Dalesview Partnership Limited

Veedale

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

Summary of findings

Overall summary

This inspection took place on 26 July 2017. The inspection was unannounced.

Veedale is registered to provide accommodation for up to 20 people over the age of 18 with a diagnosis of a learning disability, autistic spectrum, physical disability, sensory impairment and living with a dementia. At the time of our inspection there were 20 people in receipt of care from the service.

The service had a registered manager in post. 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.

At the last comprehensive inspection on 7 January 2015 the service was rated as good overall and was meeting the regulatory requirements relevant at that time. However we made a recommendation in relation to the management of medicines. We also undertook a follow up inspection on 14 July 2016 as a response to an increase in occupancy in the home. The provider submitted the appropriate application to the Care Quality Commission and the service was rated as good in the Well-led domain. During this inspection we found the service was meeting the requirements of the current legislation.

We saw safe administration of medicines during our inspection. Medicines were stored safely in locked cupboards. There was some evidence of temperature recordings of rooms where medicines were stored however the fridge temperature had not been recorded regularly. A full audit of medicines was undertaken immediately by the registered manager and actions taken to ensure the safe administration, storage and recording of medicines was provided. However we made a further recommendation in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safe management of medicines.

We saw evidence of completed investigations into allegations of abuse and staff knew the procedure to take if any concerns were identified.

Individual emergency evacuation plans were in place as well as emergency contingency plans to guide staff about the procedure to take when dealing with an emergency. Environmental and personal risk assessments were completed to guide staff on how to protect people who used the service from unnecessary risks.

Staff told us the training they received from the provider was detailed and comprehensive and enabled them to fulfil their role safely. Records we looked at confirmed relevant and regular training was completed by staff to provide them with the skills they required.

Meals provided to people were varied and nutritious and reflected their choices and individual

requirements. Where people required monitoring of their food and fluid intake this had been completed. Relevant referral had been made to professionals such as a dietician and speech and language therapist.

It was clear a variety of health professionals was regularly involved in the review of people's health and needs.

Staff told us they had received up to date training that supported the delivery of care to people who used the service.

Meals in the home were varied and made fresh daily. Where people requested alternative these were provided by the cook. Where required food and fluid intake were recorded to ensure any changes in people's condition were identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Appropriate Deprivation of Liberty Safeguards applications had been submitted to the assessing authority.

Positive, meaningful caring relationships had been developed between staff and people who used the service. It was evident staff knew people's needs. It was clear people were treated with dignity and respect by staff.

We saw people taking part in a wide variety of activities of their choosing. A detailed activity programme was in place for all people who used the service to access if they wished.

Records confirmed complaints were dealt with effectively and there were policies and procedures in place to guide staff on how to deal with complaints.

Care files had information in them to guide staff on how to deliver effective care that met people's likes, dislikes, needs and wishes.

All people we spoke with were complimentary about the leadership and management in the home. People were asked for their views about the home. Staff meetings were taking place and staff confirmed they were able to bring their views to the meetings.

Regular quality audits were taking place that ensured the home was safely run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff we spoke with demonstrated their understanding of the signs of abuse and how to respond to these.

Appropriate risk assessments were in place to protect people from risk and keep them safe.

Medicines were administered to people safely and medicines were stored safely. The registered manager responded appropriately to undertake a full audit of medicine which included recording of administration as a result of our findings.

Is the service effective?

Good

The service was effective.

There was a comprehensive training programme in place to help ensure staff had the knowledge and skills to deliver people's care.

People received a choice of meals in the home. There was a varied menu in place. Regular monitoring of food and fluid intake was completed.

It was clear a variety of health professionals was regularly involved in the review of people's health and needs.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

Positive meaningful relationships had been developed between people and staff. It was clear staff knew people's needs well.

Is the service responsive?

Good

The service was responsive.

There was a comprehensive and detailed activity programme in place for people who used the service.

Complaints were handled effectively. Staff had guidance on how to deal with a complaint.

Care records were comprehensive detailed and reflected people's individual needs likes and choice.

Is the service well-led?

Good

The service was well led.

We received complimentary feedback about the leadership and management in the home.

Quality audits and monitoring was taking place that ensured the home was safely run.

Feedback was obtained from a variety of sources including surveys and staff meetings.

Veedale

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 26 July 2017 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor and an expert by experience in the care of people with a diagnosis of a learning disability, people who have a dual diagnosis of learning disability and mental health and people with autism. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we looked at the information we held about the service. This included statutory notifications the provider is required to send to us by law, any safeguarding notifications or feedback about the service. A notification is information about important events which the service is required to send us by law. We also looked at the Provider Information Return (PIR) we asked the provider to submit 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.

