

***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: 21 December 2012

Date of Publication: January 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	North Yorkshire County Council
Registered Manager	Mrs. Barbara Anne Beadle
Overview of the service	Valley Road Resource Centre is registered to provide respite care and accommodation for up to 7 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

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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 21 December 2012, 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

When we inspected the home we spoke with people who used the service, staff and visitors. People told us they were very satisfied with the service they were receiving. One person said "I love coming here for a holiday". People using the service were calm and relaxed, and engaged in a number of tasks and activities during our visit. Staff interacted with people in a nice friendly manner and we saw relaxed conversations between staff and people staying at the home.

People said they knew they could ask the staff at any time if they wanted something. They also said the staff knew them well and how best to help and support them in their everyday life.

Staff told us they felt settled and happy in their jobs, and were well supported by their manager. They said that they were provided with training that was relevant to the job they were performing. One member of staff said "We are totally supported to do our jobs properly by the manager. She is very good."

There was an effective complaints system available. Comments and complaints people made were responded to appropriately, people were supported to raise concerns and air their views if they were unhappy with the service provided.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People who use the service can express their views and are involved in making decisions about their care and support. People have their privacy, dignity and independence protected.

Reasons for our judgement

People can express their views, as far as they are able to do so, and were involved in making decisions about their care. During the inspection one person said "I always get what I want. I like coming here, the staff are brilliant and it's always good fun". We saw documented evidence of how people were given choices about the care and support they were to receive whilst using the service. Meetings between people who use the service at Valley Road and staff were held. This allowed people to have a say in the way the service was provided and delivered to them during their stay. We observed one person's bedroom that had equipment and furniture arranged exactly as they had requested. Staff confirmed that the bedroom is set up in this way on each occasion the person visited the service as this is how they had requested it should be.

We saw that people were involved in activities at the home and in the wider community. For example one person said that they had been Christmas shopping with staff in the local town of Northallerton. They also had attended a drop in centre and had been out in the car for a "burger and chips". Other activities were also available at the home such as craft sessions, computer games as well as watching television and listening to music. Staff told us how they respected people's privacy and dignity, and how they respected people's individual wishes and their likes and dislikes. They told us that they always supported people in the way they preferred and if it was required, used different communication aids to ensure consent and agreement to the care and support they were providing was obtained.

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

Our judgement

The provider was meeting this standard.

People are well cared for, with treatment and support meeting their individual needs and protecting their rights.

Reasons for our judgement

We looked at the care records of two people when we visited the home. We saw that individuals care and support was very well documented, and included records from meetings and consultations with other healthcare professionals. During the inspection the dietician visited to give staff some instructions to follow about a person who was visiting the home the following week. They told us that the staff at the home were "Very good" and always carried out any instructions properly regarding people's nutrition.

All records included details of the person's health, support and care needs. This helped staff care for and support people properly and people received a consistent approach in the delivery of their care. The staff we spoke with were very knowledgeable about the needs of the people they were caring for. Staff also felt they had access to sufficient information about each person's needs and understood what duties were required of them. People looked very well cared for. We saw that people living at the home were well dressed and appeared relaxed and happy. Staff engaged with people in a calm and friendly manner and people responded to this, by smiling and chatting with staff. One person who used the service told us "I get looked after all the time; I love coming here and making new friends. We are lucky, the staff are all my mates I know them all and they know me and what I like".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service are protected from abuse and their human rights are protected and upheld.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff told us they were aware of the safeguarding and whistle blowing policy and were confident that any concerns they reported would be listened to and fully investigated by the provider.

None of the staff we spoke to had ever witnessed any signs of abuse taking place within the service.

Staff confirmed that they had received training in protecting people from potential abuse. All staff were given an annual update regarding safeguarding procedures. When we spoke with staff they were clear and confident of the procedures to follow should they suspect someone in their care was being put at risk of abuse. When we spoke with one person who used the service they said " I feel safe, I have friends here I would talk to, they make me happy."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People's health and welfare needs are met by appropriately trained, appraised and competent staff.

Reasons for our judgement

Staff told us that training was ongoing and included moving and handling, infection control and safeguarding of vulnerable adults. We looked at staff training records and saw staff had also completed more specialist training in areas like challenging behaviour and autism. One member of staff told us "The training I get here is very good. I think we all are very well trained and highly skilled at our jobs". This meant people who used the service were supported by staff with appropriate training to meet their needs.

Staff we spoke with told us they had regular meetings with the manager both on a one to one basis and also team meetings. We saw records of these meetings which included performance reviews, staff supervisions and minutes of staff team meetings. This demonstrated staff were being appropriately supported in relation to their responsibilities.

Staff told us they felt fully supported in their roles by all staff members and that both the manager and deputy manager were very approachable. Staff said that the manager was "brilliant" and "extremely supportive of her staff". People who used the service told us that "The staff are great", and "Thumbs up to them" and "They know what they are doing they look after me okay, I wouldn't change any of them."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Members of staff we spoke with said if a complaint was brought to their attention they would report it to the manager and attempt to resolve it immediately. We saw that there had been no formal complaints received. Informal complaints and suggestions had been investigated and responded to appropriately by the manager.

People using the service said "I don't want to complain about anything" and "They are lovely why complain" but said they would be confident raising a complaint if the need arose. The complaints procedure for the home states that people would be assisted in making a complaint where necessary. This ensured that people could raise their views and have their opinion understood and listened to.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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