

# Your Choice (Barnet) Limited

## Valley Way Respite Service

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This unannounced inspection took place on 25 March 2015. When we last inspected on 21 October 2013 we found the service met required standards relating to care and welfare of people who use services, medicines management, supporting staff, assessing and monitoring the quality of the service and nutrition.

Valley Way Respite Service provides respite accommodation and support for up to six people with learning disabilities who live with their families or unpaid carers. 45 people regularly used the service at the time of our inspection, for regular and emergency respite for a

number of days per year based on local authority assessment of needs. There were four people staying there when we visited. Most people who used the service lived in the London Borough of Barnet.

The service is provided in a large, three-storey purpose-built building that is accessible for people who use wheelchairs or have other mobility limitations. Each person has their own room with ensuite bathroom and there is a sensory room and garden for people to use.

There was a registered manager in place. A registered manager is a person who has registered with the Care

# Summary of findings

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 found that the service provided safe, effective care that met people's needs. Risks associated with people's support were assessed and guidelines put in place to reduce those risks. People had care plans that were person-centred and reviewed regularly to ensure that changes were made to their support when necessary.

People were encouraged to express their preferences about their support and there were systems in place to ensure people who did not always communicate verbally could have their say. Staff built good relationships with people and knew about their histories and communication needs. Staff were caring and compassionate.

Staff knew what to do to keep people safe. There were appropriate procedures in place to ensure they knew how to report any concerns about people and these were acted upon.

Staff supported people to eat nutritious food and access health care facilities when they needed to. Staff received appropriate training and support to ensure they met people's needs safely and were competent for their roles.

The registered manager sought feedback about the service from people, their relatives and carers, staff and other interested stakeholders. People knew how to complain if they wished to. The registered manager checked the service regularly and made changes to improve the service based on these checks.

# 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 safe. People were supported by staff who knew about their needs and the risks associated with their support. There were enough staff to keep people safe.

Staff knew what to do if they had concerns about people. There were emergency procedures in place for staff to follow.

Good



### Is the service effective?

The service was effective. Staff were trained and supported to perform their jobs.

Consent was obtained before support was provided and staff were aware of, and worked within, the principles of the Mental Capacity Act 2005.

Staff supported people to maintain good health through providing appropriate nutrition and supporting people to access health care facilities when required.

Good



### Is the service caring?

The service was caring. Staff knew people well and there was a jovial, positive atmosphere in the service.

Staff knew how to support people in ways that maintained their privacy and dignity while respecting their preferences.

Good



### Is the service responsive?

The service was responsive. Care plans were person-centred and regularly reviewed to ensure they were up-to-date and reflected people's needs.

People knew how to complain when they wished to and the service responded to complaints appropriately.

Good



### Is the service well-led?

The service was well-led. The registered manager sought and acted upon feedback on the quality of the service.

Staff knew what their responsibilities were and there were systems in place to support this. The registered manager conducted regular checks and audits to improve the service people received, and was well-supported by the provider organisation.

Good



# Valley Way Respite Service

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 25 March 2015 and was unannounced. An inspector carried out this inspection accompanied by a representative from the Department of Health who shadowed the inspection.

Before the inspection we reviewed information we held about the service including safeguarding alerts, previous inspection reports and notifications of events that affect the service. We also spoke with a local authority commissioner to gather their views.

During our inspection we spoke with four people who used the service, however some were unable to tell us about their experiences due to their complex communication needs so we observed the care and support they received from staff. We also spoke with two relatives who visited. We spoke with three care workers, the registered manager, the provider organisation's Director of Care and Support and a bus escort who visited the service regularly. We looked around the service and reviewed three people's care and support records, records relating to staff support such as training and supervision, and records relating to the management of the service such as audits and checks.

After we visited we spoke with another relative and the provider organisation's human resources manager. We visited the provider organisation's head office and reviewed the recruitment records for three staff members.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe staying at Valley Way Respite Service. A relative told us, “I have no concerns about [my relative] staying here. They know what they’re doing and keep them safe.”