During the inspection we undertook observations in the communal areas of the home as well as a tour of all of the units. The home was split into four smaller units called Willowdale, Mapledale, Bluebell and Poppy. Each of these was supported by a team of staff. All of the bedrooms in the home are of single occupancy and were personalised with people's own possessions and mementos. There were separate lounges and dining rooms on all of the units as well as communal showers and bathrooms for people to use.

We were unable to ask people who used the service to share their views with us due to their limited ability to verbally communicate with us however we observed interactions between people and staff. We spoke with six relatives of people who lived in the home and obtained feedback from four professionals who regularly visited. We spoke with ten staff members these included; support staff, the cook, the manager responsible for overseeing two of the units in the service and the registered manager who had overall responsibility for the home.

We checked a number of records to check how the service was being managed. These included four care files, audits and quality monitoring, duty rotas, meeting minutes, survey's and feedback about the home and five staff files.

Good

Is the service safe?

Our findings

We were unable to ask people if they felt safe because of their limited ability to share their views with us. We undertook observations and saw people who used the service appeared relaxed in the home, interacting positively with staff smiling and laughing with them. Relatives we spoke with were told us they felt their family members were safe in the home. One person said, "I used to get a real knot in my tummy when visiting my [relative] at her previous place [home], now it is fine" and "My son loves the staff more than anything and has an excellent rapport with staff. He knows all their names."

Another relative told us about a previous investigation that had taken place where measures were implemented to keep people safe. They said, "I feel it is safe to a certain point."

At our last comprehensive inspection on 7 January 2015 we made a recommendation in relation to the recording and storage of medicines. During this inspection we found some improvements had been made. However we made a further recommendation relating to recording and storage of medicines.

We saw that some medicines required cold storage were in the home. We discussed records relating to the daily checks of fridge temperatures with staff and the registered manager. We were told daily checks were taking place however, we could not find the records to confirm these checks had been completed. Staff told us they were checking the daily temperatures for the fridge but not the maximum and minimum temperatures in line with national guidance. We also saw the thermometer used to record fridge temperatures was missing. We discussed this with the registered manager who immediately replaced the thermometer to ensure accurate recording was taking place and introduced records that included maximum and minimum recording to ensure medicines that required cold storage were stored safely. We checked the temperature during our inspection and it was in line with the required range.

We checked the Medicine Administration Records (MAR) and saw personal details which included photographs and allergies that would help to prevent misadministration of medicines. Whilst records identified staff signing MAR chart following their administration we saw some gaps in their recording. For example, where people were prescribed medicated toothpaste not all had been signed. We discussed this with the registered manager who undertook an immediate and comprehensive audit of all of the MAR charts and developed actions going forward to respond to any concerns as a result of the audit. This would ensure people were protected from unsafe medicines management.

We recommend the provider seeks nationally recognised guidance on the safe storage and recording of medicines administration.

We observed part of the breakfast and lunchtime medication round. Staff were seen wearing appropriate Personal Protective Equipment (PPE) as well as clothing to advise people, 'Do not disturb' as medicines were being administered. This would reduce the risk of errors due to interruptions. Staff administered people's medicines safely and correctly ensuring people were aware of what they were taking and that they agreed to their administration. We saw where people required their medicines to be administered through a

feeding tube PEG (Percutaneous Endoscopic Gastrostomy) that it was done safely by staff. Percutaneous endoscopic gastrostomy (PEG) is a surgical procedure for placing a tube for feeding and administering their medicines. Staff were observed offering support and encouragement for people to be as independent as possible with their medicines. For example where one person required an inhaler medication we saw this person holding the inhaler whilst staff supported them whilst their medicine was taken. Medication records were checked and signed appropriately to confirm medicines had been administered safely during our observations.

We looked at all areas where medicines were stored in the home and noted these to be locked and secure. Where medicines required returning to the pharmacy these were labelled recorded and stored securely. Checks on the storage and administration of controlled drugs confirmed stocks were correct and had been administered in line with guidance. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. This would protect people from any misuse of medicines.

Staff told us, and records confirmed, that training and competency checks had been completed in medicines and there was up to date policies and procedures along with national guidance to support the staff team in the safe management of medicines. The PIR submitted by the provider demonstrated their commitment to ensuring staff had the knowledge and skills to protect people from abuse. It stated, "We have continuous training and discussion in staff meetings that ensures staff are aware of how to protect people from physical, psychological and emotional harm, abuse, discrimination and neglect. We use video clips and ask staff for input at each meeting to clarify their understanding of Dalesview agency (Provider) policy."

