

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: 26 September 2013

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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 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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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 26 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

When we inspected the home we spoke with people who used the service and staff who were on duty. Some people were unable to tell us what they thought about the care and support they received. Therefore In order for us to understand their views and experiences we spent time during the inspection observing what people were doing and the interactions between people who used the service and staff who worked there. The people who could express a view told us they were very satisfied with the service they were receiving. One person said "I love coming here, its home from home" and "The staff are brilliant". 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 using the service.

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.

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 stayed up really late last night chatting to staff, they didn't mind it was really good". 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. We saw minutes of these meetings that were available in picture format as well as words. Topics discussed were activities that people were wanting to partake in, menus, new staff at the home and items such as how to use the internet safely. This allowed people to have a say in the way the service was provided and delivered to them during their stay.

We saw that people were involved in activities at the home and in the wider community. For example one person said they would normally go into town to a local supermarket after tea with a member of staff. They also said that they had been out for lunch at a farm shop and really enjoyed it. 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.

We observed that staff were very discrete when supporting people and went about looking after people in a very calm and relaxed manner. People were very settled and comfortable with how staff were supporting and caring for them.

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. The people who used the service told us that they were happy there. People said that they liked the staff and thought they were looked after well during their stay. One person said ". "We get vey very good care, all of us. I like coming here and I like the staff".

Comments made to us included "It's nice "and "I like it, yes I get looked after alright. I get out and about and I like doing that". We observed staff supporting and interacting with people during our visit. People looked well cared for and were clean, tidy and dressed appropriately. Staff were pleasant and kind to people and supported them in a nice way. Records showed that people's needs had been assessed and that plans of care were in place. The records provided information about people's wishes, preferences and routines, so that staff knew what care and support people needed. Risk was assessed and risk management plans were in place to manage and reduce risk to people. This helped staff care for and support people properly and people received a consistent approach in the delivery of their care.

There was evidence that people had been involved in planning their care and had been involved in regular reviews. Staff were able to tell us about people's individual needs and routines and knew the people they were caring for and supporting very well. Staff also felt they had access to sufficient information about each person's needs and understood what duties were required of them.

Staff engaged with people in a calm and friendly manner and people responded to this, by smiling and chatting with staff. The measures in place meant that people who used the service received safe and appropriate care that meets their needs and supported their rights.

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.

We spoke to staff about their understanding of what constitutes abuse. They described the various forms of abuse and how they would respond if they had concerns. They told us they had completed training in safeguarding and the Mental Capacity Act. This helps to protect and keep people safe as they may be unable to make informed decisions and choices for themselves. Staff were familiar with the whistle blowing policy, and all stated they would have no hesitation in reporting anything that they thought was inappropriate or anything which put people in the home at risk.

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

People who used the service told us that they liked the staff. Our observations showed that people appeared to be at ease with the staff who were on duty. The staff we observed looked confident and competent in their roles. One person said "They are alright they know what they are doing and I'm okay".

The staff we spoke to told us that they were well supported by the manager and the provider of the service. They told us that they received regular formal supervision, and could approach management for support at any time it was needed.

Many of the staff had worked at the service for several years and there is a very low turnover of staff. Comments made by staff included "I get a great deal of satisfaction doing this job, it's very rewarding". Staff also told us that they were given opportunities to attend regular and relevant training events. Staff confirmed that they had been trained in areas such as moving and handling, first aid, safe guarding and administration of medication. This meant that people's health and welfare needs are met by appropriately trained, appraised and competent staff.

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. They said that if people were not happy or had concerns then they needed to be made aware of this and that every effort would be made to resolve the concern on an informal basis immediately.

People using the service said "I wouldn't grumble, ever about coming here" and "They are lovely, why complain?" But went on to say that 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. We were also told that as well as a written complaints procedure a pictorial version was also available for people to use. 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 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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