

Dalesview Partnership Limited

Veedale

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out an unannounced inspection on the 7th January 2015. The last inspection took place on 11 July 2013 and there was no evidence of any regulatory breaches.

Veedale is registered to provide care for up to 18 young adults who have a learning disability. The home was providing care and accommodation for people with nursing and personal care needs. The registration requirements for the provider stated the home should have a registered manager in place. There was a registered manager in post on the day 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.

Systems to ensure people who used the service received safe effective care were in place. This was because the provider ensured people had access to specialist input in the planning and delivering of their care. We noted in people's care files evidence of reviews undertaken by

Summary of findings

professionals. We saw some doors that should have remained locked were not always secured. This meant there was a risk of people who needed high levels of supervision accessing external areas unobserved.

Duty rotas for each of the units in the home identified appropriate cover in place. Gaps due to sickness were seen to be covered by the home's own staff team. Staffing levels were determined according to the layout of the building and people's needs.

We discussed the arrangements in place to manage people's medicines safely and effectively. Staff confirmed they received medication training and we saw evidence of training recorded on the training matrix in the home. Policies and national guidance were in place to offer guidance and support when dealing with medications in the home. There were some gaps in medicine records.

People told us they enjoyed the meals and choices were on offer. People were observed to have access to drinks at all times during our inspection. We observed the menu choices for the day and the cook told us menus were picked daily by people who used the service and that people would be able to have a meal of their choice if they did not want what was on offer.

Arrangements to ensure people who used the service were cared for by an appropriately trained staff team were in place. This was because the provider had evidence of staff training, including a training schedule in place for the staff team. Topics covered in the training included, fire safety, first aid, moving and handling, health and safety, drugs administration, safe swallowing, epilepsy, autism, intensive interaction and learning disability communication awareness.

Staff we spoke with were able to provide evidence of an understanding of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards) DoLS and the appropriate procedure they would take if a person using the service was being deprived of their liberty unlawfully.

We observed people who used the service during activities. We noted staff asked people if they were happy to take part in the session prior to commencing and we noted appropriate equipment and protective clothing was applied.

We observed range of activities the provider offered on the day of our inspection. The registered manager told us the provider had a team of lifestyle staff who were dedicated to activities in the home. The leader in the lifestyle team told us, "We have developed a bespoke day care activity service."

All care files were individualised and reflected people's current needs including a description of the person's current health state. We noted care plans and risk assessments were in place and these had been evaluated recently and regularly. Specific needs such as, moving and handling, challenging behaviour, strategies to cope, medication and dietary advice were in place.

We asked the registered manager about how the provider dealt with complaints in the service. We were told, "We have the complaints policy at the front door and a complaints form with actions and time period to deal with them."

We asked if the home received feedback from staff, people who used the service or their relatives. We were told the provider sent out a dignity questionnaire to all staff and fed back the results about what we are good at and where we need to improve.

Staff we spoke with in the home were positive about the support they received for the management at the home. We were told, "The manager is brilliant and approachable nothing is too big or small for her."

We saw evidence of staff meetings taking place. Topics discussed were seen including actions, attendees and the aims of the meetings. The registered manager told us they were driving up quality by developing a staff and relative meeting to discuss how improvements can be made in the home.

We saw evidence of audits and monitoring taking place in the home for example, there was a copy of an inspection audit that had taken place recently which detailed care plans and risk assessment audits that had been completed as well as reference to any concerns or complaints that had been received.

Summary of findings

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 was not consistently safe.

People and their relatives told us they felt safe in the home. Staff we spoke with demonstrated an understanding of the procedure to take if they suspected abuse.

The provider had systems in place to ensure people using service lived in a safe environment. Access to the home was via a secure locked front door.

We saw evidence of appropriate numbers of suitably trained staff in the home. Recruitment procedures were robust and ensured appropriate staff were employed by the service.

Medications were administered appropriately in the home and records of administration were completed. However we saw gaps in the recording of fridge temperatures in all of the units. The registered manager provided evidence of an action plan to resolve this on the day of our inspection.

Requires Improvement



Is the service effective?

The service was effective.

People who used the service had access to nutritious meals and were offered choices of meals. Evidence was seen of nutritional assessment in place and the cook demonstrated knowledge of people individual needs in relation to their meals.

Staff demonstrated knowledge of the Mental Capacity Act (2005) as well as an understanding of the Deprivation of Liberty Safeguards. We were told what action would be taken if they suspected people were being deprived of their liberty unlawfully.

Good



Is the service caring?

