Heart of England Mencap

Valley Road

Inspection report

151 Valley Road
Lillington
Leamington Spa
Warwickshire
CV32 7RX
Tel: 01926 881612
Website: www.heartofenglandmencap.org.uk

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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

Valley Road provides a respite service for up to three people with a learning disability. There were two people staying at the service at the time of our inspection.

We inspected the service on 3 November 2015. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

The service has a registered manager. 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.

People and their relatives told us they felt safe using the service. Staff demonstrated they understood the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding

Summary of findings

potential abuse. Risks to people's health and welfare were assessed and support plans gave staff instructions on how to minimise identified risks, so staff knew how to support people safely.

There were enough staff on duty to meet people's needs. The recruitment process checked staff's suitability to deliver care safely. Staff received training and support that ensured people's needs were met effectively. Staff supported people with kindness and compassion, and treated people in a way that respected their dignity and promoted their independence.

Management and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with these principles. The registered manager had made a DoLS application where a potential restriction on a person's liberty had been identified. The application had not yet been authorised. People did not have mental capacity assessments recorded on their support plans. However people's families or representatives were involved in decisions regarding their care and treatment.

People were encouraged to maintain their independence and were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made in response to people's suggestions.

The registered manager maintained an open culture at the home. There was good communication between staff members and staff were encouraged to share ideas to make improvements to the service. People said the registered manager was visible and accessible in the service.

The registered manager was dedicated to providing quality care to people. There were processes in place to ensure good standards of care were maintained for people. However there was no process in place to regularly check the accuracy of people's support plans.

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 kept safe because risks to people's individual health and wellbeing were identified and plans were in place to minimise these. Staff were trained to understand their responsibilities to protect people from the potential risk of abuse. There were enough staff to meet people's needs. The provider checked staff were suitable to deliver care before they started working with people at the service.

Good

Is the service effective?
The service was effective.

Staff had the relevant training, skills and guidance to make sure people's needs were met effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and obtained people's consent before they delivered care and support. People were supported to have enough to eat and drink and to maintain their health.

Good

Is the service caring?
The service was caring.

Staff knew people well and understood their likes, dislikes and preferences in how they wanted to be cared for and supported. Staff were kind and compassionate towards people. They respected people's privacy and dignity and encouraged people to maintain their independence.

Good

Is the service responsive?
The service was responsive.

People were encouraged to maintain their independence and they were involved in planning how they were cared for and supported. Care plans were reviewed and staff received updates about changes in people's care. People were able to share their views about the service and told us they felt any complaints would be listened to and resolved to their satisfaction.

Good

Is the service well-led?
The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the registered manager to make improvements. Staff told us they felt supported and there was an open culture at the home with good communication between staff and people who used the service. The registered manager was dedicated to providing quality care to people. There were processes to ensure good standards of care were maintained. There was no process in place to regularly check the accuracy of people's support plans, however the registered manager agreed to make changes to their systems straight away.

Good

Valley Road

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 was 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.

The inspection took place on 3 November 2015 and was announced. We told the provider we would be coming to ensure the registered manager and staff were available to speak with us about the service. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The commissioners notified us there had been some medicine errors at the service and they had been working closely with them to improve medicine administration systems.

The provider had not been sent a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the registered manager opportunity to provide relevant information during our inspection and they told us they would complete the form following our inspection.

During our visit we spoke with one person at the service and we telephoned three people's representatives following our inspection. During our visit we also spoke with the registered manager, a team leader and four support workers.

We reviewed three people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe staying at the service. A relative told us, "[Name] loves going. If they didn't enjoy it, they would say." We saw people were relaxed with staff and approached them with confidence, which showed they trusted the staff. People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, "I would tell the manager if I had a concern, I would record it." Incidents were recorded and actions were taken to protect people and keep them safe.

There were policies and procedures in place to keep people safe. Specific risks to people's health and welfare had been identified and assessed. The registered manager explained how they assessed risk to people by monitoring any incidents which took place. They told us, "I would expect staff to pick up on risks and share them in the staff communication book. If it was major, I would expect staff to take action straight away." A member of staff told us, "If I thought there was a risk I would speak with my colleagues and tell a team leader who would assess the risk."

We saw people's support plans, which described the actions to be taken to minimise identified risks and provide support to people, were updated and reviewed where risks had been identified. For example, we saw on one person's support plan how risks to their health during the night had been assessed. We found staff followed instructions on the support plan and took steps to minimise risks to the person and reported any changes to their health.