All staff we spoke with demonstrated an understanding of the types of abuse and the appropriate steps to take if abuse was suspected. Staff said, "Any concerns I would report it straight away to the manager. If they did nothing about it I would go straight to the top and not let it go." Another told us, "I would report it promptly to local safeguarding team or get in touch with CQC" and "If the [people's] character changes, physical marks, not eating when they do normally eat, if they don't want to go near certain people. I would report it to my manager."

Professionals we spoke with confirmed people living in the home were safe and that any concerns raised were dealt with appropriately by the home. One professional said, "I have always been contacted as soon as possible if there have any safeguarding concerns." Another told us, "During my visits I feel residents (People who used the service) are safe and are well cared for by staff that appear to genuinely care about the people they support" and "I have not had any safeguarding concerns during my involvement with the service."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. Staff told us and records confirmed that they had undertaken safeguarding training that provided them with the knowledge to deal appropriately with any allegations of abuse. There were systems in place to record and investigate any allegations of abuse. Records we looked at confirmed investigations had been completed along with the actions taken as a result of any investigations. Records confirmed that appropriate referrals were made to the relevant agencies and notifications were submitted to the Care Quality Commission in a timely manner where required.

The PIR stated that the provider was committed to ensuring people who used the service were promoted to take positive risks. It stated they had, 'Trained staff who helped people to try and assess risk and make decisions that suited people's needs whilst ensuring they were protected from harm and abuse.' Care files confirmed appropriate risk assessment had been completed to help ensure people who used the service

were safe. These included, manual handling, falls, feeding and medication through a PEG tube, bathing, showering and continence needs. Reviews were completed regularly that ensured risk assessments were up to date and reflected people's current need.

Records confirmed that the provider had responded appropriately to any incidents or accidents in the home. Records included details of the incidents along with the actions taken as a result any incident to ensure people remained safe in their home.

The provider had undertaken environmental risk assessments to ensure people were cared for in a safe and monitored home. Areas covered included security, the grounds, clinical waste, laundry, staff, cleaning and bed rails. Relevant fire risk assessment had been completed along with checks of essential equipment required for dealing with a fire. These included fire extinguisher checks, fire drills and fire points. All people living in the home had records clearly detailing how to support them safely in the event of an evacuation and there was an emergency contingency plan that provided guidance for staff on dealing with emergencies such as power failure, water leak or gas leak.

Regular checks were taking place in the home to ensure people were living in a safe, maintained and monitored environment. These included hoists, wheelchairs, baths, water and legionella checks, electrical safety, portable appliance testing as well as gas safety. There were details of the homes most recent food hygiene rating which confirmed the provider had scored five, which is the highest rating they could achieve.

We undertook observations in all public areas of the home and saw all areas were accessible for people. All facilities were on one level with easy access for wheelchairs to the outside space. Corridors and communal rooms were clean and tidy and easily accessible for wheelchair users. All of the units in the home had their own lounge and dining areas as well as a small kitchen that enabled people to make light snacks and drinks throughout the day or night when they requested them.

Signage was in place directing people to communal bedrooms and bathrooms for people to use. We looked in a number of bedrooms on each of the units. All had been personalised with their own possessions and mementoes promoting the feeling of home for people living there. Ongoing refurbishment was taking place and the home had a dedicated maintenance person to undertake remedial tasks when needed. Where more complex work was required we saw receipts of work undertaken by external contractors.

During our observations we saw all areas of the home were clean and tidy and free from odours. Saw staff responsible for maintaining the cleanliness of the home were seen undertaking cleaning tasks in all of the units. To protect people from the risk of infection we saw staff wearing appropriate PPE during personal care and catering tasks. There was hand-washing advice on display above the sinks in the home to guide staff and visitors on the correct procedure for hand-washing to reduce the risk of infection. Soap dispensers and paper towels were available in bathrooms and toilets that would also support the reduction of the risks of infection in the home. There was a training matrix that confirmed staff had undertaken relevant and up to date training in infection control that provided staff with the appropriate knowledge and skills to protect people from the risks of infection.
We looked at the staffing arrangements in the home.

