at were signed by the person who used the service to say they agreed with the content and listed people who they were happy for their personal details to be shared with.

Care records contained evidence of visits to and from external specialists including GP, hospital appointments, district nurses, healthcare reviews and hearing appointments. People had 'Health action plans' in place, which described people's healthcare needs, what action had to be taken and who was to help the person. For example, annual health checks at the person's GP, eye tests every two years and an annual dentist appointment. This meant people who used the service had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Our findings

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

We saw staff knocking on bedroom doors and asking permission before entering people's rooms. People's care records described how staff were to promote dignity and respect people's privacy. For example, "All my personal hygiene routines are completed in an effective way which maintains my independence, dignity and respect." This meant that staff treated people with dignity and respect.

Care records showed that staff supported people to be independent. For example, "[Name] will do this [dressing and undressing] independently but staff need to check that [Name] buttons up their shirt correctly", "[Name] can strip their bed but needs staff to prompt and advise them", "[Name] can do dishes independently but not always to a high standard so staff should supervise and give them encouragement" and "[Name] is basically independent in their personal care but requires support and advice about appropriate clothing".

People who used the service told us they cleaned their rooms with staff support and helped with meals once per week. People told us, "I Hoover, dust, polish and tidy my room" and "I make tea on a Friday". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's bedrooms were individually decorated and furnished based on people's likes. We saw many photos of family members and social activities that people had taken part in. People who used the service told us they liked living at the home.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. One of the people using the service at the time of our inspection had an independent advocate, who visited the person on a monthly basis.

People's 'Physical and mental health' care plans had a 'Death and dying' section where people's wishes were recorded for their end of life. For example, burial arrangements and who the person wanted to be contacted. This meant people had been involved in planning their end of life care.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were reviewed monthly.

Each person's care record included important information about the person including emergency contact details and contact details for health care professionals involved in reviewing the person's care needs.

People's care records were person centred, which means the person was at the centre of decisions made about their care. Care plans were in place and included personal care, physical and mental health, social skills, mobility, communication and decision making, living and domestic skills, finances, activities and family relationships.

Each care plan included details of the person's assessed need, short term and long term goals, likes and dislikes and how the support would be delivered. For example, one person who used the service was at risk of seizures. Their care records included an action plan for staff to follow if the person had a seizure, including the protocol for administering rescue medication. All seizures were documented on a chart and included details of the time, duration, details of what occurred and whether any medication was administered. We saw the person had been referred to relevant healthcare professionals for assessment and their guidance was included in the person's care records.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on the person's routine, diet, activities, health and personal care. Staff handover records were also completed at the end of each shift to ensure staff were kept up to date with any important information.

People's 'Activities/day care' care plans described activities that people enjoyed doing and what people's assessed needs were with regard to activities. Each person had an individual plan, which described how support would be provided to the person. We saw one person enjoyed attending their day placement and wanted to plan and take part in a holiday of their choice. One person who used the service told us, "They ask us where we want to go [on holiday or outings]." We saw one person had a 'befriender' who offered one to one support with activities in the community. We saw there were a range of activities that people took part in regularly, which included, a tea dance, the gym, the community centre when entertainers were playing, visits to local towns on public transport, the cinema, bowling and pool clubs. This meant the registered provider protected people from social isolation.

The registered provider's complaints policy and procedure described the procedure for making a complaint and how the complaint would be dealt with. An easy to read version of the complaints procedure was displayed on the notice board. There had not been any formal complaints recorded at the service and people we spoke with did not have any complaints to make. This meant the registered provider had an effective complaints policy and procedure in place.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us there weren't any changes planned for the service in the near future however they did hope to fill the vacant room at the home as soon as possible.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team and told us the registered manager was approachable. Staff told us, "We are a small home, we all get on and we all help each other and know what we have to do" and "If we have problems we voice them. It's such a small home, if there are problems it's easy to see". We saw staff meetings took place every two to three months and included discussions on the people who used the service, staffing, health and safety, and equality and diversity.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered provider carried out an unannounced monthly visit to the home. These visits included discussions with staff and the people who used the service, maintenance issues and any other comments about the service. The registered provider also held a monthly meeting at their office with the registered manager, where they discussed any issues relevant to the home such as staffing, vacancies, maintenance and disciplinary issues.

The registered manager completed various monthly audits, which included care records, housekeeping, health and safety, cleaning, accidents and medicines.

A 'Service user annual questionnaire' was completed, the most recent in June 2016. This asked people who used the service their opinions on catering, personal care and support, daily living, the premises and management of the home. The majority of responses stated people were, "Very happy" or "Quite happy". An action plan had been put in place for any identified issues. For example, one person had requested a key for their room. This was provided straight away. Another person requested new wardrobes. We saw this had been actioned.

Meetings took place on a monthly basis where the people who used the service could discuss any issues or plans. For example, choice of meals, activities and any other concerns, complaints or issues.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.

The service had good links with the local community, including community centres, day care facilities, local pubs and clubs, and shops.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.