The service was caring.

People using service and their families told us they were happy with their care and staff we spoke with discussed the care delivery for people who used the service.

Pre admission assessments were carried out to enable staff to get to know people well and provide the care needed.

The provider had a statement of purpose and service user guide so that people who used the service and their relative had access to information about the service on offer.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Activities were seen to be tailored to people's needs and people we spoke with confirmed they enjoyed the activities on offer in the home.

Care files were detailed and tailored to people's individual needs. Care plans and risk assessment were in place to ensure staff had access to up to date information about people.

Relatives were highly complementary and people were happy with the care that was provided. We discussed a complaint that we had been made aware of prior to our inspection. The provider had made the Care Quality Commission aware of the outcome of the complaint.

Is the service well-led?

The service was well led.

We spoke with people who used the service, staff and visiting relatives about the management arrangements in the home, we received positive feedback.

Team meetings were taking place and we saw evidence of minutes recorded in the home.

Evidence of quality monitoring and audits was seen such as care plans and risk assessment audits.

Good



Veedale

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 7 January 2015 and was an unannounced inspection which meant the provider and staff did not know we were coming. The home is registered to provide care and accommodation for up to 18 people with a learning disability.

The inspection was carried out by an adult social care inspector and an 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. The expert had experience of care homes which provided care for people with a learning disability.

Before the inspection, the provider completed a PIR (Provider Information Return). 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. We reviewed the information we held about the service, including notifications and the details within the PIR.

Prior to our inspection we received information about some concerns raised by a family member of a person who used the service. We looked into these concerns during our inspection.

During our inspection we spoke with six staff members including, the cook, care staff, the registered manager and members of the activities team. We also spoke with seven people who used the service and six visiting family members. We received information from four visiting professionals to the home.

We spent some time observing care and staff interactions with people who used the service in the communal areas of the home. We looked at the care records for three people who used the service and other documents which included medication administration sheets, audits and quality monitoring taking place, records of incidents and accidents in the home.

Is the service safe?

Our findings

During our inspection we spoke with people who used the service and relatives about whether they felt safe in the home. People we spoke with told us, “There are never any signs of fear by him and he does sometimes have bumps but nothing at all serious and they always let me know. They are always trying to remedy things that might cause him any harm and I feel they really try to keep him safe.” Another relative told us that they felt their relatives were both, “safe and never seemed intimidated or were rough handled”. A third said they felt their relative was very safe and happy in the home. A visiting professional told us, “Any safeguarding issues that have arisen I have been informed immediately and the outcome.” Two people who used the service told us they felt safe and well treated by staff.

The provider told us they followed the Lancashire County Council safeguarding adults policy and procedure and provided staff with the same training to ensure continuity of information regarding abuse. We saw evidence that staff had attended safeguarding training and planned dates for training over the coming months. Systems were in place to ensure staff had access to up to date knowledge of the signs of abuse and the actions to take if they suspected abuse had taken place.

We were told management had discussion with staff in supervision and meetings to ensure they understood the safeguarding policy and the appropriate actions to take if they suspected abuse had taken place. Staff we spoke with told us, “I would make the service user (people who used the service) safe and will inform the manager, the police, the Care Quality Commission and document it.”

Systems to ensure people who used the service received safe effective care were in place. This was because the provider ensured people had access to specialist input in the planning and delivering of their care. We noted in people’s care files evidence of reviews undertaken by professionals. Visiting professionals we spoke with told us, “The Service manager refers the residents (people who used the service) to the Learning Disability Service requesting input in relation to complex physical and emotional health needs. Since accepting referrals onto my caseload, myself and a colleague at the service have received appropriate updates regarding both.”

People who used the service were cared for by an appropriate staffing numbers in the home. This was because we spoke with people who used the service and visiting relatives about the staff in the home. We were told, “When I visit there are always enough care staff around to help” and, “There is always plenty of staff from what we can tell. The staff are caring and also very well trained.” A visiting professional to the home said, “There is always sufficient staff on duty when I visit, more than most residential homes.” Another told us, “There appears to be adequate numbers of staff and the home appears clean, calm and organised when I visit.” Staff we spoke with told us, “There is a lot of long term staff. I have only seen one agency staff in the last eight years. There is enough staff.”