The registered manager told us that the four units on the home had individual staffing allocated to them that supported people's individual needs. Duty rotas identified staffing cover for all of the shifts which included all levels of support staff required. Where changes had been made to shifts due to sickness or holidays cover had been provided to ensure people received continuous support for their needs. Staff told us there was generally enough staff to care for people's individual needs safely. Comments included, "Yes,

there is enough staff they are all coming on at different times" and "Sometimes at weekends maybe not. Staff do pick up shifts, so mostly enough staff, on some occasions no you don't (Have enough)." Relatives we spoke with were generally positive about the staffing arrangements in the home. One person told us there are, "Generally enough staff, sometimes they are a bit short but not often. It is a big plus to us as parents that they don't use agency staff."

During our observations we saw plenty of staff on duty in all areas of the home. Staff were seen responding to people's needs in a timely manner, buzzers were answered promptly and the delivery of care or activities appeared relaxed and unrushed.

We checked the systems in place for recruiting staff to the home. The PIR stated, "All staff are recruited in a safe manner and have an ISA (Independent Safeguarding Authority) checks and DBS certificate issued and appropriate references in place before commencing work with Dalesview. Employment histories and references are checked." We checked staff files which confirmed safe recruitment procedures were in place to ensure staff had the knowledge, skills and experience required to deliver safe care to people. All staff records we looked at had copies of completed application forms along with interviews questions confirming their suitability for their post. There was also evidence of proof of identity and Disclosure and Barring Service (DBS) checks taking place for all staff prior to their commencement of their role. The DBS helped employers make safer recruitment decisions and helped prevent unsuitable people from working with people who use care and support services. Staff we spoke with confirmed they completed an application form and attended an interview prior to commencing their role along with providing references from previous roles. This meant people were protected from the risks of unsafe recruitment practice.

Good

Is the service effective?

Our findings

We were unable to ask people who used the service about the knowledge and skills of staff because of their limited ability to share their views with us. Relatives of people who used the service told us they were confident in the knowledge and skills of the staff team. One person said, "I have the confidence and trust that they will look after my daughter if anything happens to me. That is a big thing for me to say." Professionals told us they were confident in the knowledge and skills of the staff supporting people's care. They said, "The staff are always very knowledgeable about the people they support and show insight into their needs and act appropriately" and "Some have more knowledge than others but there is always someone that can discuss a patient [people who used the service]."

Staff told us they received comprehensive training that was relevant to their role. Comments included, "I am up to date with my training" and "Training is the one thing I do like about the place. We do every course." Staff were able to describe a wide variety of training they had received which included, safeguarding, first aid, manual handling, food hygiene, PEG, fire safety, health and hygiene, medication, epilepsy, rescue medicines and safe swallowing. Staff told us they were confident if they approached management about any specific training needs these would be accommodated.

Records we looked at confirmed there was a detailed training programme in place for all staff. There was a dedicated staff team that organised the training delivery for all of the care staff team. A training matrix had been developed that identified when staff had been booked onto training as well as when training had been completed. This would ensure all staff had the required skills to meet people's individual needs. There was a comprehensive and detailed induction programme for all new staff commencing employment at the home. This included all mandatory training and shadowing shifts working alongside staff who was more experienced in working at the home. The registered manager told us, and records confirmed all new staff completed the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. Staff newly recruited to the home confirmed they had undertaken an induction programme on the commencement of their role.

All of the staff we spoke with told us they received regular supervision and that it was a positive experience for them. They said, "Yes, I do have it [supervision] quite often. They seem to care about what you think and feel. They seem to try and resolve problems if you have any" and "Yes, I have a supervisor, who I tell about anything." We saw copies of supervision records that confirmed regular supervision was taking place. Topics covered included the knowledge and competency of the staff along with the views and support provided during the sessions. Staff told us, and records confirmed, they received annual appraisals that identified their progress over the year and the plans for the forthcoming year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All of the staff we spoke with demonstrated their detailed understanding of MCA and DoLS and how it applied to people who used the service to prevent them from unlawful restrictions. They said, "Deprivation of liberties, say someone is at risk of leaving the property, you would have to have a DoLS in place to have doors and windows locked, you would also have to have a meeting of Mental Capacity and risk factors and reasons why you would need the DoLS in place. It goes alongside the Mental Capacity (Act)", "We also have risk assessments in place, I have recently been asked to complete one for the swimming pool. I was asked to do it for someone who has never been before and what they would need to know" and "People can say want they want to do and want they don't want, we have to respect this, sometimes we have best interests and we get the family, social worker together." Training records confirmed staff had received the relevant training on MCA and DoLS and there were up to date policies and procedures in place that would support staff in preventing unlawful restrictions on people who used the service.

