

J C Care Limited

Daisy Vale House

Inspection report

Daisy Vale Terrace
Thorpe
Wakefield
West Yorkshire
WF3 3DS

Tel: 01924822209

Website: www.craegmoor.co.uk

Date of inspection visit:
14 November 2019
15 November 2019

Date of publication:
03 February 2020

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

About the service

Daisy Vale House is a residential care home providing personal care to 16 people living with a learning disability at the time of the inspection. The service can support up to 16 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 16 people. Sixteen people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

There were enough staff deployed to meet people's needs, and staff had the right training and support. People received care from a team of staff who know them and their needs well.

Care plans contained detailed person centred information with clear guidance for staff on how to meet people's needs. People's communication needs were recorded in a personalised way so that it was clear to staff what people's gestures and linguistic idiosyncrasies meant and how staff were to respond.

People were supported to fully engage with the local community and take up education and employment with support from staff. People were supported to fulfil their 'goals and dreams' on a routine basis. These included holidays, educational courses and individual activities.

People received their medicines as prescribed, and risks to people were assessed in a personalized way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were quality assurance processes in place, and the registered manager had good oversight of the quality of service delivery.

People, their relatives and staff said there was good engagement from the provider with surveys and meetings where their needs were listened to and acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was good (published 16 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Daisy Vale House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector.

Service and service type

Daisy Vale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager and care

workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguarding people from the risk of abuse. Staff received training in safeguarding adults and were able to describe how they would identify and report abuse.
- The provider had a confidential whistleblowing policy and staff were aware of how to use this.
- Safeguarding incidents were investigated and reported appropriately to CQC and the local safeguarding authority.
- People and relatives we spoke with felt the service was safe. One relative said, "Its safe and secure. I would recommend it for care."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed appropriately. People who may demonstrate behaviours that challenge had person centred behaviour support plans in place with clear guidance for reducing risk.
- There were a number of risk assessments and regular environmental checks to ensure the property and any equipment used was safe and fit for purpose.
- Risks were person centred and gave clear guidance for staff on how to identify and avoid risks both in the home and in the community, for example in one person's risk assessment for accessing the community there was a wide range of scenarios including public transport and how staff were to ensure the person remained safe when using public transport.

Staffing and recruitment

- There were enough staff to meet people's needs, and staff were recruited safely. People and staff we spoke with said there were enough staff in post.
- There was a consistent team of staff who had worked at the service for a long time. People using the service had named keyworkers.

Using medicines safely

- Systems around the ordering, storage, administration and recording of medicines were safe.
- Records showed people received their medicines as prescribed, and medicines administration records were audited regularly, identifying where improvements needed to be made.

Preventing and controlling infection

- The environment was clean and well presented. People were supported to clean their own rooms and

were involved in maintaining the cleanliness of the environment.

- Staff received training in infection prevention.

Learning lessons when things go wrong

- Incidents and lessons learned were shared at team meetings and in staff one to one conversations.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed appropriately before using the service, taking into account their personal history, health needs and their own choices and preferences. This assessment was used to create people's care plans.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and a programme of training the provider considered mandatory. People and relatives we spoke with said staff were well trained to meet their needs.
- Staff received ongoing support from senior staff through one to one conversations where they discussed issues relevant to their personal lives and their work, and support was offered to staff as required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet, taking into account their specialised needs and personal preferences. Comments included, "I like the food, here I like lasagne, they make things we want", "If I ever want a snack or anything I go grab it."
- People were involved in the choices they made. There was a weekly menu plan in place which was discussed with people, however people were supported to make food for themselves where safe to do so. One person said they enjoyed baking, and they helped to make food for other residents.
- People's weight was recorded where necessary.

Adapting service, design, decoration to meet people's needs

- The property was a listed building. There was good access to the local community and transport links.
- The home was not purpose built however, efforts had been made to ensure the area was as home-like as possible. People's rooms were personalised to their preferences, and communal areas were pleasantly decorated in consultation with people living there.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People and relatives said they were able to access health and social care services, and that communication from the provider was good. One person we spoke with said, "Staff help me with appointments. I go to the dentist." A relative we spoke with said, "Staff help [Name] attend all appointments. They always keep me informed and relay information from appointments or if [Name] hasn't been well, even

if they are sad or their behaviour has changed."

- Records in people's care plans showed which healthcare services they had accessed, the reason for this and any outcomes for staff to be mindful of and actions for them to take. There was also a record of correspondence from healthcare providers such as podiatrists and advice from their GP.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions were assessed appropriately. Where it was concluded that a person did not have capacity, a best interest's decision was completed with the involvement of healthcare professionals, family members and advocates as necessary.
- Applications to the court of protection and DoLS authorities were made and tracked appropriately.
- The provider gave staff training in the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives we spoke with said staff were kind and caring. Comments from relatives and people included, "Staff have a good relationship with [name], staff have always been friendly and helpful, and they sometimes have had to put up with abuse. They still come back the next day with a clean sheet. They never hold any grudges, it's part of why [name] lives here", "I get on with the staff. They are always nice and polite and kind to me", "I get on with everyone here. All staff here are friendly."
- Interactions we observed were kind and patient, and there was a good atmosphere in the home. It was clear people were at ease with staff and had good relationships with them.
- Care plans contained detailed information about people's protected characteristics such as their gender, sexuality and religious or cultural needs, with information on how they wanted to be supported.