Duty rotas for each of the units in the home identified appropriate cover in place. Gaps due to sickness were seen to be covered by the home’s own staff team. Staffing levels were determined according to the layout of the building and people’s needs. Staff had access to management support out of hours. We observed there was sufficient staff on duty during our inspection and we noted staff attended promptly to assist people when they required it. Staff assisted people calmly and politely with no evidence of rushing or of rough handling. People we spoke with also confirmed this. We were told appropriate numbers of staff were used for moving and handling for example were used by staff. The registered manager told us there were plans to recruit a deputy manager to the service in the future.

We looked at the recruitment process in the home. We found staff recruitment to be thorough and all relevant checks had been completed including relevant references and Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

We discussed the arrangements in place to manage people’s medicines safely and effectively. Staff confirmed they received medication training and we saw evidence of training recorded on the training matrix in the home. Policies and national guidance were in place to offer guidance and support when dealing with medications in the home. We saw evidence of staff signatures in the medication folder to ensure identification of signature was easily accessible if required.

Medications were stored in each unit of the home safely and securely for each person. We looked at how the home

Is the service safe?

managed medication that required storage at specific temperatures. We were told any medications would be stored in a lockable container in a fridge that had recordings of their temperature monitored. We noted all fridges in the home had appropriate temperature recording equipment and records showed the temperature was maintained within a safe range. There were gaps in the recordings on all of the units, which we brought to the attention of the registered manager. We noted some people who used the service had creams prescribed for them and although these were usually dated on opening to ensure these were not used beyond the manufacturer's recommendations, some of these had not been dated. We discussed these gaps with the registered manager who took appropriate actions immediately and provided evidence of actions taken to ensure all staff were aware of the correct procedure in recording fridge temperatures and dating creams to ensure people received their medications that had been stored in line with safe storage of medication guidance. Staff we spoke with demonstrated the appropriate actions to take to ensure medication that needs returning to the pharmacy was stored safely and included records to ensure effective audit trails were in place.

We observed the administration of medication by a staff member on one of the units. People received their medication safely; the medication administration chart was completed correctly and in a timely manner. Staff were observed discussing medication with people including what the medication was for prior to administration. Medication charts we looked at had been completed by staff; these were completed accurately with the exception of one where we identified some gaps. We discussed this with the registered manager who confirmed they would ensure all staff were informed of the importance of accurate recording of medications. It is important to ensure accurate records relating to medication administration are in place to maintain people's safety.

We heard consistent feedback from relatives that medication was properly administered. One person told us, "(Named persons) medication is all done ok and we are kept informed" and, "(Named persons) medication is all done ok as far as I can say, and it's reviewed due to their condition and they (the staff) tell me."

Access via external doors to an enclosed patio space was evident. There was gated access to the garden which we noted had been secured as well as garden gate access to the car park. We also noted access to this space was available out of each of the units. We were told these doors were kept locked to maintain safety. The provider told us, 'during the day staff are able to gain access into the kitchens for two of the homes from the patio area, but the external and internal doors to both kitchens are kept locked when no staff are working in the kitchens.'

People who used the service received safe and effective care because systems to ensure risk assessments were in place and reviewed regularly to ensure they reflected current risk in the home were in place. We saw evidence of up to date risk assessments in people's care files we looked at. Staff who undertook activities on the day of our inspection told us, "Planning each session includes risk assessments that were based upon the needs of the group and the activity." The registered manager told us, "We take positive risks for people and manage risk, involving other professionals such as the physiotherapist and the GP."

We noted from looking at people's support plans that the risks had been identified for all aspects of people's needs. Examples of risk were; meal times, outside activities, moving and handling and home risk assessments. This meant staff were provided with information about how to manage individual and service level risks in a safe and consistent manner.

A visiting professional told us the service responded to risks positively. They said, "During input provided by the service to date, staff have identified and managed potential risk concerns appropriately." A visiting relative told us appropriate systems to ensure the risk for their relative had been put in place in the home. Systems to ensure people who used the service were safe because the provider had undertaken appropriate risk assessment to protect them.

Recommendations

Nationally recognised guidance for appropriate storage and recording of medications should be sought to ensure people who use service receive their medications safely.

Is the service effective?

Our findings

We spoke with people who used the service about the meals in the home. People told us they enjoyed the meals and choices were on offer. People were observed to have access to drinks at all times during our inspection. We observed the menu choices for the day and the cook told us menus were picked daily by people who used the service and that people would be able to have a meal of their choice if they did not want what was on offer. The cook was aware of people's specific dietary requirements including allergies and to follow specialist input such as the speech and language therapy team in relation to individuals who had difficulty swallowing. We saw evidence of supplies of fresh fruit and vegetable in the home. The cook told us they were able to order food supplies as they were required and that people who used the service took part in the shopping trips for supplies. Systems to ensure people who used the service had access to adequate meals of their choice were in place.

