

# North Yorkshire County Council

## Valley Road - Resource Centre

### Inspection report

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15 January 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Inspection site visit took place on 10 January 2019 and was unannounced. At the time of this inspection, the service was providing support to five people.

Valley Road – Resource Centre 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.

Valley Road – Resource Centre is situated in Northallerton. The home provides respite care and support for up to seven people whose main needs are associated with a learning disability. At the time of this inspection only six bedrooms were in use.

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. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Safeguarding policies and procedures were in place and these had been followed. Staff had a thorough understanding of the different types of abuse and action they should take to report any concerns. People told us they felt safe.

Safe recruitment processes had been followed and new staff completed an induction to the service. Staff received appropriate training and support to ensure they had the skills and knowledge to carry out their roles.

Risk management plans were in place and contained relevant information to enable staff and people to manage risks safely. These had been regularly reviewed and updated when changes occurred. Servicing certificates were in place where required. Accidents and incidents had been recorded and action was taken to reduce the risk of reoccurrence.

People's medicines had been stored and administered safely. The service was clean and tidy throughout and staff followed good infection control practices.

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

observed to gain consent before providing support to people.

People selected meals of their choice. Staff were familiar with people's preferences and supported people to eat out in the community if they wished. People were encouraged and supported to attend their regular day care provisions.

People had access to health professionals when required. Care records clearly recorded other professionals who were involved in people's care and support. Care plans contained person-centred information which included people's communication needs.

People and relatives told us staff were kind and caring in their approach. Staff were familiar with people's likes, dislikes and preferences and treated people with dignity and respect.

Systems to monitor and improve the service were in place. People and relatives were asked to provide regular feedback on the service provided to encourage continuous improvement. A complaints policy and procedure were in place and available in easy read.

Staff told us management were open, honest and approachable. Staff received regular support from the registered manager and regular staff meetings had taken place to ensure staff were kept up to date with any changes or concerns.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service has improved to good.	<b>Good</b> ●

# Valley Road - Resource Centre

## **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 10 January 2019 and was unannounced. The inspection was carried out by one inspector. Following the inspection site visit we contacted two relatives to gain their views on the service provided.

As part of planning our inspection, we contacted the local authority safeguarding and quality performance teams and the local Healthwatch to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider had been requested to send us a Provider Information Return (PIR) and had returned this within required timescales. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan this inspection.

During the inspection site visit we spoke with two people who used the service. We also spoke with the registered manager, two team leaders and two support staff.

We reviewed three people's care plans, risk assessments and daily records. We checked the arrangements in place for managing medicines and recording of complaints. We looked at two staff's recruitment, induction, supervision and appraisal records. We looked at a selection of records relating to the management of the service which included training records, meeting minutes and audits.

# Is the service safe?

## Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection we found the service remained good.

People told us they felt safe and looked forward to staying at Valley Road – Resource Centre. One person said, "I love coming here. I talk about it all week. I always have a good time and I like staff. They keep me safe." A relative told us the importance of the service provided, which enabled them to have a much needed break. They said, "I can relax knowing [person's name] is in safe hands."

Staffing levels changed depending on the number of people staying at the service at any one time and their care and support needs. Respite dates were carefully allocated to ensure appropriate levels of staffing were available. Observations showed there was enough staff on duty at the time of this inspection and staff we spoke with confirmed this.

Safe recruitment processes were in place and followed to ensure only people suitable to work in the social care sector were employed. The service had a low staff turnover with a large number of staff being employed at the service for a number of years. This offered consistency to people using the service.

There was a thorough process in place with regards to the management of medicines. Due to the nature of the service, medicines were continuously being signed in and out of the service as people came to stay or returned home. Senior staff were responsible for medicines management and we observed they followed processes in place robustly and reported any concerns immediately to the registered manager. Medicine records had been completed accurately and were checked by two staff to reduce the risk of errors occurring. All staff responsible for administering medicines had received sufficient training and had their competencies in this area assessed at regular intervals.