Where accidents and incidents had occurred, action was taken to minimise the risks of them occurring again. For example, the registered manager told us changes were made to the type of bed one person slept in following an incident which had taken place. Staff explained the changes that had been made to the way they supported that person and this was reflected in the guidelines of their support plan. The person's relative told us they were very happy with their family member's care and treatment.

The registered manager had completed risk assessments of the premises and had arranged for regular checks of the water, gas, electricity, equipment and fire safety. They had identified when action was needed to minimise risk to people who used the service, for example by replacing a broken bedroom ceiling hoist.

Records showed when people arrived at the service any equipment they used was checked by staff and any issues were identified and recorded. For example a problem relating to one person's sling was identified and actions were taken to ensure improvements were made.

People we spoke with had no concerns about the level of staffing. They told us there were always staff available to support people who used the service. However some people commented that newer staff did not know their relatives as well as more experienced staff. A relative told us, "There is a high turnover, with lots of new people. However there are long standing staff who know [name] well." Another relative told us, "Staff who've been there a long time know [name] well, but newer staff don't know them so well. It's important they're familiar with staff." The service had vacancies and the registered manager was recruiting new support staff. The registered manager explained it was an ongoing challenge to secure permanent staff. They told us the service had experienced staffing issues in the past and they had taken steps to retain staff. The registered manager told us they had recently introduced a new scheme to the service to try and increase the numbers of permanent staff. Agency staff were trained alongside permanent members of staff and offered a permanent role if they were suitable.

The registered manager explained how they ensured there were always enough staff to meet people's care needs and support them with their preferred routines. They told us, "We always meet the rota. We use agency staff as a last resort and we always ask for regular people." The registered manager told us, "Staff numbers at Valley Road are dependent on the needs of customers. The team leader and I work it out together on a needs basis." They explained they took into consideration what level of support people required in their daily routines, for example help to move about.

The registered manager checked that staff were suitable to support people before they began working in the service. This minimised risks of abuse to people. For example, we saw recruitment procedures included checks made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

The registered manager and the local authority commissioners had notified us prior to our inspection, of medicine errors that had occurred within the service. The

Good

Is the service safe?

registered manager had worked closely with the local authority to make required improvements to the medicine administration and storage system. Staff told us, the new system to prevent medicine errors was working and there had been a reduction in errors. Staff we spoke with who were trained to administer medicines, told us they were confident giving medicines because they had received refresher training in October 2015 that explained how to do this safely. The team leader told us there were annual observations of staff and competency checking by themselves and the registered manager. They said, "If I was unhappy I wouldn't sign people off." Staff we spoke with knew the procedure to follow if there was an error in the administration of people's medicines.

Staff obtained an up to date record of people's prescribed medicines each time they came to stay at the service. Medication administration records (MAR) showed people had been given their medicines as prescribed. We saw all medicines were kept safely in a locked cabinet. Staff kept a record of how much medicine was stored. Some people were prescribed medicines to be given on an 'as required' basis. In some people's records we saw information had been obtained from their GP giving advice on how and when these medicines should be administered, so they were administered safely and consistently by staff.

Good

Is the service effective?

Our findings

People told us they were happy with the care provided by staff and that staff had the skills and knowledge to meet their family member's needs. One relative told us, "I respect the staff very highly." Another relative said, "I am happy with staff's judgement." We saw staff knew people well and provided effective support according to people's needs. For example, we saw how staff supported a person to follow one of their favourite hobbies of painting. Staff knew the person's preferences and provided them with the appropriate level of support to allow them maintain an independent lifestyle.

Staff told us they had an induction which included training, observing experienced staff and completion of a workbook. One member of staff told us they had not worked in a care role before and they felt confident at the end of the induction to work alone. Staff told us they had staff supervision meetings; however the agreed frequency of the meetings were not all up to date. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The registered manager told us they were aware supervision was not up to date. They showed us that they had scheduled in staff's future sessions.

The registered manager and the provider planned training to support staff's development. Staff told us the training was good and they found training by external trainers useful. One member of staff told us, "The provider is quite good at arranging training. There is a variety of training, online and external trainers." Another member of staff told us, "I can request training at my supervisions." Training was also provided to support staff in meeting people's specific needs. For example, there was training in epilepsy and percutaneous endoscopic gastrostomy (PEG) feeding. The registered manager told us all staff received training in PEG feed from nurses and were then observed and assessed for competency.

People who used the service and their relatives told us staff asked people how they wanted to be cared for and supported before they acted. One relative said, "Staff explains to [name] what they're doing." 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. They had made a DoLS application for one person because they had identified a potential restriction on the person's liberty. The DoLS application had not yet been authorised by the local authority. Staff we spoke with understood the requirements of the MCA, they told us how decisions were made in people's best interests where required.