Staff we spoke with were able to discuss people's specific requirements in relation to meals. Appropriate arrangements were in place to ensure people received their meals safely in a timely manner that supported their individual needs. We were told one unit undertook one to one meal times for people as this was in line with the dietary care plan and assessment. We observed other people from another home visited and took part in the lunch time activity with their own staff team.

We observed the dining areas were nicely set with condiments and cutlery. Meals offered were nutritious and staff supported individuals in a timely manner that was not rushed. Staff were observed speaking kindly to people taking part in the lunchtime activity with them. This demonstrated a positive dining experience for staff and people who used the service.

Care files we looked at provided staff with the knowledge of people's dietary needs and the risks associated with them. This ensures staff had up to date knowledge of people's individual dietary needs. The registered manager told us, "When people move in we ask their likes and dislikes and we will complete their dietary care plan with their relatives." Staff had access to a safe food file to ensure people living in

the home were cared for by a knowledgeable and up to date staff team. Guidance included food standards advice, food safety and hygiene, cross contamination advice, and cooking safely.

Arrangements to ensure people who used the service were cared for by an appropriately trained staff team were in place. This was because the provider had evidence of staff training, including a training schedule in place for the staff team. Topics covered in the training included, fire safety, first aid, moving and handling, health and safety, drugs administration, safe swallowing, epilepsy, autism, intensive interaction and learning disability communication awareness. Staff we spoke with told us they had received training that was relevant to their role. One staff member told us, "The training is brilliant, we all need to attend." A visiting professional told us, "Staff do understand people's needs and their knowledge and skills are appropriate for the service." We spoke with a visiting training co-ordinator who told us, "They (the provider) are proactive and forward thinking. They are active about the training provided in the home." The provider told us they had purchased a new software system to record training and highlight staff needs. People who used the service were cared for by a staff team who had access to appropriate training that was relevant to their role.

Systems to ensure staff were supported by the management in the home were in place. This was because staff we spoke with told us supervisions were taking place regularly in the home and we saw evidence of supervision records in the staff files we looked at. The registered manager told us, "All staff have individual supervision and appraisals." There was evidence of annual appraisal taking place to ensure staff had access to reviews of their practice and to plan for future training needs.

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out actions to be taken to support people to make their own decisions wherever possible. The DoLS provides a legal framework to protect people who need to be deprived of their liberty, in their own best interests.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The

Is the service effective?

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff we spoke with were able to provide evidence of an understanding of the MCA and DoLS and the appropriate procedure they would take if a person using the service was being deprived of their liberty unlawfully. Staff were able to provide examples of DoLS and the appropriate applications taken by the provider. The registered manager discussed the DoLS application that had been submitted to the local authority as well as the procedure that had taken place for completed DoLS applications in the home. The registered manager provided information on reviews of support for service users with epilepsy who were using bed rails as less restrictive practices were available and were being introduced and monitored.

Systems to ensure staff followed appropriate procedures for people using the service who required assessments for best interests decisions were in place. We were told alternative communication formats such as pictorial tools to aid people using services to make decision were used. The registered manager demonstrated knowledge of the recent changes in the law and rulings relating to DoLS.

We saw evidence of people who used the service being involved in decisions in the home. Evidence of a service user council meeting taking place were seen. Topics covered were listed along with attendees and appropriate pictorial and written minutes seen. The registered manager told us, service user councils were used as an opportunity to listen to what individuals want us to do. Care files identified people's involvement around choices in their care and what people liked and disliked. It was also clear that people had the choice of where to be and what to do and this was respected.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP. We saw evidence of involvement of other professionals such as the dietician. Care files recorded details of people's current health status. We saw evidence that the health needs of the residents were a key factor in their care, including access and use of other services. Family members told us, "They have helped

(named person who used the service) lose weight and this now helps (named person) walk better and its improved (named persons) posture as well." We were told the staff understood people's individual needs well.

A visiting professional told us, "Further to the assessment period, recommendations regarding long term strategies are currently being put into place for monitoring and review alongside the reactive strategies most frequently utilised by care staff."

The registered manager told us, "We are quick to respond to any changes in health needs and act quickly to facilitate necessary appointments. We have effective relationships with the GP services and have continued to complete the annual learning disability health-checks to be proactive in managing health care needs. We consult with families around medical histories that may have an impact of their relative. We are aware of people's rights and support them to achieve them. We have access to and good working relationships with relevant professionals, for example, speech and language therapist, physiotherapist, wheelchair services, advocacy services and specific organisations as necessary."

