

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Valley Way Respite service is a residential respite service for up to six younger adults with physical and learning disabilities and profound or complex needs. There are three floors with accommodation on the ground and first floor and lift access throughout the service; all six bedrooms have en suite facilities.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

There were robust safeguarding processes in place and the service had demonstrated where it had learned from incidents and improved practise to keep people safe. There were enough staff to meet people's needs. Medicines were managed safely and the home was clean.

The service operated effective procedures and support to give respite to people and their families. There was a range of healthy food on offer tailored to people's preferences. Staff had basic and more specialist training and regular supervision. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed staff being kind and caring in their interactions with people, families told us the service had a homely feel. People's dignity and privacy was respected.

The service responded to emerging needs appropriately and support plans were person centred and captured what people liked and didn't, how they could be supported and how they communicated. Relatives knew how to complain and the service complaints procedure was followed.

Staff felt supported and the service had robust quality audits in place to pick up on any gaps in support plans and daily records. The service was looking to improve its facilities by redecorating and building a sensory garden.

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?

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.

Valley Way Respite Service

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 checked 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 was a comprehensive inspection that took place on 13 April 2017 and was unannounced. The inspection team included one inspector and one expert by experience. 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 the inspection we gathered information from previous inspection reports, notifications sent in to us by the service, and feedback from local authorities and other key stakeholders. During the inspection we spoke with four relatives of people who used the service. We spent time with people who used the service, and observed care and interactions between people and care staff where people were not able to answer our questions verbally because of their communication needs. We looked in detail at care files for three people who regularly used the service and at three staff personnel files. We spoke with three staff members on the day of the inspection and the director for care and support. After the inspection we interviewed the registered manager and contacted four other staff members for feedback on the service. We also looked at policies, medicines records, menus and daily records of support and personal care.

Is the service safe?

Our findings

We asked relatives if they felt their children were safe in Valley Way Respite Service. They told us "Yes [name of person] is well looked after every time they go to Valley Way", "Yes absolutely" and "I've never had any issues."

We saw that people were protected from abuse and harm through robust safeguarding reporting systems. Staff knew how to report any signs of potential abuse and what this might look like for the different people they supported. All staff had attended safeguarding training and we saw evidence that it was discussed in supervisions and during team meetings. The service co-ordinator was able to talk through step by step where the service had learned from past safeguarding incidents and made people safer as a result. For example, matching more experienced staff with a person who had a history of behaviour that was challenging for staff at night.

Risk assessments were in the care files we looked at, they were comprehensive and clear about what staff should do in the event of an incident or what triggers might cause one. Risk assessments were reviewed regularly and checked by the registered manager and the director of care to ensure risks and actions were appropriate. As well as risk assessments some people had body maps completed when they entered the service and when they went back home because of a history of self-injury or unexplained bruising. The body maps had a place where it was recorded if next of kin were contacted, it was completed for each body map we saw to show that families were being communicated with about any bruises or injuries. We discussed with the co-ordinator that it was not clear what action was taken after the body maps were completed and someone did have a mark or bruise that was unexplained. The co-ordinator said they would alter the structure of the form to include a record of an outcome so it could be shown what the service did to support people after an injury or bruise was found.

The registered manager told us there were many people who stayed in the service who had behaviour that others would see as challenging and who might get aggressive or throw things. We asked the registered manager what approach the service took towards supporting people to minimise risks to themselves and others. The approach of the service was to encourage people to express their feelings and frustrations, but in a way that would not harm themselves or other people. They told us they prepared through gathering information from relatives and health professionals before a person visited the service so that an initial risk assessment could be put together and staff could slowly get to know the person over a number of short visits. The registered manager told us that for some people they made sure the environment did not have things in that might get thrown at others. For people who were less mobile and might be placed at risk staff knew to situate them somewhere they could leave the room easily if they needed to. They also explained that for lots of people, using tailored distraction was a successful way to help people become calmer.

There were enough staff working to meet people's needs. One person on a one to one had two staff members working with them so they could go out for walks and to the local shops. Valley Way Respite service had a fluctuating rota depending on how many people were staying for respite on any one night and what level of needs they had. The rota matched how many people were working. We asked the service co-

ordinator and the registered manager how many staff they would usually have on if all six beds were being used. They told us there was always a minimum of three staff on and often more than that because some people might need extra support. During the day most people either went back to their home after finishing their respite stay or to a day centre for the day so staff were not required to be in the service. Staff worked flexibly to meet the needs of the service and a changing rota, all staff we spoke with said there were enough staff at any one time to meet the needs of people. We were told by the registered manager night time staffing was always a minimum of two waking staff, but supported by extra staff if there was a person who required one to one supervision throughout the night.