Positive risk taking was promoted and appropriate management plans were in place. These had been regularly reviewed and updated when changes occurred. Care plans contained detailed information on strategies to use to support people if they experienced periods of anxiety. People and relatives we spoke with told us they were actively involved in risk management planning. One person said, "I have plans to keep me safe." Any accidents or incidents that occurred were thoroughly recorded and the registered manager had full oversight to ensure appropriate actions had been taken to reduce the risk of reoccurrence.

Staff were trained on how to respond and report any concerns in relation to suspected abuse. They understood and followed the provider safeguarding policy and procedures. People and relatives were confident any concerns would be dealt with appropriately.

The service was clean and tidy throughout. The provider employed a cleaning contractor who visited the service on a daily basis to maintain good infection control practices. Staff were observed to be wearing appropriate personal protective equipment and reminders of how to follow good infection control practices were displayed around the service in an easy read format.

The service was well maintained, and servicing certificates were in place where required. Regular checks on areas such as firefighting and moving and handling equipment had been conducted to ensure they remained safe. Personal evacuation plans were in place, which provided emergency services with information on each individuals ability should an emergency evacuation be required.

## Is the service effective?

### Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

People told us the service was effective and staff had the skills and knowledge to support them. One person said, "Staff help me make choices. They seem to know everything, and they look after me very well. They know what they are doing."

Most people who accessed respite services at Valley Road – Resource Centre had used the service for a long period of time. The registered manager told us admissions to the service were carefully planned, taking into consideration individual needs to try and avoid any conflict.

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 worked 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. Staff asked people's permission before providing care and support, which meant staff ensured they had people's consent. Staff understood the importance of consent and respected people's rights to make their own decisions. The registered manager had appropriately identified situations which may amount to a deprivation of someone's liberty and submitted authorisations to the supervisory body. Mental capacity assessments had been completed when appropriate. This showed us people's rights were protected.

People were able to choose what meals they ate. Staff were familiar with people's preferences which meant groceries were purchased to ensure people had choices they liked. Some people choose to eat out in the community and this was accommodated. One person said, "My favourite is MacDonal'd's and staff take me when I ask as long as it is not for every meal – they try and keep me healthy."

Staff new to the service were required to complete an induction. They then worked alongside an experienced member of staff to allow them to build relationships with people they would be supporting. Induction records were in place and competency assessments were completed before a new member of staff could work alone with people.

Staff had been provided with constructive one to one supervisions. The registered manager used these

meetings to encourage staff to develop within their role and address any areas of concern. Training plans were in place to ensure all staff completed required training to ensure their skills remained up-to-date. A member of staff said, "There is a lot of training and we can do additional training if we have an interest in a specific area."

The service had good links with health and social care professionals to ensure people received the care and support required. Care plans contained details of others actively involved in people's support and any guidance they had provided.

The environment has been designed and developed to support people with a learning disability. Corridors and doorways were wide enough to ensure equipment could be used and there was easy read signage to help people navigate the building independently. A sensory room was in the process of being developed. People and their relatives had been asked to suggest items they felt would be of benefit in the room.

# Is the service caring?

## Our findings

At the last inspection, we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

People and relatives provided consistently high praise for staff and their caring nature. One relative said, "Staff are amazing. They clearly have caring natures and I know [person's name] is provided with loving, caring support when they stay at the service."

People were familiar with the staff who provided support and it was clear from observations that positive relationships had been developed. Staff communicated effectively with people who had limited verbal communication. They were able to identify when people may be showing signs of distress and used appropriate techniques to reassure people. Care plans also provided staff with guidance in relation to how people communicated.

Staff were observed to be kind, caring and patient with their approach. People were encouraged to do as much as possible for themselves and we found appropriate aids were in place to support people to do this.

People were supported to make their own decisions about how they wished to spend their day. One person said, "I have been out this morning and I think I might ask the staff to take me out again later. I like going out in the car." A staff member responded by stating it was their choice what they wanted to do.

We saw numerous friendly conversations and good interactions, which demonstrated staff cared about the people they supported. Staff had time to chat with people and acknowledged them as they moved around the building. People responded warmly towards staff showing us they valued their companionship and felt comfortable with them.