During our inspection we observed all four units were clean and tidy and free from clutter. We noted the home had a five star rating from a recent food hygiene inspection. We were shown a daily jobs list for staff which detailed laundry and general household duties. Bathrooms on the units were noted to be locked to maintain people safety in the home. Corridors in the units were brightly lit and were accessible for wheelchair users. The areas of the home we visited were free from dangers such as trip hazards, badly stored kit or badly arranged furniture. Staff had appropriate knowledge of balancing safety and security with choice and preferences. All units were situated on the ground floor which allowed easy access for people who needed support with their mobility needs.

Visiting professionals to the home told us, "I feel the environment meets people's needs and they all appear to have a full active functional social life. I believe all residents are cared for and have a happy, safe quality of life." Another said, "The environment is always clean and tidy when I visit, and the reviews always take place in a private room with the service user and family present." And, "Whilst I have occupied relatively minimal space during my visits, the communal living area has furnishings consistent with a warm and homely environment. I have also observed

Is the service effective?

efforts made both by staff and residents in keeping the environment clean and tidy.” A relative of one person told us they felt, the security seemed right and they were not really conscious of it being either too severe or lapse.

All rooms were single room occupancy and contained the equipment and facilities to aid people with their individual

care needs. We saw rooms had been personalised with photographs and mementoes. We observed people who used the service were escorted to their rooms when staff carried out their personal care needs ensuring privacy dignity was respected.

Is the service caring?

Our findings

We spoke with people who used the service about the care they received in the home. We received positive feedback such as, “The staff are kind and care.” All people using services said that staff were kind and compassionate. Examples were given such as how they (the staff) helped people, spoke to them and took the time to do things with or for them.

Relatives of people we spoke with were complimentary about the care provided in the home. We were told, “There are enough things for him to do something most of the time and they (the staff) know his likes and dislikes. They seem to respect his choices but know how to still keep him or his room tidy.” Another told us, “They (the staff) are keen to respond. I’ve had no complaints. My (named person) cannot walk and needs full personal care. If I go and they have not yet done something like cleaning his teeth they will pick this up straight away and I don’t have to keep at them. I feel they take me seriously. You can go anytime and (named person) looks well looked after and even (named persons) nails are nicely done, and (named person) never looks dishevelled.” These comments highlighted the caring and person centred approach of staff.

We saw consistent evidence that staff and people who used the service had a mutual affection. We observed staff responding in a kind and caring manner responding to people’s needs in a timely manner. Through discussion with members of the staff team we were confident they had knowledge of people’s individual needs and how to act on them. Staff we spoke with told us, “I see service users (people who used the service) as individual people” and, “We strive to find out people’s individual needs. We learn about people in reviews and involve the family and the service user. We are person centred.” People who used the service received care from a staff team that was knowledgeable and confident in their care delivery. The registered manager told us they monitored the delivery of care and asked staff questions about the care they provided.

We saw evidence on people’s care files that other professionals such as the GP, dietician and the physiotherapist had been involved in their care. We spoke with visiting professional to the home. All were positive about the individualised care that was delivered in peoples best interests. We were told, “All staff are positive and

receptive to advice and guidance that I may offer. In my opinion the whole team are caring and are concerned for the residents who live in these bungalows”, “I regularly see the residents who live under the care of (registered manager). They attend a clinic setting and I complete home visits. In my professional opinion, I believe the residents are safe and well cared for”, “They have been receptive to ongoing feedback and direction through the assessment period to date. The service manager in particular has demonstrated awareness of when advice should be sought from professionals regarding concerns in relation to potential safeguarding issues. There have been occasions when health updates have been provided that appointments have been requested and agreed at a sooner date with advice from the MDT (Multi-Disciplinary Team) e.g. changes in medication.” And, “I have experienced a consistently caring and responsive attitude towards the resident I have worked with from key staff members, alongside ongoing staff demands and intermittent behavioural challenges.” People received care that was individualised to their specific needs, wishes and in their best interests. A relative of one person told us, the general appearance and health of their (named person) had noticeably improved since being at Veedale.

There were no restrictions on visiting and relatives confirmed they were made welcome in the home. People using the service told us that their views were respected and that relatives were both made welcome and encouraged to be involved in the provision of the care for their family members. A relative of one person who used the service said they were made welcome at any time they called but they generally gave the staff notice of their visits, because their son would often be out or on activities which they felt he really enjoyed and benefitted from. The provider ensured people who used the service had access to and supported relatives in the care delivery.