Risks associated with people’s support were assessed and staff knew how to support people safely. Each person’s care and support records contained a number of risk assessments, such as for moving and handling, personal care and specific risks associated with the premises. Where necessary, risks associated with people’s specific conditions, such as epilepsy and diabetes, were assessed with clear guidelines for staff on what to do in an emergency.

Some people who used the service exhibited challenging behaviours at times. These are behaviours that may cause harm to the person themselves, other people or property. Records showed that where people were known to exhibit such behaviours, staff had assessed the risks and response plans were in place. We saw that each instance of such behaviours was appropriately recorded and monitored to ensure people were safe. Staff and the registered manager told us, and records confirmed, that restraint was not used as a response strategy for people when they exhibited such behaviours. Records showed that staff had been trained in understanding and responding to challenging behaviours.

Staff knew what to do if they had concerns a person was being abused. Records showed that all staff had been trained in safeguarding awareness with regular refresher training. One staff member told us, “I will always report any concerns to the manager or the shift leader. Even the smallest issue. It is my role to protect people and keep them safe while they are here.” Information was available for staff on a noticeboard in the service’s office. This had appropriate contact details for reporting concerns. Our records showed that the registered manager had responded appropriately to any allegations of abuse and had cooperated with investigations undertaken by the local authority’s safeguarding adults’ team.

People were protected from the risks associated with medicines as medicines were properly managed by staff. The service had a medicines cupboard which was kept

locked when not directly in use. Each person had a shelf in the cupboard labelled with their name and room number to reduce the risk of administration errors. We checked medicine administration records (MARs) and these were completed correctly and medicines stocks tallied with what was written on the MARs. Staff training records showed that all staff had been trained in medicines management and undertook regular refresher training. Two staff administered medicines together to reduce the risk of administration errors.

Some people who used the service had a percutaneous endoscopic gastrostomy (PEG) tube through which they received nutrition, hydration and medicines. We saw that clear guidelines had been developed for each person with a PEG and all staff had been trained and assessed as competent in their use.

There were enough staff to keep people safe. The rota was flexible depending on the needs of the people who stayed there, and there was a pool of consistent bank staff who were used when necessary. Records showed that people were provided with one-to-one support when this was agreed as part of their care plan to keep them safe.

The provider operated a robust recruitment procedure to ensure people were supported by suitable staff. Staff personnel records showed that each applicant was appropriately vetted by the provider organisation’s human resources manager through a criminal records check, an application form detailing their work history in health and social care, at least two verified references and checks of the applicant’s identity and right to work in the United Kingdom. Records showed that the registered manager took appropriate action when there were concerns about a staff member’s performance at work.

The service had plans in place for foreseeable emergencies. We saw that evacuation procedures were clearly displayed on each landing of the stairs and appropriate emergency equipment was available and properly maintained. Staff were trained in first aid procedures and knew what to do in an emergency. There was an on-call system in place for management support outside office hours and staff and relatives told us this worked well.

# Is the service effective?

## Our findings

People and their relatives told us the service met their needs. One relative said, “They are excellent. The staff here are well-trained and [my relative] always wants to come back.” A care worker told us, “We try to stick to the person’s routine that they have at home. They are staying with us for a short period of time and it’s up to us to make it as nice and comfortable for them as possible.”

Staff received appropriate support through training, supervision and appraisal of their work. Records showed that staff had been trained in many topics of relevance to their work such as moving and handling, health and safety, infection control, food hygiene, fire safety and professional boundaries. They had also been trained in topics specific to the need of the people they supported, for example epilepsy awareness, autism awareness and dysphagia (swallowing difficulties).

Staff held appropriate qualifications in health and social care, or were working towards them with support from the service. Records showed that new staff employed underwent a suitable induction programme which included at least two weeks of shadowing more experienced staff.

Records showed that staff had monthly supervision meetings with the registered manager to discuss their work, changes in people’s needs and any development needs the staff member may have. Annual appraisals, in which the staff member and the registered manager reviewed their work for the year and set objectives for the coming year, took place and were recorded. Staff told us they valued these opportunities to discuss their work and the registered manager was “supportive and developmental”.

