

Linkage Community Trust

Vale View

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service: Vale View is a care home providing personal care and accommodation for up to ten people, some of who may be living with learning disabilities and autism. At the time of the inspection nine people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance, with the exception that the home accommodated more than six people. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live a life as any citizen and the staff within this service were exceptional in ensuring this was the case for people living at this home.

The vision of the service reflected these principles ensure people with learning disabilities have opportunities and choice and are supported to achieve their aspirations. Staff adopted the mission to provide person centred services that enable individuals to develop skills and behaviours to live independent lives.

Without exception, people were supported to achieve their goals. The staff and management team were creative, committed and determined to support people to live independent lives and challenge the barriers around supporting people with learning disabilities and autism.

The highly caring and inclusive culture at the service was outstanding. Staff demonstrated extremely caring values and showed a very positive regard for what was important and mattered to people. The trust developed between people and staff helped promote people's independence, confidence and helped them achieve excellent outcomes.

Respect for equality, diversity and inclusion was fully embedded within the service and integral to everything the staff did. Staff used innovative and effective ways to communicate with people and follow each person's wishes on their preferred method of communication.

People were supported to complete major achievements, relevant to each person's individual wishes. People had made significant progress and the staff were proud of what they had accomplished and celebrated their achievements with them. People were supported with positive risk taking to develop their confidence and promote their independence.

People felt safe and were able to raise concerns. The registered manager and staff team provided safe care for people. They knew how to safeguard people from abuse and managed risk in ways that people continued to follow their lifestyle choices as much as possible. There were sufficient staff available to meet people's needs and they had been recruited in a safe way.

People received their medicines as prescribed and were supported to access health professionals when

required and attend annual health checks. People's nutritional needs were met and they received a varied and nutritional diet which they were involved in the planning and preparation of.

People were supported to make their own choices and decisions as much as possible. Where people lacked capacity, the provider and registered manager worked within mental capacity legislation and consulted with relevant people on important decisions made in their best interest.

The registered manager and staff had an excellent understanding of people's needs. Staff found ways to improve people's lives by introducing creative activities that opened new possibilities for people and encouraged them to be active and healthy.

The service was exceptionally well-led by a registered manager who demonstrated strong values, led by example and had embedded an open and caring culture. Improvements were driven by the consistently high levels of constructive engagement with people, their relatives, staff and stakeholders; whose views were valued and supported positive changes within the service. People's concerns and complaints were taken seriously.

Staff respected people's privacy and dignity and their approach was caring and considerate. Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way. The environment was clean, tidy and well maintained. People using the service were supported by staff to ensure effective cleaning took place and to protect people from the risk of infection.

People told us they were happy with the service they received and felt staff had a clear understanding of their needs and preferences.

Rating at the last inspection: Good (published March 2016).

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

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Details are in our Well Led findings below.

Vale View

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by one inspector and an assistant inspector.

The service had a manager registered with (CQC). 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.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection: The inspection was unannounced.

What we did: We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. Providers are required to send us key information about their service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are an independent organisation who listen to people's views about local services and drive improvement by sharing those views with organisations who commission, deliver and regulate health and care services. We also sought feedback from professionals who worked with the service. This information helps support our inspections.

We spoke with six people who used the service, five members of staff including; the registered manager, the deputy manager and three support workers. Following the inspection, we spoke with two health and social care professionals and three relatives.

We reviewed a range of documents. This included two people's care and medicine records. We looked at four staff recruitment and supervision records. Documents relating to the management of the service and policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- Staff had completed training in how to safeguard people from the risk of abuse. They were knowledgeable about the different types of abuse and knew what to do if they had concerns.
- People told us they felt safe and supported by members of staff. People told us, "Yes of course I am safe here." and, "If anything is troubling me I can go to staff and they will help me." One relative told us, "Yes, I am confident (Name) is safe."
- There were sufficient staff on duty to meet people's needs and to enable people to take part in social activities and to attend medical appointments.
- The provider operated a safe recruitment process.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- The environment and equipment used had been assessed for safety.

Using medicines safely.