We found that not everyone's care plans included a documented mental capacity assessment, so it was not clear if people had capacity to make decisions. We discussed this with the registered manager who agreed they would seek clarification on this issue and conduct assessments on everyone who used the service. However we found decisions were made in people's best interests. For example a best interest decision about the administration of medicine had been made for one person. The decision had been clearly recorded in their support plan and involved appropriate people such as health professionals.

A relative told us, "[Name] makes their own choice." All the staff we spoke with told us the service enabled people to lead independent lives away from their own homes. There were decision making profiles in peoples support plans, which gave information to staff to help them support people to make decisions. A member of staff explained how they supported people who were not able to communicate verbally, to make choices. They told us they showed one person objects to help them decide what to choose for dinner. They said, "Some people can't verbalise so we look at their food preferences. We may do three different meals for three different people. We will try something and if they decline we will make them something else."

Most people received food and drinks prepared by support staff. A relative told us, "[Name] gets plenty to eat and drink, when we read through the things they've had." The

Good

Is the service effective?

team leader told us they planned menus in advance based on people's preferences and their dietary requirements. They said, "We will also ask people on the day what they'd like. The majority of guys can't verbalise what they want. So we communicate with their families. There are always two choices and we offer another choice. We take into account allergies and religious needs and we vary the menu and use fresh vegetables." We observed the evening meal and saw people made their own decisions about their meals and were supported by staff according to their needs. We heard staff ask people what they would like for their evening meal. People chose what they wanted and we saw the choices people made matched the information about their dietary requirements in their support plans. We saw people's food preferences and any allergies were recorded in their support plans.

Some people who used the service had complex needs and had special dietary requirements. Where risks had been identified, food profile sheets were in place to minimise any risk and provide guidance to staff. Staff recorded people's intake to make sure their health and wellbeing was monitored. Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. Staff were able to tell us how they supported people who had special dietary requirements in relation to their religious beliefs.

We observed how staff supported one person during their evening meal. The support they provided was reflected in their support plans. This demonstrated staff supported people to maintain a diet that met their needs.

Staff were knowledgeable about people's individual needs, which minimised risks to people's health. For example, a member of staff told us how one person's health needs had changed and their family contacted their consultant who reviewed the person's medication. The family provided a copy of the doctor's letter to the service, to confirm that their medicines had changed. The new information had been updated onto the person's support plans for staff to follow. Staff explained, because they were a service where people stayed for short periods of time, they only occasionally supported people to access healthcare services. We saw staff reacted quickly and effectively when one person was unwell. Staff took immediate steps to assess the problem and made the person more comfortable. One member of staff told us, "We can tell when people are poorly, we call the GP and they come out." We saw on people's support plans that information was available about people's health. Health professional's details were recorded, so they could be contacted easily for advice. Information was recorded when contact was made with a family member and health professionals' advice was recorded.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy staying at the service. People told us, "I chose the service because of the way they care for people"; "They [the staff] look forward to [name] going" and "[Name] will come home and ask when their next visit is." Staff told us they liked working at the service, and they enjoyed helping people to be independent and supporting people according to their individual needs. We saw good communication between people and staff and the interaction created a friendly environment. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

Staffs were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. Staff used different communication methods as specified in peoples support plans. For example, staff sat with people and took time to speak with them on a one to one basis about things they were interested in. One person fetched a DVD to show us. Staff knew this was their favourite and supported them to watch it. The person laughed and enjoyed it.

People's support plans provided staff with information about the best ways to communicate with them. For example, one person could not speak and used Makaton. (Makaton is a language using signs and symbols to help people to communicate.) A member of staff explained how they communicated with the person. They told us, "We use cards, Makaton, signs and facial gestures. It is about knowledge of that person and taking everything into account." Using Makaton respected people's diverse needs and helped staff to communicate with people in a way they understood. Another member of staff told us, "I can tell by [name's] facial gestures if they like something or don't like something."

People and their relatives told us they were involved in decisions about their care and support needs. They said their views about their care had been taken into consideration and included in support plans. Support plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, undertake their own personal care and daily tasks. For example we saw detailed instructions on one person's support plans, about how staff could involve them in hobbies they enjoyed. The person's relative told us, "Staff let [name] do the things they want to do. They try to do their best to make [name] feel at home. For example they bought [name] a new duvet cover." The registered manager explained they were in the process of making bedrooms more personal to people who used the service, by having duvet covers and curtains which were changed depending on people's individual taste. They told us, "Clients are choosing things and staff are involved in theming and decorating rooms. We want to personalise rooms for people."