The service had appropriate procedures in place for obtaining people’s consent to their support. As many of the people who used the service did not communicate verbally, we asked staff how they ensured people agreed to their support. One care worker told us, “Even when people are non-verbal you can still always tell if they agree. You watch for body language, noises they make, hand gestures and if these are negative you stop.”

The registered manager had been trained in the requirements of the Mental Capacity Act 2005 and had

passed this training on to staff. Staff knew what steps to take to ensure people could understand and agree to their support, and we saw records of best interests meetings that had taken place when people did not have the capacity to do so. Deprivation of Liberty Safeguards (DoLS), where people are lawfully deprived of their liberty for their own safety, were in place for several people who used the service as the front door of the service premises had a keypad to ensure people’s safety. The registered manager knew the appropriate procedures to follow if they thought additional people needed protection through DoLS.

Staff supported people to eat a well-balanced diet that met their needs. Menu records showed that staff offered people choices about what they ate and made people specific meals of their choice. We looked through the kitchen and saw that fresh fruit and vegetables were used, and snacks were freely available for people to help themselves. Staff told us that they supported some people to assist with meal preparation and we saw that people’s specific nutritional needs were assessed and met. For example, one person was being supported to lose weight and had a healthy, low-calorie dietary plan.

When people needed individual support to eat and drink, staff provided this in line with the principles of dignity in nutrition. We observed one staff member support someone to eat and they asked the person what they preferred for each mouthful, sat in front of the person at their eye level and did not rush the person while they ate.

Staff supported people to access health support when necessary, although as the service provided respite support only this did not occur very often. People’s records contained hospital passports so that hospital staff knew about their needs should they have to go to hospital. We saw that appropriate information was passed on to healthcare professionals and the person’s family or carers when medical assistance had been sought for the person.

The service premises were designed to meet the needs of the people who used the service. The building was fully accessible for people with limited mobility. There were ceiling hoists in each room for people who needed these, and bathrooms had appropriate equipment such as a hoisting bath and hair washing pedestal sinks for people’s comfort.

# Is the service caring?

## Our findings

People and their relatives were very positive about the caring nature of the staff at Valley Way Respite Service. One relative told us, “[My relative] is always very happy to come here. They are cared for by the same people every time and the staff know them very well after all these years.” The bus escort who regularly visited the service said, “People can’t wait to come here, they really like it and are very happy when they see we are on the way here.”

Staff developed positive, meaningful relationships with the people they supported. We observed interactions between staff and people and saw that staff were caring, kind and compassionate. One care worker told us, “I love my job and love coming to work every day. I get to help people be safe and live their lives and sometimes learn new things – you really get to know people well when they’ve been coming here for years. You get to watch them grow and develop and you really care for them.” Staff knew people well and people’s care plans included information about their lives and history.

The atmosphere in the service was jovial and staff used humour in a positive way. For example, one person became anxious during our visit as they wanted to go to their day activity but had to wait for transport. Staff joked with them to calm them down and reduced their anxiety.

Staff supported people to use appropriate communication aids when necessary to ensure they were involved in decisions about their care and support. Each room had a pictorial timetable and symbol cards to facilitate communication for people who did not always communicate verbally. Photo cards were also used to assist people to demonstrate their choices about what food they ate or activities they wished to do. Some staff knew Makaton, a sign language specifically developed for people with learning disabilities, and used this when it was appropriate to meet people’s needs.

We saw that people’s preferences were respected by staff. For example, one person’s care plan stated they preferred to be supported by staff of the same gender for intimate personal care, and we saw this occurred. Records showed that staff supported people to attend the place of worship of their choice when they stayed at the service.

Staff respected people’s privacy and dignity. We observed a care worker discreetly ask someone if they wished to use the toilet and supported them in such a way as to maintain their dignity. We saw staff knock on people’s doors before they entered their rooms. Each room had an intercom installed so that staff could appropriately monitor people during the night if that was part of their agreed care plan. The intercom had a privacy button that people could use at any time to turn the intercom off if they wanted privacy.



# Is the service responsive?

## Our findings

People told us the service was responsive. A relative said, “Any changes are implemented straight away – I just have to tell them. They are very good at communicating with us so we know what’s going on with [my relative].” A local authority commissioner told us, “People are well-supported there and their needs are met. They are very responsive to any changes in people’s needs and care is always personalised and person-centred.”