Medicines were managed safely; they were locked away securely, with arrangements for controlled drugs in a separate lockable space in place. Medicines were brought in by families at the start of a stay and returned to the family when the person was picked up or travelled with the person to the day centre where they spent time, with arrangements in place for administering of emergency medicines for epilepsy. Each person who used the service and had epilepsy had individual epilepsy guidelines in place and every staff member had training in emergency administration of epilepsy medicine. We observed medicine being given to a person, they were gently encouraged to take their medicine and praised when they did. Two staff members were present and checked and signed that the correct dosage had been given. Medicine administration records had no gaps and the service had clear records of what allergies people had, and what medicines they took for which reason and the dosage and method of administration that person preferred.

The home was clean and odour free. We saw domestic staff cleaning throughout the day. There were signs up throughout the home, both pictorial and written to remind people to wash their hands. Handwashing facilities were available with hot water and soap and we saw staff using gloves to prevent the spread of infection.

Each person had a personal emergency evacuation plan for the event of a fire and fire equipment we looked at was serviced and in good condition. The service co-ordinator told us a safety measure they had in place is a maximum of four people who are unable to walk to stay at any one time, so that in the event of an emergency staff can safely support everybody to evacuate the building.

We saw that recruitment practises were safe to ensure that staff members had a criminal records check in place, references and were assessed as competent and safe to provide support to vulnerable people.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that DoLS were in place for those people that had their liberty restricted to prevent them from harming themselves. For example, for some people their bedroom or bathroom was locked unless a staff member was with the person because they were at risk of eating non-food items. The service was seeking advice on whether every person needed to have a DoLS in place for a respite stay, we asked the service to update us on the action they were going to take regarding making more applications.

Staff were skilled and provided with specific training to meet the complex needs of the people they were supporting. Training records showed and the registered manager and staff told us permanent staff had completed training on epilepsy, moving and handling, dysphagia where people were at risk of choking, and Percutaneous Endoscopic Gastronomy (PEG) feeding. A PEG feed is where a person has a small tube inserted into their stomach so that food or medicine can be passed through it. Where newer staff had started they had either been on the training or had been booked on the training and were always on shift with a more experienced member of staff.

Staff were supported through supervisions that took place every six weeks. Staff told us supervision was very helpful, and notes of these meetings showed a range of issues being discussed such as safeguarding, training, issues around people they were supporting, and personal development.

There was one person who lived at the service on an emergency respite placement until longer term accommodation could be found. The service ensured their health needs were met through working with a range of health professionals. We saw evidence of regular contact with dietitians, speech and language therapists and physiotherapists. This person had been supported through having a PEG fitted and was being supported to communicate further through some specialist adapted technology the home had ordered for people to use who had specific health and communication needs.

The service was bright with plenty of natural light, hallways were wide for people to pass each other and still have space. Each bedroom was designed so it could meet a range of needs, with hospital beds and pressure mattresses in place and hoists and wet rooms with shower chairs in each bedroom. There was lift access to both levels of accommodation so people in a wheelchair could access all areas of the home, and the garden was wheelchair accessible also.

Relatives told us they were happy with the food, one parent told us their child "Has a nice varied diet." We sat with a person eating their lunch, they ate with enthusiasm and asked them if they liked their food, they made a sign and facial expressions to tell us they were feeling happy. We saw a range of food on offer for people, and staff told us they bought in what people liked, there were nine different types of breakfast cereal as an example of this. We saw a list for each person including allergies, the food they enjoyed and how they liked it cooked, what food they did not like and what consistency they might need their food if they had

problems chewing or swallowing. Relatives told us they had input into what food was provided, and the dinner that was being prepared on the day of the inspection looked healthy and appetising.

Is the service caring?

Our findings

Relatives said "my child is happy", "Yes absolutely they are very kind and staff recognise my family member." One relative said "It's like going home somewhere."

We observed kind and caring interactions throughout the day from staff towards people, during the busy period in the morning when people were supported to go home or get ready to attend a day centre and when it was quiet and only one person was in the service. We asked the registered manager to give us an example of where staff had been caring. We were told that staff went to visit one person in hospital as they did not have any other visitors. Staff did this extra to their hours and was not part of their shift pattern.