Staff understood the importance of treating people with dignity and respect. For example we heard staff speak with people quietly and discreetly when they asked for support with personal care. One member of staff told us, "We always shut the curtains and close the door, so people can't see in." The registered manager told us, "Customer needs are at the centre of everything we're doing. We run Valley Road to meet the needs of the customer."

Good

Is the service responsive?

Our findings

People who used the service told us they were happy with the care and support staff provided. A relative told us, “I’m really, really delighted with them. I think they’re doing a really good job.” They told us staff encouraged people to be independent. For example we saw detailed information on one person’s support plans, about their interests. We observed staff supported the person to do various activities at the service, which reflected the information in their support plan. A staff member told us, ”We see in peoples support plans what they like to do. [Name] loves painting and I’ve supported them to do this today.” The person was unable to communicate with us verbally, but they were excited about some artwork they had done and showed it to us and smiled.

We saw people had shared information about themselves, and their likes, dislikes and preferences for care were clearly defined in their support plans. Staff told us how important it was to read people’s support plans so they knew what people’s preferences were and to ensure they supported people in the way they preferred. Staff told us people were free to make their own decisions, where it was appropriate. One member of staff told us, “We maintain peoples independence by giving people choice. There are no set rules here. If you’re hungry you eat. If you’re thirsty you have a cup of tea. It’s your house, you do what you want. People can get up when they want.” People’s records showed that they chose how they spent their time and their choices were recorded. There was information on people’s support plans to help staff to support people to make decisions. For example one person’s support plan explained how staff should use pictures or objects to help the person make independent decisions.

Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. Staff told us how they encouraged people to maintain their religious beliefs.

There was good communication between staff when they shared information about people’s needs, to ensure they received good care. The registered manager explained they used a ‘pre-booking information form’, to obtain up to date information about people before they came to stay at the service. The form included information about people’s wellbeing, mobility, medicines, eating and drinking and other information such as required appointments. A member of staff told us, “We ring home one to two days before people stay. If people have high needs, we ring the day before. It is helpful to have the information for people with high needs.” A relative said, “We get a phone call the night before to ask us how [name] is.”

Staff told us that the handover of information between shifts was clear and effective. One member of staff told us, “Handovers are useful we include checks on medicines. If people’s needs change we use the communication book. We read it at the start of every shift. There are handover sheets where we monitor people’s needs.” We saw handover sheets were clear and detailed and included any concerns staff had about people’s welfare. Staff explained people had ‘chat books’ where they recorded what people did whilst they are at the service and relatives could use it to share information. One member of staff told us, “Some parents come here and we chat and will record the information. Some parents leave notes or write in the chat books, but only those people who want to, use it.” A relative told us, “We have a chat book. Staff are well aware of all the issues with [name] and they are very good at writing in the book. They say what [name] has done and what they have eaten and how well they have slept. I write important messages in it.” Another relative told us, "They [staff], always call if they have any concerns about [name] while they are there.” Staff told us they would highlight any issues to senior staff and ensure people’s support plans and risk assessments were updated where required.

People and their relatives told us they had contributed to the assessment and planning of their or their family members care. The registered manager told us they conducted initial assessments of people’s needs before they used the service. They said, “We meet with the person and their family and get to know their routines.” They explained they arranged visits to the service prior to people staying, so they could get to know them and their needs. Then information was transferred onto peoples support plans when they started to use the service. A relative told us, “We see the support plans every so often and agree them. We make comments and I feel happy to raise things. Staff explain things to us.” We saw people’s support plans were reviewed and reflected their care and support needs. For example, one person’s support plan about how they should be supported with their daily routine, had been updated at their last visit because their needs had changed. The registered manager told us people and their families were invited to review their records on an ‘ad hoc’

Good

Is the service responsive?

basis. A member of staff told us, "I feel there's good communication with families, there's a good bond." The registered manager told us they met regularly with families, however they were currently scheduling meetings with people to review support plans formally.

People told us they would raise any complaints or concerns with staff. One relative told us, "I know there's a complaints procedure. I have never made one." The provider's complaints policy was accessible to people in a communal area. Staff told us how they would support people to make a complaint if they wished. Records showed there had been five complaints, and six compliments recorded since December 2014. The registered manager had also recorded people's verbal concerns and had actioned five of these according to the provider's complaints policy. We saw that complaints had been responded to in accordance with the provider's policy. There was evidence of compliments from relatives about the standard of care provided by the service. The registered manager told us they had worked hard to make improvements at the service and to resolve complaints and improve relationships with people who had complained. They told us they had, "Worked with people to be open and honest and built up relationships." We spoke with someone who had made a previous complaint and they told us, "I got my trust and confidence back in the manager because they were honest with me." This showed people were encouraged to share their opinions and experiences with the service.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. A relative told us, "I visit all the time, its clean, comfortable and relaxing." People were positive about the leadership within the home. One person told us, "The manager is doing a really good job. I am very grateful the service exists." Another relative said, "The manager is very chatty, I have every confidence in their desire to deliver an exceptional service." We saw the registered manager was visible and accessible to people in the service. Staff told us the registered manager was approachable. They told us they could make suggestions and these were acted on. For example, staff had requested a change in the way their medicine training was delivered and the registered manager had taken action to change the training. Staff told us they felt able to raise issues with the manager.