Care files we looked at confirmed best interests assessments had been completed that covered people's individual needs such as seat belts on wheelchairs and bed rails. Where DoLS applications had been completed we saw these had been submitted to the relevant assessing authority. Information was available about the involvement of advocacy services where it was required to protect people and support them in decisions about their care. Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them and defend and safeguard their rights.
It was clear people's health care needs were met by a variety of support from health professionals.

Evidence of regular reviews and appointments were seen which included the district nurse, General Practitioner (GP), nutritional team, Speech and Language Therapist (SALT), psychiatrist, physiotherapist and wheelchairs services. The registered manager and records confirmed where people had medical needs that required long term planning, this was taking place and would support any changes in people's health needs in the future. Professionals who visited the home told us staff contacted them appropriately for reviews. They said, "They will contact me appropriately in between formal reviews should they encounter any concerns or problems with patients under my care" and "I have regular contact with the service reviewing patients epilepsy needs and relevant care plans. Staff have always followed any advice or guidance given to them."

The PIR demonstrated the provider's commitment to ensuring people received appropriate and timely health reviews. It stated, "We are aware that many of the people we support have very high levels of support needs and we have good links with the GP services, district nurses, nutritional team, dietician, dentist, optician, psychiatry and physiotherapy and SALT. Care files included assessments of people's physical health and individual needs and how to support people to maintain good health. There was also a document called a hospital passport that had important information about people's individual needs that would inform health professionals about people's needs if a medical review was required.

We looked at how the home supported people who used the service with their food and fluid intakes. We spoke with the cook who told us they was always enough supplies of food available for people in the home. There was a four week menu that identified choices available to people which included soft consistency options for people that required it. It was clear the cook knew all people's individual needs like and dislikes

and accommodated them within the daily menus. Food was cooked daily on site and prepared from fresh ingredients.

We observed how people were supported with their meals at lunch time one of the units. We saw choices were given to people appropriate to their needs, wishes and likes. Meals provided to people were appetising and nutritious and staff supported people at their pace ensuring the lunchtime experience was a positive one for them. Regular drinks and snacks were offered to people through the day that promoted good hydration for people.

Where specialist input was required we saw appropriate assessments had been completed and referrals to professionals had taken place. Records confirmed the monitoring of people's food and fluid intake was ongoing where it was required. Weights had been recorded regularly and that helped ensure any deterioration in people's condition would be identified.

Good

Is the service caring?

Our findings

We were unable to ask people who used the service about whether they felt they were well cared for because of their limited ability to communicate with us. One person told us they were, 'Happy' in the home. Relatives we spoke with provided very good feedback about the care their family member received. They said, "Staff talk to my [relative] as if he understands and he likes this and it is great to see because he may understand more than we think", "You wouldn't believe the difference now she is here" and "It is a caring environment and that is really good. Just walking in and seeing all the flowers outside makes it seem like home." Professionals were complimentary about the care people received in the home, They said, "I cannot speak highly enough of the wonderful care that is provided" and "To my knowledge (the care) is very good."

During our observations in all of the units we saw staff interacting with people who used the service positively. Staff were seen addressing people by their chosen name. It was clear from the banter and chatter that staff understood people's needs well and positive relationships had been developed between them. We observed people were at ease in the company of the staff. We saw people were offered choices in decisions about their day for example one person had a communication board that supported them in making decisions for example what they liked to drink. Staff were seen responding appropriately to alternative methods of communicating such as sign language or body language with people. This ensured people's decisions or choices were acknowledged and met.

We spoke with staff about the importance of providing good quality care to people. They said, "Well they [people who used the service] all have different needs that we are all trained in", "The care is very good", "The good thing I like about working here is that they are very much into finding out about as much as they can about a person, speaking to families, matching activities to what people like to do" and "I think so, I think they are really well cared for they are really good with them." The PIR detailed its commitment to ensure good quality care is provided. It stated, "The service we provide is adopted from a very person centred approach, the care planning includes and involves all aspects of the service users (People who used the service) needs and wishes and reflects the individualised care needs that they may have." Care records confirmed people or their relatives had been involved in the planning, development and reviews of their care needs. This included how to support people, their likes, dislikes and individual needs. Staff we spoke with told us, "I understand people's needs from the information in people's care files."

All people living in the home looked well-groomed and clean, clothing was clean and appropriate for the environment they were living in. Staff had supported people with their personal appearance making sure their hair was done and nails were clean and well kept.