Systems were in place to ensure people’s care needs could be effectively met were in place. This was because staff we spoke with told us. We involve and have relationships with people who come into the service such as health professionals, care managers and maintenance providers that help maintain the safety levels within the service.” A staff member told us, “We do lots of transition work with service users. We discuss care with parents, the social worker and previous placements.” One relative told us that the provider had allocated a senior support staff member from the respite unit for the first two weeks to also

Is the service caring?

accompany him whilst he settled in to full time residence at Veedale. This meant positive, caring relationships were developed and the person concerned was actively supported to be comfortable in their new surroundings.

We saw the home provided a service user's guide for people who used the service, which included information about the services and facilities available in the home. We

noted this contained both written and pictorial advice to aid people who used alternative communication formats. We saw the home's statement of purpose outlined the ethos of the home and provided evidence of what facilities and support was offered. This ensured people who used the service and their relatives were made fully aware about what the provider offered at the home.

Is the service responsive?

Our findings

We observed range of activities the provider offered on the day of our inspection. The registered manager told us the provider had a team of 'lifestyle staff' who were dedicated to activities in the home. The leadership in the lifestyle team told us, "We have developed a bespoke day care activity service. We talk with families prior to commencing activities tailored around the service users (people who used the service). We mix people and look at how people socialise. All service users have at least four activities per week, either in the home or in the community, but it is their choice. Activities are evaluated to make sure individual needs are being met." We noted evidence that the care was based upon some forms of both initial assessment and ongoing review. Members of the lifestyle team told us that all activities had risks assessments that were based upon the needs of the group and the activity.

Systems were in place to ensure people received meaningful activities from a knowledgeable staff team. This was because staff supervising activities were noted to be knowledgeable about people's individual needs and how these related to the activities they took part in. One staff member told us, "All activities are evaluated every time they happen and this is reviewed monthly and changed as required." Staff were able to discuss the benefits of activities for people who used the service such as improvements in one person movement in a yoga class. Staff told us they became part of the lifestyle team so they could ensure full support for the people they were with, and also discussed how the activities were fundamental to the wider things that people needed over and above personal care.

There was two week rolling programme of activities for all people who used the service and we noted activities were tailored to people's individual needs and likes, such as trampolining, drama, foot spa and hydrotherapy. Staff were allocated to each activity to ensure people who used the service were supported to take part in meaningful and tailored activities for them.

We observed people who used the service during activities. We noted staff asked people if they were happy to take part in the session prior to commencing and we noted appropriate equipment and protective clothing was applied. We saw people taking part in activities including humming along to music and following simple instruction

given to them by the staff. During one of the activities we observed, a contracted expert was providing the instruction and support. This was worked through with each of the people who used the service along with supporting staff. People who used the service were offered safe effective and tailored activities that met their needs.

Relatives of people who used the service told us, "There's something on for him every day, and I think this stops him getting any boredom. For instance they go to trampolining and they have encouraged us to join in, but I was just happy to be there" and, "He gets to do lots of things though could do with more. He sometimes needs a bit of persuasion. Sometimes they may offer him too much choice and I think they need to cajole him a bit more, though he does go to college, goes trampolining and bowling and they also go out socially."

We looked at the care files for three people who used the service. We saw all followed the same format and had a chronological pattern. Person details such as name, date of birth, GP and next of kin were detailed. This would ensure relevant others details were available for staff if required.

All care files were highly individualised and reflected people's current needs including a description of the person current health state. We noted care plans and risk assessments were in place and these had been evaluated recently and regularly. Specific needs such as, moving and handling, challenging behaviour, strategies to cope, medication and dietary advice were in place. Specific care needs such as medication and epilepsy protocols were seen that would guide staff on how to care for people. There were detailed pen profiles in place and evidence of peoples likes dislikes communication needs in place. This meant there were clear guidelines for staff to recognise and be responsive to people's needs. The use of advocacy services were evident in peoples care files to ensure people were provided with care and support tailored to their specific needs. People who used the service were cared for by a staff team that had knowledge of their individual likes, dislikes and specific care needs. The home had detailed care planning and evaluation for activities taking place these included on site as well as activities undertaken in other location. This would ensure care provided by staff would be in line with their individual needs and preferences.

The registered manager told us, "We are ensuring one page profiles are in place, everybody (using the service) will have

Is the service responsive?

a communication guide by June 2015, 'now and next' cards are being developed by the communication coordinator. We continue to look at how we can get the most effective support for people who use the service and make changes if necessary." We were told the service involved all parties in the care packages and asked for feedback. Each person had an individual care plan inclusive of what their needs were, including likes and dislikes.

