

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Valley Road - Resource Centre

65a Valley Road, Northallerton, DL7 8DD

Tel: 01609533394

Date of Inspection: 11 August 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	North Yorkshire County Council
Registered Manager	Mrs Christina Lynne Preen
Overview of the service	Valley Road Resource Centre is registered to provide respite care and accommodation for up to seven people who have a learning disability. The centre is run and owned by North Yorkshire County Council. It is situated close to the centre of Northallerton and public transport is easily accessible from the home. There is a large secure garden accessible to all people who use this service.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. During the inspection, the inspector focussed on answering the five questions: is the service safe, effective, responsive and well-led?

At the time of the inspection there were four people living at the home. Some people were unable to tell us what they thought about the care and support they received. We observed their experiences to support our inspection. We spoke with the two care staff, one domestic, three people who used the service and the registered manager.

Below is a summary of what we found. The summary describes what people who used the service, and staff told us, and the records we looked at, if you would like to see the evidence that supports our summary please read the full report.

Is the service safe?

Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the home's responsibilities under the Mental Capacity Act 2005 and DoLS. The registered manager showed us one deprivation of liberty application had been submitted to the local authority in line with the provider's policy and procedure.

We saw the service was safe, clean and hygienic. The home had an effective infection control system. Equipment was well maintained and serviced regularly, so preventing any unnecessary risks. All the staff told us how they worked to prevent infection and told us how they would manage an outbreak at the home so the risk of infection spreading could be reduced.

Is the service effective?

Comments from people included, "It's cool living here" and "I am very happy here."

We saw people were asked by staff if they needed help or assistance and how they would like it provided. One person told us, "I have a good holiday when I come here."

We saw people were supported with health care appointments and to attend any monitoring clinics. We saw that people had been visited by various professionals who supported their health and social care needs. Staff told us they had good relationships with other professionals which assisted them in their work to support people.

Is the service caring?

We saw staff treated people with respect and dignity. All the people we spoke with told us they were very happy with the care they received.

Staff communicated well with people and were able to explain things in a way which could be easily understood. People were not rushed when care was delivered and we saw how staff interactions with people were caring.

Is the service responsive?

All the people we spoke with told us staff would respond to any of their requests for support. One person told us, "I like to go out a lot."

All the people we spoke with told us they were involved in decisions about their care. They said staff were flexible and responded to their requests promptly. We saw staff responded to people's requests for help in a timely manner.

People's care needs had been reviewed at least every six months. When people's requirements had changed the provider had responded appropriately and altered the care and support they delivered in line with these changes. Care records had been updated to reflect the person's current needs.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service well-led?

The service had a registered manager. They showed us there was an effective system to regularly assess the quality of service people received. We found the views and opinions of people, relatives and staff had been regularly gathered, recorded, analysed and responded to.

We saw the home had systems in place which ensured managers and staff learnt from any accidents, complaints, whistleblowing reports or investigations. This helped reduce the risks to people and helped the service to continually improve.

Staff told us they understood their roles and responsibilities. Staff had a good understanding of the ethos of the service and quality assurance processes were in place. This helped to ensure people could receive good quality care at all times.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with two staff about how they supported people to make their own decisions. Staff told us how they assisted people to make decisions about everyday practicalities, and gave us some examples such as giving people choices about their meals. They also spent time with people planning menus for the week. During our visit we observed staff helping people choose food for breakfast and plan the lunch menu. This meant before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We looked at the care records for three people. We found throughout these records there was a clear expectation of the staff to support people to make their own decisions, wherever possible. Where people had representatives to act on their behalf this was recorded in their records. Care plans were in place which showed people needed support to make decisions. The care records showed people had been consulted about their lifestyle preferences, likes and dislikes.

We spoke with two staff. Staff were fully aware of people's capacity to make decisions and the actions they needed to take when people were unable to make decisions.

Staff were working within the legal framework of the Mental Capacity Act 2005. The registered manager told us people within a care home could have their lifestyle restricted to such an extent that they needed to be subject to a Deprivation of Liberty Safeguards (DOLs) authorisation. These safeguards make sure a care home or hospital only restrict someone's liberty safely and correctly, and this is only done when there is no other way to take care of the person safely. This meant that where people did not have the capacity to consent, the provider acted in accordance with legal requirement.

We found people in the service had regular resident meetings where they were consulted

and involved in decisions at the home. For instance, we saw that trips out had been organized which included a visit to an animal centre. We saw menus had been discussed and planned.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw care plans had been regularly updated and reviewed as people's care needs changed. We spent time within the service observing the interactions between the staff and people. We observed people making decisions about how to spend their day and the discussions about outings and activities.

When we visited there were four people using the service. We spent time observing their care and watched how staff gave support. We saw staff were respectful of people, and had a lot of knowledge of their needs. In particular, staff had a good understanding of the communication styles people preferred.

During our visit we reviewed the care records of three people. We found care records were written using a person centred approach. This meant they described the person's abilities and how they preferred their care needs to be met. We saw risk assessments, communication plans, activities plans, personal care, nutrition and health plans. They covered all areas of daily living, such as mental, physical and social assessments. All three people had individual personal profiles in place with their likes and dislikes and individual care plan. Daily record notes also contained any updated information about their care needs and medication. There was additional person-centred information, and specific detail about people's communication needs. For instance, we saw one person had a communication aid with sign and symbols called a 'Makaton'. Makaton is a nationally recognised sign language for people with learning disabilities. This gave staff more detail and information in relation to delivering care. This meant people were receiving the care and treatment they wanted.