The atmosphere was friendly and open in the service, people were laughing and made signs to say they were happy. Staff were energetic and made people laugh and told us "we just want to make people happy." We saw that staff knew people and their needs well. We observed one person came and sat in the office and was welcomed warmly each time as they repeatedly entered and left the room. Staff knew the signs, sounds and facial expressions this person used to communicate and responded when they asked for something or communicated a need. The signs the staff used and how they supported this person throughout the day matched with a description of their communication needs and how their family wanted them to be supported in their support plan. Staff used physical reassurance where it was appropriate for those people who responded positively to it.

The food on offer reflected the variety of people who used the service and their different faith and cultural needs. For example, halal meat was available and vegetarian options. There was also a separate sink for people to wash food items as part of their faith.

Staff told us they respected people's privacy and dignity and covered people up when they were receiving personal care and always knocked or announced themselves when entering a room. The service had an equality and diversity policy which set out how the provider could work towards eliminating discrimination towards people from protected groups and other people who might be discriminated against. The service co-ordinator spoke with passion about supporting people to be more independent and reduce discrimination for people with disabilities. We asked for examples of where people had been supported to be more independent and were told about some people using cooking facilities. We were told about one person who lacked experience and skills such as shopping and budgeting and now after some support from staff were able to pay for something in a shop.

Families told us the communication was good and they felt involved and listened to. One relative said the service was "Fantastic, its clean, friendly, homely, its settled and calm with happy atmosphere very spacious lots of rooms" and another said "if there are any problems it's very well communicated".

Is the service responsive?

Our findings

The service was responsive in how it provided individualised support to people. People's preferences were taken into account for what they wanted to eat and how it was cooked, what they wanted to wear each day and how they spent their time at the service. Support plans were person centred, with detail on the likes and dislikes of each person, their background and how they liked to be supported by staff with specific details for staff on how to meet their needs. For example one person's care plan stated "can choose between three choices before becoming confused" and another explained the difference between a person's needs during the day and the night.

People were assessed over a long period of time to ensure they were happy to stay at the service and we were told by staff and relatives how introducing the service to new people might take many months of short visits. We were told of one person who would get upset by change so their first visit was to see the outside of the door, the next visit was to stand in the entrance way and each time the person visited they were encouraged to come further in when they became more comfortable. The person now stays at Valley Way Respite service overnight.

We asked relatives if they knew how to make a complaint, we were told they felt happy to complain to the service co-ordinator and that issues were resolved. Complaints were logged and responded to within the time frames laid out in the provider's policy on complaints.

We saw evidence of the service responding to people's emerging needs. The service had noticed a person trying to communicate more and worked with a local day centre to identify they would benefit from an I-Gaze, a specialist piece of equipment that can help people to communicate choice and had ordered it.

Families had an input into the running of the service and helped to choose new furniture for the lounge. Paint samples were on the walls so staff could ask people which colours they preferred for planned redecorations. We were told that families supported the service through raising money and had raised money for a minibus so that people could go for day trips on the weekend after family members had suggested it.

Is the service well-led?

Our findings

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. There was a registered manager in place and a support structure for running the service day to day and ensuring care was of a high standard. The service co-ordinator was based at the service and the registered manager had responsibility for the overall service and visited several times a week.

Quality monitoring systems were robust and regular audits on medicines, care plans, risk assessments and daily records were completed by the service co-ordinator, the registered manager and the provider's director of care and support at different times. Any gaps identified on audits were followed up and signed off as being completed.

The management approach was open on the day of the inspection, with people being treated with respect and as the primary focus of the service. Feedback was taken positively and some changes made immediately to effect improvements. We saw that improvements were being made to the service with a sensory garden being built and specialist equipment ordered.

Staff had regular supervisions and appraisal and were supported to attend training to meet the specialist and complex needs of the people using the service. Staff spoke highly of the management team and said "this is a really nice place to work" and "the co-ordinator is excellent. And the manager is excellent too." Families described the management team as professional and interested in people.

We saw evidence that the service worked in partnership with health and social care professionals to receive referrals and then assess the needs of people and review needs where appropriate. Staff told us how the service was working in partnership with supported accommodation for one person to move to and they were sharing information and starting to arrange visits so the person could build trust with the new staff at the accommodation.