- People were encouraged to manage their own medicines which were safely received, stored, administered and disposed of when no longer needed.
- Where medication errors were found during audits they were investigated and action taken as needed.
- The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour.
- People told us they were happy with the support they received to take their medicines. One person told us, "I am taking my own medicines now, I am doing really well, staff still help me with ordering and checking how many tablets are left, but I know what I need to take and when."

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- People living at the service took an active role in carrying out cleaning and laundry tasks, supported by staff. We observed people vacuuming communal areas and ironing laundry. Those activities were risk assessed to protect people from injury or harm.

Is the service effective?

Our findings

The service was effective

Details are in our Effective findings below.

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.

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

- There was a holistic approach to assessing, planning and delivering care and support. Staff produced comprehensive assessments prior to admission and people's goals or expected outcomes were identified.
- The registered manager was passionate about supporting people with learning difficulties.
- The registered manager was innovative in designing tailored care for everyone which recognised their personal strengths, skills, goals and aspirations. Without exception each person living at the service had experienced life changing achievements from this innovative approach.
- The registered manager had excellent links with health and social care professionals and ensured people could access important health checks and screening they had not done previously.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- The environment had been adapted in innovative ways to support people's physical and emotional needs and to maintain their independence skills.

Staff support: induction training, skills and experience.

- Staff were extremely skilled, knowledgeable and experienced in supporting people at the service. One relative told us, "Staff, I have nothing but praise for them."
- All staff were required to complete a training induction which laid a strong emphasis on interpersonal skills and staff were matched tailored with the people they supported. One staff member told us, "I was provided with specialist training to enable me to offer support with hydrotherapy and physiotherapy to enable me to offer effective care in this area for people I work with."
- People were involved in the recruitment of staff and had an influence on the outcome. People were also involved in the delivery of training. One person told us, "At this house we can all do Makaton. My friend and I go to other houses to help other people and staff develop their Makaton skills."
- Staff received effective diversity training and the service modelled a clear ethos of tolerance and respect throughout the organisation.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support.

- Staff supported people to maintain a healthy balanced diet. People were fully involved in the planning of menu's, shopping and preparation of their meals to develop skills and promote independence.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.
- Ambassadors actively supported people to ensure people experienced good health care outcomes. For example, oral health and nutritional ambassadors.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored and reviewed by the registered manager.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests.

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.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service promoted a strong person-centred culture where people were the heart of the service and was committed to ensuring they received the best possible support in an exceptionally caring and nurturing environment.
- Staff spent time to get to know people's preferences and build up positive relationships and trust with people and their families. One relative told us, "All of a sudden they have a life, they've grown. For once in my life I was wrong when I didn't want them to go into care. But I can see now they have a life and I am amazed at what they have been able to achieve."
- There were many examples of where staff had 'gone over and above' to provide extremely caring and compassionate support, where staff had worked closely with people to achieve goals and improve their well-being. These included; supporting people through family bereavement, improving physical health and communication, increasing opportunities, accessing work placements and supporting people to develop a range of activities and access further education. One relative told us, "Staff have gone beyond their role to make my family members life easier for them."
- Staff worked closely with people investing time in ensuring people were given the right level of support to promote their understanding and allay their fears in innovative ways.
- One professional we spoke with shared the progress one person had achieved, providing them with further opportunities to access activities they had been unable to previously. The provider had worked successfully to ensure that the person's needs had been fully understood and accommodated. This had resulted in a substantial decrease in their behaviours that could be considered challenging.
- One person had been supported to regain their mobility skills following intensive assessment and being provided with appropriate equipment and therapies. Staff had been involved in this recovery and trained to provide hydrotherapy and physiotherapy to aid the person's recovery.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Staff communicated with people in a caring and compassionate way. Staff gave people time to respond, listened to them and provided sensitive support to ensure people's needs were promoted. Where people experienced difficulties in communicating verbally, staff were creative in adapting communication methods to suit each individual.

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

- The service used innovative ways to ensure people were supported to express their views so that staff understood their preferences, wishes and choices. People were directed to sources of advice and support or advocacy.