We spoke with two people. They told us they liked coming to the home for respite. One person told us "I am going on a trip today". Another told us "I like music and like to go out. I like going to the pub." Staff told us how they supported people with activity choices.

There were opportunities to be involved in activities. People had had been on regular day trips, shopping trips and a range of indoor activities had been provided. Staff told us sometimes people preferred not to go out. They liked to watch television play pool or use the computers.

We spent time observing the interactions between staff and people. We saw people were treated with dignity and respect. Staff communicated well with people and were able to explain things in a way that could be easily understood. Staff were supportive at meal times; assisting people to eat and make sure they were happy with their choice of food. We spoke with staff who told us dignity and respect was very important. We observed them speak appropriately to people, and staff told us when attending to personal care they were sensitive, for instance when they assisted people to get washed and dressed. People were supported by staff to move around the home at their own pace so they were not rushed.

The home had a brochure which was very clear about what to expect at the home. This told people about the process, including information about admission, visits and contact with family and friends.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Each person had a 'My provider support plan' in their care records which was a personalised document containing information about people's medication, likes and dislikes and their care and communication needs. The staff told us when people moved to different services this document was always used and they also provided information on each person's medication and any risk assessments. This meant people had their health, welfare and safety protected where the responsibility for care and treatment was transferred to another provider.

Each person also had a Hospital Passport. This is a document, which assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. This meant people had their health, welfare and safety protected where the responsibility for care and treatment was transferred to another provider.

We saw evidence in care files other professionals were consulted. This included district nurses, learning disability team, general practitioners, specialist consultants, dieticians and nutritionist, occupational therapist, social workers, dentists and speech and language therapists. We saw care records contained detailed information about the involvement of health and social care professionals.

We noted examples where the provider worked with specialist services. In our discussions with staff, they all told us the service worked closely with other professionals. We saw evidence in care records where dieticians had been involved with people who had problems with eating and swallowing. We concluded that people's health, safety and welfare were protected during their care and treatment, or when they moved between different services.

There was a health action plan in all the care records we looked at. This was a template which recorded the details of all medical and health appointments attended by people. It included details of any follow-up action required. We found that personal health plans and hospital letters were kept within the individual's care records.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The domestic showed us the cleaning schedule for the building which was completed daily. We saw the cleaning schedule records were up to date and had been completed. All communal areas had been maintained to appropriate standards of cleanliness and hygiene. Equipment used throughout the home was well-maintained and clean.

The registered manager carried out regular audits to make sure good hygiene practices had been followed. The systems and processes used by the home reduced the risk and spread of infection which meant people's health had been protected by the clean and hygienic service.

The provider had a detailed infection control policy which covered areas such as personal hygiene, spillages and how staff should respond in the event of an outbreak of infection. We viewed all the policies for decontamination of equipment in place to provide guidance to staff. Staff had received training in infection control and it had been discussed at the staff meeting.

Staff had access to dedicated hand washing facilities. Hand hygiene facilities comprised of a hand wash basin, with hot and cold water and liquid soap. We saw there were good practice guidelines on hand washing in all toilets and bathrooms.

We viewed the policy and procedures for the management of infection control which provided clear instructions and guidance for staff. We looked around the home and found it was clean and hygienic. With the consent of people using the service we looked in four bedrooms. All were clean and well maintained.

All the staff had completed training in infection control. The staff said they were clear about what was expected of them with regard to keeping the home clean. This meant people benefitted from living in a clean home which promoted their health and wellbeing.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

During our visit we looked at the quality assurance system in place. This showed us the provider carried out a regular audit which always included a discussion with staff and people using the service. We saw records of this. The registered manager showed us the service plan which had been produced following the quality assurance audits. It contained detailed targets and action points for the service. For instance, the provider was working towards having an autism accreditation award for its service. On the day of our inspection we saw a specialist autism training session had been arranged. There were plans for all new staff to have Qualification Credit Framework (Q.C.F.) training in health and social care.

We saw that fire testing, water and sewage, electricity and gas records were all up to date. All the people using the service had a Personal Evacuation Emergency Plan (PEEP) for any emergency such as a fire.

All notifications (changes, events or incidents the provider must inform CQC about under the Health and Social Care Act 2008) had been recorded and submitted and there had been no new submissions since the last inspection. The provider had appropriately completed bath and shower records of the water temperatures.

The registered manager showed us an annual satisfaction survey which had been completed by people and their relatives. They told us they had also planned a coffee morning for relatives in order to learn more about their views on the service. The staff had also been provided with regular opportunities to raise their issues, ideas or concerns about the service. For instance, we saw that staff had received more specialist training following their feedback to the registered manager.

Requests from people had been responded to. For instance one person had requested a new pool table which had been provided. People had asked for new computer equipment had also been provided after a request had been made at a house meeting.

The registered manager told us they encouraged people to come and talk to them and the staff about anything and they responded to any issues in a timely manner.

We looked at the home's complaints procedure which clearly informed people how to make a complaint and who to. There was a clear timescale of a maximum of 20 days for complaints to be fully investigated and resolved. The procedure also contained contact information for the local ombudsman and the Care Quality Commission. The people we spoke with all told us they were aware of how to make a complaint. We saw there had been no complaints since the last inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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