Staff understood their roles and responsibilities and felt supported by their manager. The registered manager told us they made sure staff understood their roles through the use of staff meetings and the supervision, induction and probation processes. The registered manager said, "Staff pull together, they are a fantastic team. Staff will approach me if they have a problem. I ask staff for suggestions." Some staff had worked at the service for many years and all the staff told us they enjoyed working there. A member of staff told us, "I feel motivated. We all get on really well."

There were regular staff meetings; one took place during our inspection. We found that meetings were a positive experience for staff. A member of staff told us, "Staff meetings are useful I can make suggestions." Staff told us they were encouraged to be involved in making improvements to the service. For example they were asked for ideas on how to use the money the service had raised in recent charity events. The registered manager explained they had recently introduced 'achievements and successes' onto the meeting agenda, where staff were encouraged to say what had gone well. They told us, "It's about being good to each other. We need to think about what we do that is good." The registered manager also shared compliments with the staff. This showed the registered manager encouraged staff to develop and make improvements to the service, which helped them to deliver high quality care to people.

A member of staff told us there were weekly meetings for managers in the providers group. They told us, "All staff can look at the minutes, which is useful." This demonstrated there were processes in place to enable staff to share information about the service in an open way to help improve the quality of care for people.

People were encouraged to provide feedback about the service. One relative told us, "When the manager first took over, they had a meeting and we all went round there." They told us some people raised some issues which the manager addressed. Another relative said, "The manager is always asking for our opinion." People had given their opinions about the service in a customer survey completed in June 2015, which contained mainly positive feedback. The registered manager explained that responses were analysed by the provider. They told us if any issues were identified, they took steps to make required improvements. Some people said in the survey they didn't know how to make a complaint. The registered manager told us in response to these comments, "Staff sat with people on a one to one basis and explained the complaint process." The registered manager told us that because of the type of service it was, there were no meetings for people who used the service. They said, "We ask people their views on the day they come and talk to families when they visit." A relative told us, "The manager wants us to go to her if there any problems."

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager understood their responsibilities and was aware of the achievements and the challenges which faced the service. They explained how they worked with the local authority to make improvements to the service. The registered manager told us they were supported by their line manager and felt able to share ideas. They gave examples of how they had made suggestions to their manager for improvements to the service and many of these had been put in place, such as new moving and handling equipment and a new medicine administration process. The registered manager also recognised gaps in their own knowledge surrounding the Mental Capacity Act 2005 (MCA). They told us they would seek further support on the MCA from their manager, "That's an area I can address for my own development."

Good

Is the service well-led?

People told us the registered manager had made improvements. A relative told us, “The manager is fighting for funding to replace furniture and furnishings.” Another relative said, “There’s been lots of changes to the service. The manager is really good. They have taken action and things have improved.” The registered manager told us, “This place is like home. I’ve put my heart and soul into Valley Road. It’s a lovely place to work. There are still things to do, everything’s not perfect. I look into things as soon as I’m aware of them. I have been making improvements for 18 months.”

There was a system in place to monitor the quality of service. This included quarterly checks made by a senior member of staff at the service and additional checks on finances and medicines made by the provider. The registered manager told us the results of the audits were analysed by the provider, who monitored required actions were taken within reasonable timescales. We saw where actions were required, action plans were followed and improvements were made. For example some staff training had been identified as out of date and this had been scheduled and completed by staff within the timeframe required by the provider. The registered manager told us they regularly provided reports about the service to the providers Trustees, who visited the service each year.

We found some support plans were not up to date. For example, one person’s support plan stated they needed a special health check each day, however staff told us this was no longer necessary and this had not been updated on the person’s records. The registered manager told us they had asked staff to review people’s plans and look for any errors. We saw some changes had been made to plans, however there was no process in place to regularly check the accuracy of people’s support plans. The registered manager told us they would take action straight away to ensure records were thoroughly checked for accuracy.

We saw people’s confidential records were kept securely and could only be accessed by staff members. The provider’s policies were easily accessible to staff.