- Staff told us, "We want people to be fulfilled and to lead meaningful lives and do as much as they possibly can, enjoy life and have the same experiences as anyone does."
- People had a choice about who they were supported by. People were involved in the recruitment of new staff and where possible, had a choice about who provided their day to day support. The registered manager told us, "I have an extremely enthusiastic and positive staff team who want people to achieve their personal goals."
- People were fully empowered to make life choices and decisions about the care they received. People directed their own lives. People told us they were in control of what they wanted to do and staff respected this. One person told us, "I get to do things here for myself, it's about me. I do what I want, go to the spa with my friends, go on holiday, go to shows, visit my boyfriend, anything I want, it's my life!"
- People were involved in creating and reviewing information including policies and procedures.
- People were actively engaged with external organisations and supported local charities in the wider community on a regular basis. Staff and people were involved in fundraising and chose their preferred charities to donate to.

Respecting and promoting people's privacy, dignity and independence.

- Respect for privacy and dignity was at the heart of the service. Throughout our visit we saw there was a sense of equality between people and staff. The registered manager was passionate about promoting people's human rights and proactively challenged any restrictive practices.
- People were enabled to maintain and develop relationships with those close to them and to develop social networks and links within the local community. Relatives could visit at any time and were made to feel welcome.
- People were also encouraged and supported to get involved in the running of the home. Throughout our visit people prepared food and drink independently and told us about their role in keeping the home clean.
- People were supported to attend further education and develop skills to enable them to access work experience and paid employment. People's independence was promoted.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The staff team were focused on enabling people to lead as full a life as possible. Professionals we spoke with told us the service was flexible and responsive to people's individual needs. People's daily schedules were determined by their individual interests and routines were based upon their preferences.
- There was a culture within the service of putting people at the heart of care planning and delivery. People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. Staff within the service wrote extremely detailed 'one page profiles' that included what was important to the person and how they wished to be supported to achieve their goals. The profiles were completed with information from the person, their relatives and staff observations.
- People were creatively involved in the development of their support plans and were proud to share these with us and their progress. Support plans were extremely personalised and written around individual's needs, preferences, likes and dislikes. They were updated to reflect people's changing needs.
- Staff had supported each person without exception through different physical and emotional challenges in their lives. This enabled them to remain safe, improve their general and emotional wellbeing and develop their independence further. Examples varied from one person regaining their physical mobility to another whose was supported to manage a health condition, without it compromising their ability to lead an active and fulfilling life and try new experiences.
- The provider recognised the need to empower people and they arranged for people to undertake work experience to enhance their experience and increase the possibility of gaining employment at a later stage.
- The registered manager could share with us people's successes including people who had been supported to move onto more independent living.
- People shared with us personal albums they had maintained with their key workers to capture through photographs, goals they had set themselves and their personal achievements. Examples included; using a flight simulator, performing in a local show, having a spa day with their friends and learning to cook.
- People told us, and we observed, that they chose how they spent their time. People enjoyed activities such as bowling and shopping in the local community, visiting places of interest and seeing their friends and family.
- People were supported to save for, and go on, regular holidays and there had been several recent trips to the coast and places of interest. Photos were displayed around the home and people recalled their memories fondly.
- People used local community facilities. One person told us they were a member of their local gym. Staff exercised with them at the gym which contributed to greater community inclusion as well as their physical well being.
- People were supported to pursue education and employment opportunities. Each person attended the

local campus college and had completed several courses. Courses were based upon people's interests and people utilised the skills they had learned. For example, one person had completed adult literacy courses, while others had jobs in local charity shops and cafes.

- The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- The provider had developed creative activities that promoted and enhanced people's learning and wellbeing. Staff had worked with the local college to introduce Lego therapy; staff used this fun pastime to provide challenging and structured learning sessions to develop people's social and motor skills.
- People's wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences. Activities enabled people to maintain friendships with their local community.

End of life care and support.