We saw the units had daily jobs sheets for each shift. Detailed on these were specific to the needs of people who used the service and the staff member who was allocated to care for their specific needs. We were also shown a staff handover sheet which had details for each person who used the service, detailing information such as whether the person had slept well. These were signed by staff however one of the sheets we looked at had not been signed. It is important to ensure records were completed regularly and signed.

Systems were in place to ensure people who used the service were referred and reviewed by members of the wider care team such as GP, physiotherapist and dietician. We saw evidence of this in documented reviews and this was confirmed with a visiting professional to the service who told us, "During my visit to the home I was provided with all the information I needed to complete the assessment and all the information was ordered in a file", "The referrals received from the registered manager are always appropriate, she always provides a full history and the relevant information we require" and, "(Named registered manager) attends every wheelchair appointment which I find beneficial for the continuity of my intervention. (Named registered manager) and her staff understand and follow the principles of 24 hour posture management and so the residents (people who used the service) do not spend long periods in their wheelchairs. All residents appear to follow a physiotherapy programme. (Named registered manager) contacts myself and the Physiotherapist, with any postural concerns."

We asked staff to tell us how they ensured they had the knowledge of what was important to people who used the service. Staff demonstrated a deep understanding of people's needs and how these were communicated within the team. One staff member told us, "Care plans make sure service users are getting the care they need and deserve to get. We use communication boards talking boards and the one page profiles to communicate effectively with people."

Staff told us how really good two way communication between them and staff would ensure their relatives views diversity needs or concerns were sought. Another staff member said the service made adjustments to personalise service to people's disability needs including raising awareness of specific disability or trauma needs of some residents.

Systems were in place to ensure people's care needs could be effectively met were in place. This was because prior to people moving into the home preadmission assessments were undertaken. We saw evidence of preadmission assessments in the care files we looked at. The registered manager told us, "We use in depth initial needs assessment involving the service user their family, friend or current provider. This then builds the basis for care planning and support needs to be met.

People who used the service confirmed they were well cared for and happy with the care they received. Relatives we spoke with told us the provider contacted them with updates and that they were involved in the planning of their relative's individual care needs. We were told, "Most things get dealt with as or when. I was invited to a formal review however this was missed by me because of my work." Another told us, "They have said that some issues will need to be discussed with them in more detail but they have pre alerted us to these," "I've always been kept in the picture and they appear to take notice when I call and do something if I've asked" and, "I've been kept very involved at every stage. When I go they listen to me and we have a proper chat. They make me feel welcome." Effective systems to ensure people who used the service and their relatives were involved with the planning and reviews of their care were in place.

We asked the registered manager about how the provider dealt with complaints in the service. We were told, "We have the complaints policy at the front door and a complaints form with actions and time period to deal with them."

We were shown a compliment and complaints file. We noted there were details of investigations including outcome reports. Details of complaints were stored on a register to aide an audit trail for complaints. We spoke with the registered manager about a complaint that we had been made aware of prior to our inspection. Evidence

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about the complaint and the investigation including details of the wider team involved were in place. Outcomes had been shared with Care Quality Commission prior to our inspection.

We noted the complaints procedure was included in the service user's guide this included the timeframe for a response and appropriate contact details. We noted the service provided a DVD to aid people with alternative communication needs.

Feedback given to the provider by people's relatives was highly complementary. Comments seen included, 'thanks to all staff at Dalesview for giving (named person) the best possible quality of life', 'I write to thank you for all the care and love that has been shown by Dalesview staff towards (named person) over this time', 'you have been amazing, it is much appreciated' and, 'Thank you so much for the lovely birthday celebration you organised for (named person). You worked so hard to make everywhere look lovely.'

Staff we spoke with discussed the appropriate procedure to take when dealing with a complaint to ensure they were dealt with in an effective and timely manner. They said, "I would try to solve it but if it was serious I would inform they deputy or the manager and document it." Systems to ensure complaints were dealt with responsively were in place.

People who used the service and their relatives told us they had no complaints. Comments received were, "I've had no complaints. If I raise things they take them on board though if I ever needed to complain I would", "I've not had any formal complaints so far", "He's lived there for six years and I've had no need to complain in that time" and "He's generally well looked after and I have had no complaints."