Supporting people to express their views and be involved in making decisions about their care

- People's views were always taken into account when making decisions about their care. There were house meetings where people discussed food, activities and key themes for the month such as road safety.
- The provider had information available for people on accessing advocacy services. Advocates are independent and support vulnerable adults to make important decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they protected and promoted people's dignity when delivering care. One staff member said, "[Name] needs a gentle nudge with personal care otherwise they will just sit there. Just tap on the door before you go in, door shut, little lock on. [Name] puts their own toiletries on, I just direct them and help with places they can't reach".
- Independence was a key theme in people's care plans, and staff were always guided to offer choices and respect people's independence. One staff member said, "Independence, for example [Name] can dry themselves in the bath and can make their own food choices."
- A relative we spoke with said, "Staff encourage independence as much as they can, I don't want [name] to lose the skills they have. There have been times they have got in trouble on the bus but we dealt with it. Very much a partnership with staff here, I class these girls as [name's] family as much as me. I value their care and input and approach. Always kind, caring, always listen."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were actively encouraged by staff to follow their personal aims and dreams with as much support as they needed. This included pursuing hobbies and interests, education and employment.
- Relative comments included: "[Name] has learned since they have been away [at Daisy Vale]. I still try to do things for them, but they snap at me saying they can do this for themselves now! They are quite independent, they go out, catch buses, go on courses and things like that", "[Name] does more cooking than they used to, staff encouraged and supported them to do this. Staff support them in their job which they take very, very seriously."
- We saw examples where staff had directly supported people to start driving lessons, pursue career and educational goals and pursue relationships to improve their wellbeing and independence in the community.
- We saw a person had written a letter of thanks to the registered manager for their support in helping attend a pride event independently, that they felt safe with staff support and how much they enjoyed the event.
- Staff planned thoughtful activities and events taking into account people's wider interests and where possible involving the wider community. Activities were discussed at team meetings, and people's personal aims and goals were discussed at keyworker meetings.
- As part of a Remembrance Day event, the home organised a coffee morning open to the local community. People we spoke with said they enjoyed this event.
- There were also regular music, aromatherapy and arts and crafts activities provided by external organisations offered to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in ways which gave clear and effective guidance for staff on how people communicated and how to meet their needs. For example, one person had their own personal 'dictionary' for staff with the words and gestures they used, and what they meant.
- Information relevant to people was available in easy read formats, for example their medicines and what they did, how to complain and other policies and procedures in the home.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We saw evidence a person had also been supported to write their own daily notes. Care planning was not only personalised and holistic, but in some cases people had been supported to help write their own care plans. For example, a person with challenging behaviour had been the co-author of their positive behaviour support plan and had written steps they agreed they would take when they felt anxious or angry. We noted that the plan had been followed, and there were no incidents recently.

Improving care quality in response to complaints or concerns

- People and relatives said they knew how to make complaints and were always confident in doing so. Complaints forms were readily available in easy read formats.
- Complaints were also discussed at keyworker meetings to ensure people were confident they knew how to raise complaints and assure the provider that their systems were effectively implemented.

End of life care and support

- There were processes and policies in place to support people when they became near the end of their lives. Staff also supported people when they were bereaved and family members had passed away. One person said, "Staff supported me when I lost my mum".
- There were advanced plans in place for end of life care. If people did not want to discuss this, it was also recorded.
- End of life care plans contained detailed person-centred information on people's wishes. One care plan included what flowers and music they wanted at their remembrance service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All staff we spoke with said there was an open and inclusive working culture, that they enjoyed working at Daisy Vale House and they were confident in the leadership of the service.
- Comments from staff included, "Managers are approachable definitely. There is a good open culture if you have anything you can go to them", "The registered manager and deputy are good leaders, when I had a problem with my shifts I got support".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a policy and procedure in place for informing people when something went wrong. The registered manager was aware of their responsibility to ensure the policy was followed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were clear processes in place for monitoring the quality of the service and ensuring any improvements identified were made.
- There were monthly governance meetings where key targets and indicators of quality such as training figures, incidents and complaints were discussed.
- The registered manager understood their responsibility to report incidents to CQC and a review of the service's CQC notification file indicated notification were submitted appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said they felt fully engaged. Comments from staff included, "We get regular staff meetings and staff surveys. The survey was positive as far as I am aware", "We have staff meetings, if anybody has anything to say or any changes we just all talk about it, any ideas we will bring it up. Managers listen to what we have to say."
- There was an easy read survey issued to people who used the service to gather feedback and responses were overwhelmingly positive. A relative we spoke with confirmed they had received an annual survey.

Working in partnership with others

- The registered manager demonstrated that they worked positively as part of a multi disciplinary team with other health and social care professionals and organisations.