We asked staff how they ensured people's privacy and dignity was maintained. They told us, "Dignity wise doors are always shut, going to the shower [people are] covered over in two big towels. I would not leave them undressed on their own." Staff were seen communicating clearly with people using basic language to support them and their understanding in tasks such as, "Are you alright. Let's go to your room. Let's sit you in this chair."

We observed staff speaking respectfully to people at all times during the inspection. Where personal care was discussed this was done discreetly maintaining people's dignity. When personal care was required for people this was done in the privacy of their own bedroom or bathrooms with doors shut. Where one person required support to maintain their dignity we saw staff responded promptly to the situation and supported them into the privacy of their own bedroom to undertake personal care tasks. Staff were observed knocking on people's bedroom doors before entering their rooms.

We checked how the home supported people's diverse needs. Care files we looked at confirmed the support required by people to communicate effectively. For example, where people wore glasses or used aids to communicate record's guided staff on how to meet people's individual needs. Records about how to communicate with people had been completed in easy read format that would support people who used the service to understand what was being written and how it related to their care. Details relating to people's religious needs had been identified that would support people's preferences in relation to attending a religious service of their choice. The PIR informed us about the importance of ensuring people's religious were met. It stated, "We have developed spiritual needs for some new service users (People who used the service) who had a particular interest.

Good

Is the service responsive?

Our findings

We were unable to ask people who used the service about whether they were involved in the development of their care files because of their limited ability to communicate with us.

Staff we spoke with were aware of the importance of care files in providing information about people's individual needs, likes and choices. Staff discussed how the care delivered to people was individualised to their needs. They said, "Care plans need to go with a person. You need to be able to look at what the person is about, they can change at any time", Care plans are "Looked all the time every time. There are care meetings very often. I would say we have staff meeting every 6 weeks, and at least one care file is reviewed then" and "Care plans have in them what people like or don't like. We have meetings with families and service users and they are given choices so we know they agree to their care."

Care files we looked at were comprehensive, detailed and contained important information to guide staff that would ensure people's individual needs were met. All records had a completed assessment of their needs and included information about people's physical, social and emotional needs. Relevant personal details such as name, date of birth, GP and next of kin had been recorded along with a one page profile that held important information about people's like, dislikes and how to support them.

The PIR submitted prior to our inspection stated the homes commitment to ensuring care was individualised and reflected their current need. It stated, "A care plan will be developed with the family and others involved in their care. Service users are encouraged as much as practically possible to be involved in their care planning encompassing there likes and dislikes All service users have nutritional, waterlow (The Waterlow score gives an estimated risk for the development of a pressure sore developing), falls and manual handling assessments in place to ensure their needs are always met following other professionals guidance and assessments. We have updated care plan and needs changed within then as they happen. We deliver person centred care and treat every person according to their likes and preferences to ensure that service users receive care that is responsive to their needs."

Care files had been completed in an easy read format that would support people who used the service who had difficulty in communicating to make decisions about their care. Records included how people would respond to different situations and how to support them as well as pictorial guidance to support care delivery decisions. For example one person's care file had guidance about the safe management of a PEG tube. Care plans were individualised and centred on people's specific needs and provided guidance for staff to follow on how to meet them. Topics covered included mental health, specialist aids, oral health, foot care, mobility and dexterity and continence. Comprehensive and detailed risk assessments that supported people's daily life had been completed and provided staff with information on how to reduce any identified risks. Assessments included, behaviour, aggression, daily routines, falls, risk assessment, PEG cleaning protocol, hot and cold weather, disco, morning, evening and night time protocol, bathing and showering. Evidence of regular reviews were seen that ensured care provided to people was up to date and reflected their current needs. This would help ensure the care delivered by staff was excellent, up to date and individualised.

A variety of separate daily records were in place and completed that confirmed the activities undertaken with people. These included the personal care delivered, continence support, meals, fluid intake and behaviours and mood as well as specific information provided to people such as PEG feeding.

All of the care files we reviewed had evidence of reviews taking place by health professionals. These included the GP, physiotherapist and SALT team. The PIR submitted by the registered manager prior to our inspection stated, "We employ private SALT and physiotherapy who assess service users much quicker to respond to changing needs, we utilise a proactive approach rather than reactive. We have an effective relationships with our GP service and district nurses who are responsive to the needs of the service users when we present any health concerns to them."

It was clear from the records that excellent working relationships had been developed with a wide variety of health professionals involved in the care of people living in the home. Professionals confirmed they had regular input in the home and that appropriate referrals were made to them. Records relating to appointments were seen which included attending investigations at the local hospital as well as medical appointments. Evidence of annual health reviews had been competed to ensure any ongoing concerns or deterioration in people's medical needs were identified and responded to quickly.