We asked the registered manager about arrangements in place for recognising good practice and innovations in the care they provide. We were told, "we have employee of the month, we have received compliments from family members and professionals, compliments from a social worker in relation to transition and positive feedback from people who have inspected aspects of our service." We were told the provider looked at new aspects of care and welfare for the service. They told us they looked at creative ways to enable support to be there when it is needed. 'We have strengthened links with other providers and outside agencies; we share ideas and information so work isn't replicated by many.' This meant innovation and creativity was encouraged to ensure the service was responsive to people's needs.

Is the service well-led?

Our findings

The home had a registered manager in place 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.

We spoke with people who used the service and visiting relatives about the management arrangements in the home, we received positive feedback. We were told, "I can relate to the staff and managers and they respect me, they are interested in my views." People reported an informal, approachable atmosphere in which it was easy to chat or ask about things or be helped. Another person told us, "The service is excellent."

Staff we spoke with in the home were positive about the support they received from the management at the home. We were told, "The manager is brilliant and approachable, nothing is too big or small for her. She is here for all of us. She doesn't get as much credit as she deserves" and, "(Named manager) is fantastic, very supportive." We observed staff were offered support and guidance from the management and we saw staff appeared to respond positively to the registered manager during our inspection. The registered manager told us, 'Staff are supported both professionally and personally to keep motivated and inspired to deliver the best service'. Systems ensured staff were supported by an effective and approachable registered manager.

Visiting professionals to the home were highly complementary about the leadership. We were told, "I have had a very positive experience of the management and leadership at Willowdale (Unit in the home) throughout my input with this resident (person who used the service) to date. The manager's leadership style appears very much leading the staff team by example, demonstrating the successful use of behavioural strategies currently in use to others, and also being willing to support less experienced staff in the home. Both the manager and deputy manager have also demonstrated having a caring, therapeutic working relationship with this resident, often supporting

them to appointments." Another said, "I would conclude that Willowdale is a well led, and effectively caring and responsive care home, both towards the resident's needs and to its individual care staff members."

We saw evidence of staff meetings taking place. Topics discussed included a focus on actions agreed and progress in addressing these, as well as the overall aims of the meetings. The registered manager told us they were driving up quality by developing a staff and relatives meeting to discuss how improvements could be made in the home. They said, "To improve the relationships we currently have with some families to ensure that the best possible service is provided for the people we support." We saw evidence of a service user council meeting which included attendees and topics discussed. We noted the use of pictorial aids to help people who required the use of alternative communication sources. This ensured all people were able to contribute to meetings about the service they received.

We asked if the home received feedback from staff, people who used the service or their relatives. We were told the provider sent out a dignity questionnaire to all staff and feedback the results about what they were good at and what was needed to improve. We were told, 'we are improving the surveys that we use to allow a better quality feedback, linking in with the communication coordinator. We use surveys for service users, staff, families and health professionals and act on the results.'

We were shown a newsletter that had been developed by the provider for all the staff in the services provided. We noted this had been published recently. Details about the plans for the year ahead were seen along with recruitment, lifestyle teams and what the service has achieved, such as employee of the month. This meant staff had access to up to date information about the service and plans for the future.

We saw evidence of relevant certificates in the home such as, the 'investors in people' silver award. The registered manager told us they were applying for the gold award. We were told the provider was involved in the six steps to success with the local hospice as well as taking part in an annual behaviour support event. The registered manager told us in feedback that, 'As a service we have continual involvement with the 'welcome values' pilot.'

Systems to ensure effective monitoring and audits were in place. This included audits and monitoring arrangements,

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such as a copy of an inspection audit that had taken place recently. This detailed care plans and risk assessment audits had been completed and made reference to any concerns or complaints that had been received. There was evidence of regular fire call tests, fire drills and emergency lighting checks taking place. We saw appropriate notifications were held to ensure the management had access to an audit trail of notifications sent to the Care Quality Commission.

We were shown incident and accident forms. These had been completed and included details of each incident and the actions that had been taken following these. Reports that detailed a home risk assessment, which identified any risks and actions that may reduce the risks, were in the

home. We were shown a training matrix that identified what training had taken place and the plan in place to ensure the management of the service could monitor training in the home. There was the homes annual business plan, fire policy and procedure on display in the home. This meant there were systems to manage risks and continually improve the standards of care.

We noted policy and procedural guidance was in place including topics such as, health and safety, infectious outbreaks and privacy and dignity. The registered manager told us there were plans to update the policies in the home in line with changes in regulation. This would ensure staff had access to up to date guidance and policies to ensure people were care for safely and effectively.