- Staff explained that when required, people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free. The registered manager had raised this as a discussion topic during the review process to enable people to share their views.
- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. We saw that when concerns were raised these were taken seriously, explored and responded to in line with the provider's policy.
- People knew how to make complaints should they need to. They told us they would not hesitate to raise any concerns with staff or directly to the registered manager and were confident they would be listened to.

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.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- The provider's core values were at the heart of everything they did and ensured staff were fully committed to embracing team work, enabling independence and upholding honesty and respect.
- People and staff were extremely positive about the registered manager and the quality of care provided. Comments included, "I can go to her with anything and she will always make time for me. She is interested in staff well being too."
- The registered manager and staff team demonstrated an exceptionally strong commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- Staff told us "I don't know who is more excited when people achieve something, we all celebrate together. It is as rewarding for us as it is for them, to see people develop their independence."
- The outcomes for people living at Vale View reflected the values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focused on them having as full a life as possible, gaining new skills and growing in confidence and independence.
- The registered manager promoted a culture of equality and person-centred support. They had a vision for the home which was based upon ensuring people's happiness and enabling them to lead fulfilling lives. This vision was shared by the staff team. Staff described the importance of seeing people as equals and told us that sharing experiences with people and seeing them grow made their jobs rewarding.
- Person centred values and leadership were also evident in the approach to understanding and managing behaviour. The registered manager led with a belief that 'behaviours that challenged the service and others' were a method of communication. Under their leadership the staff team had got to know each person well. Consequently, there had been a huge reduction in the frequency and severity of incidents, enabling people to become more independent and engage in an extensive range of their preferred activities. A professional we spoke with told us, "Historically my client has displayed really challenging behaviours. We don't see these now, they have so much more opportunities and a much better quality of life."
- The provider had an excellent values and behaviour framework in place where the vision, mission and values were fully reflected throughout the service, in staff approach and in their delivery of care.
- There was a culture of openness and transparency and the management team actively encouraged staff to whistle blow on poor practice.
- Information was stored in accordance with the General Data Protection Regulation (GDPR). The management team had training in this area and the provider had assigned a GDPR officer to ensure compliance.

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

characteristics

- The service regularly sought people's views. People and staff were empowered to voice their opinions, and the management team always responded to comments put forward. People nominated a staff member for 'staff member of the quarter' and told the staff team what this staff member had done to make a difference."
- The registered manager had an open-door policy and people came to their frequently with concerns and other matters. They regularly supported people and ensured they fully understood their needs and preferences.

Continuous learning and improving care

- There were organised, effective systems in place to monitor and improve the quality of the service. The management team conducted a comprehensive programme of regular audits. These audits were effective in driving improvements.
- The service was based upon best practice and the registered manager was passionate about continuing to develop and innovate. The registered manager attended local and national meetings and training courses and networked with other local managers to keep up to date.
- The home supported a national campaign, STOMP (Stopping Over Medication of people with a learning disability, Autism or both). This is about helping people to stay well and have a good quality of life with minimal psychotropic medicines.

Working in partnership with others

- The team at Vale view worked in partnership with other organisations to support the provision of high quality care. Professionals were invited to give feedback on the home through regular reviews and surveys.
- Health and social care professionals were very positive about their experience of working with the service and their feedback was complimentary and reflected positive working arrangements.
- The home routinely worked with others to ensure that people were able to understand and effectively communicate with other healthcare professionals. This included the use of social stories and preparation visits with other agencies in order for people to be supported with medical procedures and appointments.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements: Continuous learning and improving care.

- There were robust systems in place to monitor the standards and quality of the service. Audits were undertaken, which ensured that systems were in place to monitor the standards and quality of the service.
- People attended weekly house meetings and individual review and progress meetings. Themed surveys in an accessible format also enabled people to share their views.
- Staff were included in making decisions about the development of the service. There were annual surveys and regular meetings held.
- People were members of the college student representative groups and were involved in the development of the service..
- Trustees of the service were involved in audits of each service, with managers from other services to enable a more independent peer review approach.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The registered manager was proud of their staff team and worked hard to get the best from them,

developing their confidence and skills to empower them. They promoted a proactive approach to support staff and provided them with the resources they needed to fulfil their roles and support people to achieve their goals.