We saw that people who used the service had access to an excellent activities programme provided by the home. It was clear activities were tailored around people's likes, choices and needs. Records we looked at confirmed activities had been developed around people's individual interests for example one person's care file recorded what activities the person liked to be involved in, what activities had been organised for them and whether these had been enjoyed by them.

Relatives and professionals all spoke highly of the activities provided to people who used the service. They said, "There is always someone ready and able to do something with my daughter who likes to keep active" and "They find fun and interesting things for them (People who used the service) to do." We were told people were regularly supported by staff to visit family at home. Another family member told us about a trip to the theatre and hotel which their relative thoroughly enjoyed.

Staff were enthusiastic about the activities that were provided in the home they said, "I have worked in other places and find it astonishing how they have so many activities, and they go the extra mile", "The number of activities, it gives them quality of life" and "I like what they do with people. There is a lot going on."

There was an excited buzz of activities taking place throughout our inspection in all areas of the home. These included music, musical instruments, foot massage, touch therapy, water play and movies. Staff were observed offering different activities when it was clear people wanted an alternative activity. It was clear from the laughing and smiling that people who used the service were thoroughly enjoying the activities provided to them. This would help ensure their life was enriched, positive and meaningful for them.

People were able to access a separate activity centre on site where the dedicated lifestyle team could support activities outside of the home environment. We saw a number of people who used the service leaving the home taking part in a wide range of activities. The registered manager discussed how they tailored activities around people's interests and likes. For example one person who had expressed an interest in attending a local gym was supported to access the facilities safely. They also told us about a recent trip to an activity centre holiday where people with mobility restrictions or in wheelchairs could take part in a variety of physical activities. We saw a video of people enjoying these activities during the holiday which included archery and wall climbing. This supported people in taking part in memorable activities and promoted a sense of home and well-being.

There was easy, wheelchair accessible and safe landscaped, gardens for people to use if they wished. There was a separate activity centre on the site where activities could be provided outside of the home environment. This meant activities could also be delivered in an environment dedicated to supporting people with their choice of activities.

There was a dedicated lifestyle team employed by the provider who was responsible for managing and supervising activities programmes in the home. We saw a comprehensive and detailed activity programme in place which was a two week rolling programme of activities available for all people who used the service. Records identified who was responsible for supporting people as well as where the activities were planned. Activities people had access to included nails, foot spa, massage, sensory story, drama, yoga, trampolining, swimming and karaoke. Records confirmed a comprehensive programme of events was developed and reviewed to meet people's likes, interests and choices. Records for people confirmed where activities had taken place and who had supported them. We also saw evidence of completed activities on a notice board in the entrance to the home.

Relatives of people we spoke with knew how to raise any concerns and were confident that these would be handled appropriately by the management. Professionals raised no concerns or complaints and felt that the management was proactive in responding to any concerns. They said, "They are efficient in resolving any queries." Staff understood their responsibilities in relation to dealing with any concerns. They said, "I would inform my deputy manager or manager I would pass over their concerns. I would write down the facts and would pass on to my manager", "Any concerns or complaints I would try and deal with it, go to the manager and record it."

There was an up to date complaints policy and procedure in place as well as guidance on display in all areas of the home to support people, visitors and staff on the procedure to take when dealing with complaints. Records of investigation were seen along with recommendations and actions taken as a result of the investigation.

The PIR submitted to the Care Quality Commission prior to our inspection demonstrated a commitment to ensure any complaints or concerns received were acted upon appropriately. They said, 'If we receive complaints into the service we act on those in accordance with the policy and procedure in place. The complaint is responded to and we work to resolve the issue as quickly as possible."

We saw the home had received complimentary feedback about the service they delivered. Examples seen were, "I am so pleased that [name] has settled in and that he is doing so well", "I am so pleased that we found you and your team. You are unique", "Thank you for all the care and love that has been shown by Dalesview (Veedale) staff" and "Thank you for the love and care you have given to [name]."

Good

Is the service well-led?

Our findings

We were unable to ask people who used the service about the management of the service because of their limited ability to communicate with us. However, it was clear during our inspection that people knew who the management was and they were comfortable in their company. Relatives we spoke with were complimentary about the leadership and management of the home and felt that they could communicate easily with the registered manager and the staff. One person said, "It is like a real community and the manager is great." Professionals were very complimentary about the leadership and management of the home. We were told, "The management are very helpful and professional. I am impressed that they are hands on managers not just hiding in an office", "Managers are very knowledgeable about the residents (People who used the service)" and the "Management and leadership always seems to be aware of the needs of the staff and residents and respond accordingly."