People received personalised care that met their needs. When a person was first referred to the service they and their families or carers visited the service to decide if it was suitable for them. The registered manager told us, “It completely depends on the person’s needs. Some people are happy to stay after the first visit, and others need to spend some more time to get to know us before they want to stay. We have to be flexible so that people are happy to come here.” Each person’s needs were assessed and a person-centred care plan developed to meet those needs. Care plans and risk assessments were agreed with the person, and their family or carers where appropriate, before support started. Records showed that people’s care plans and risk assessments were reviewed and updated at least annually or when the person’s needs changed.

Each person who used the service was assigned a keyworker to oversee and coordinate their support while they stayed at the service. Records showed that keyworkers were responsible for liaising with the person’s family, professionals involved with their support, or other service providers when they were involved. They also ensured the person’s care records were kept updated when there were changes to their support. Relatives told us the keyworking system worked well.

Staff supported people to undertake appropriate activities while they stayed at the service. People were supported to attend their regular day activities and keep to their normal daily routine as much as possible. When people did not have scheduled day activities staff organised day trips and activities within the service. We saw that families and carers of people who used the service operated a charity, the Friends of Valley Way, to provide a minibus for the service to use for day trips. We saw that the service hosted barbecues and parties when the weather was nice.

The registered manager encouraged people, their relatives and carers to provide feedback about the service they received. The complaints procedure was available in both pictorial and written formats and records showed that complaints were appropriately recorded and responded to by the registered manager. A relative told us that any concerns they had raised had been addressed immediately and to their satisfaction.

Complaints were also discussed in quarterly meetings held with relatives and carers and resulted in changes to improve the quality of the service people received. For example, we saw that some relatives had provided feedback about their relatives’ clothes going missing when they stayed at the service. We saw that changes had been made to the way clothing and laundry was managed at the service and a new system introduced to reduce the likelihood of clothes going missing. Minutes of staff team meetings showed that the issue was also discussed in these meetings and strategies developed to assist staff to ensure people had their own clothes.



# Is the service well-led?

## Our findings

People and their relatives thought the service was well-led. A relative commented on a questionnaire we viewed that they were “very happy with the way [the registered manager] runs Valley Way”. A care worker told us, “It’s very professional and well organised compared to other places I’ve worked. [The registered manager] knows what she is doing and staff do their job properly.” A bus escort who visited the service regularly told us, “It’s a very efficiently-run service. People are cared for very well here.”

There was an open and transparent culture at the service. Records showed that accidents and incidents were properly recorded and reviewed and changes were made to the service as a result of these. Staff were encouraged to contribute to the development of the service through fortnightly staff team meetings at which practice issues were discussed. Systems were in place for staff to communicate openly and honestly and ensure that any pertinent issues were handed over at shift changeovers, such as a communication book and handover meetings.

The registered manager was qualified and experienced for their role, and ensured that all of the requirements of the service’s registration with CQC were fulfilled. For example, statutory notifications of events that affect the service were appropriately completed and submitted in a timely manner.

The registered manager had a robust system of checks and audits in place to monitor and improve the quality of the service people received. All checks were appropriately recorded and the provider organisation’s Director of Care and Support monitored these. We saw that action was taken as a result of these checks, for example, a medicines audit had resulted in clearer guidelines for people’s relatives and carers when they provided homely remedies for people to use while they stayed at the service.

There was a clear structure in place at the service and staff knew their responsibilities. Each shift had a shift leader who had overall responsibility for the service during their shift. There was a shift plan and checklist for them to complete to ensure they knew and met their responsibilities.

Feedback from people who use the service, their relatives and staff was encouraged and acted upon. We saw that the registered manager conducted an annual quality questionnaire and collated the responses into a report that was distributed to interested stakeholders. The questionnaires and reports we reviewed showed that 100% of people who responded were satisfied with the service. Comments included “the clients are well cared for” and “we are happy at all times”.

Records within the service were well-organised and people’s personal information was kept confidentially.