Privacy and dignity was clearly respected by all the staff at the service. During the inspection we observed staff supporting people in a respectful manner. Bedroom doors were closed, and staff knocked before entering people's personal space.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussions with staff showed they understood how it related to their role. People told us staff treated them on an equal basis. Information relating to equality and diversity such as gender, race, religion, nationality and sexual orientation was recorded in people's care files.

People were clearly at the heart of the service. At the time of this inspection, no one was receiving support from an advocate. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. The registered manager told us, "The majority of the people who use the service are relatively young and have parent who advocate on their behalf if needed. We have information on advocates available if needed and I would take action if I had any concerns about people."

## Is the service responsive?

### Our findings

At the last inspection, we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

Discussions with people, relatives and other professionals had taken place to ensure people had access to the respite service when they needed it. One relative said, "I book the overnight stays in advance. This allows us all to plan and it helps [person's name] if he knows when he will be staying at the service."

Care plans were in place and contained person-centred information such as people's backgrounds and personal interests. They had been reviewed prior to each respite stay to ensure they remained relevant. People and relatives were involved in discussions with regards to their care and how they wished to be supported.

Staff completed daily diaries to ensure relatives were fully informed of how the person's respite stay had been. One relative said, "Staff are really good at filling in the diary. I know everything [person's name] has done during their stay. Staff ring me straight away if they have any concerns. I cannot fault the communication."

People were supported to access daily activities they would usually enjoy. Some people attended their day care provision. Others remained at the service and were supported to participate in activities of their choice, such as shopping in the local town and meals out.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need when receiving healthcare services. The registered manager was aware of the Accessible Information Standard. People's communication needs had been thoroughly recorded to ensure staff were provided with information to be able to effectively communicate. Where people had limited verbal communication, care plans detailed facial expressions and sounds people may use to express how they were feeling. All the staff we spoke with were familiar with people's communication needs and we observed staff effectively communicating with people. The provider was able to provide information to people in large print, easy read, braille and a number of different languages if this was required.

A complaints policy and procedure were in place and displayed within the service in easy read. This procedure had been followed when any complaints had been raised either in writing or verbally. People and relatives told us they knew how to raise any concerns or complaints. One relative said, "I can honestly say I have no concerns. There were teething problems initially, but they were soon sorted out. All the staff are approachable."

## Is the service well-led?

### Our findings

At the last inspection, we found the service was not always well-led and awarded a rating of requires improvement. This was because during an inspection in July 2016 we identified a breach of regulation 17 as auditing systems to monitor and improve the service were not effective. In June 2017, we conducted a focused inspection to ensure the service had made the required improvements to this area. Improvements had been made but the service needed to demonstrate these were sustainable over a period of time.

At this inspection, we found the improvements implemented had been sustained and the service had improved to good.

There was a manager in post who had registered with CQC in July 2017. They had extensive experience of supporting people with learning disabilities. 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.

The registered manager was keen to ensure the service continued to develop and had implemented a number of quality assurance systems to ensure this could be achieved. Regular audits to monitor and improve the service in areas such as care files, medication and infection control had been completed. Key workers who were responsible for ensuring care files remained up-to-date were held to account if any shortfalls were found. This was regularly discussed in one to one supervisions. Senior management had also conducted their own quality assurance audits and we found action plans were in place when shortfalls had been found.

People and relatives were asked to provide feedback on the service provided. This was done at regular six-monthly intervals. Within the service was a 'You said, we did' board which detailed improvements that were to be made to the service as a result of the feedback provided. This information was also shared with relatives via a newsletter.

Staff spoke positively of the registered manager who they described as supportive, approachable and knowledgeable. People and relatives we spoke with confirmed this. One relative said, "The registered manager is fantastic. Nothing is too much trouble and I am confident in approaching them. The service runs smoothly."

Staff meetings had taken place monthly. These meetings were used to discuss any concerns, as well as any changes within the service. The registered manager also attended regular management meetings to enable them to share best practice and discuss common concerns with other managers employed by the provider.

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their

liberty. The provider ensured all notifications of significant events had been provided to us in a timely way.