The service was led by a manager who was registered with the Care Quality Commission. The registered manager had responsibility for two of the units in the home as well as the day to day operation of the home. She was visible and active within all areas of the home. There was a second manager who took responsibility for the other two units in the home. During our inspection we saw people were relaxed and comfortable in the company of the management and positive meaningful relationships had been developed. It was clear that the management had a good insight into the operation and oversight of the home. The registered manager was passionate about her role and her responsibility for ensuring people who used the service lived in an environment that supported their individual needs, likes, choices and wishes.

All staff we spoke with were complimentary about all levels of the management team. They said, "I feel there is a purpose to my work. Whatever you want or need it is sorted they (The company) show commitment and compassion. I look up to [registered manager] she is a go getter and not frightened to roll up her sleeves and help. She is fantastic", "She is lovely, I could not think of anyone better to work with, she is a manager but will muck in, she always tries to make sure everything is right, she always has a smile on her face", "[Home manager for two of the units] comes every day when she is in. She is a good manager" and "I love it here, it is a good company to work for, the manager is really supportive and follows up checking you are OK. It is a brilliant staff team. the management would listen to you 110% she [registered manager] is open and approachable. I will be here until I retire, that's if they will have me."

The home was proactive in obtaining the views of people who used the service, relatives and staff to improve the quality of the service provided. Throughout the inspection we saw staff communicating with people in a way which was suitable for them that ensured they agreed to care or decisions. Regular quality surveys had been obtained which included feedback. Topics covered in the audits included the standard of accommodation, security, outside space and activities. Comments seen included, "[Name] seems very happy and when we visit we are always made very welcome by all the staff", "The manager response can be slow" and "A change to the lounge is beneficial."

Staff told us and records confirmed that regular team meetings were taking place and that they were able to

bring their views to them. Minutes from team meetings were seen which included dates, attendees and topics discussed. These included consultation plans, MCA, managing conflict and the Care Quality Commission. The home had developed excellent systems to ensure people who used the service were involved and engaged to improve the home. This was because regular service user council meetings were held that sought the views of people who attended them. Records confirmed meetings were held in a communication format that suited all people's needs and minutes from the meetings were completed in pictorial format that would ensure people were able to understand the topics discussed. Regular newsletters were developed by the provider that had up to date information about the home, any changes or what was happening relevant to people using the service. These had been developed in easy read to aid communication with people.

Effective and robust systems to monitor and review the quality of the service provided was in place. A 'driving up quality' file had been developed that identified a completed 'self-assessment' in relation to the home. There were also details about what the service did well along with how to improve. Notes included measures to ensure improvements in the quality of the service were completed. There was evidence of detailed audits taking place that covered a wide variety of areas including risk assessments, health and safety, care plans reviews, cleaning schedules, electrical appliances, menus, training and recruitment. Where actions were required comments had been made to ensure improvements to the quality of the home was maintained. The provider was proactive in ensuring the home delivered good quality care to people. This was because they completed regular audits relating to the operation of the home. This would ensure any improvements required would be identified and acted upon promptly. The provider submitted the results of these audits regularly to the Care Quality Commission to enable monitoring of the service as well as any changes made.

Up to date organisational policies and procedures were in place that supported staff in the delivery of care and guidance in relation to the home. We saw the home made sure appropriate referrals and notifications were submitted to the relevant organisations in a timely manner. These included the local authority and the Care Quality Commission. This demonstrated an open and transparent culture.

To ensure people who used the service relative and visitors were kept informed about the operation and monitoring of the home service user guides had been developed that had important information in them about what the home offered and what people could expect living there. They had established excellent links in the community to improve the quality of the service provided to people. These included the learning disability forum and learning disability partnership. The PIR also stated their registered managers commitment to working with outside agencies. It stated, "We have managers attending local groups in the community to ensure we are staying current with information in the community and local areas. The manager is a member of BILD (British Institute of Learning Disabilities), sense and down syndrome association to keep abreast of current work happening in the area." The home had evidence to confirm people received quality care in the home as they had received a gold award from investors in people. This award recognises the quality of the service which is performing at a high level.

Relevant certificates were on display that confirmed the home had been appropriately registered with the Care Quality Commission as well as a copy of the ratings from our last inspection.