



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Valebrook Care Home

Barry

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Description of the service

Valebrook Care Home is located in Barry and is an adapted bungalow providing personal care, support and accommodation for up to three younger adults who have a learning disability or a learning disability with mental health.

The registered provider is Valebrook Care Home Limited and there is a nominated individual who provides strategic oversight. The registered manager is Alexia Clifford.

Summary of our findings

1. Overall assessment

Overall, we found that people are content and happy living at the home, their care needs are addressed and they have choice and influence in aspects of daily living. People are supported to engage in stimulating activities and social outings. People are supported by staff that have a clear understanding of their safeguarding role.

2. Improvements

Information recorded in the daily diaries had improved in detail. However this remained inconsistent amongst staff completing them.

Individual targets identified within care plans have more detail and timescales so that staff can monitor progress which can be reviewed and changed if appropriate.

3. Requirements and recommendations

Please refer to section 5 of this report for further details of our recommendation. In summary we recommend that;

- The improvement in daily diary recordings to include more detail and times needs to be consistent throughout the entire staff group.
- There should be clearer information provided to people's representatives with regards to the Welsh Government 'Active Offer' (which means providing a service in Welsh for those who would wish to without asking for it).
- Because mobility cars are driven by staff, there needs to be clearer evidence that staff are legally fit to drive.

1. Well-being

Summary

Overall, we found that Valebrook Care Home provides good quality individual care and support, where independence is encouraged and social and engaging activities are promoted.

Our findings

During an observation of care we saw that people were encouraged to do as much for themselves as was possible. We noted in their care files that they are supported to undertake tasks of daily living such as washing dishes and clothes. These are recorded in individuals' daily diaries, with details of times and the activity. We saw that people are supported and encouraged to make choices in everyday living. People communicated with staff by methods they understood and residents were able to influence their choice. For example, we observed a resident choosing their preferred lunch and snacks. Therefore, this demonstrates that people can remain as independent as possible and have choice and influence in their care.

We saw that relationships between staff and residents were positive. We observed interactions during our visits between people living at the home and staff. These were respectful; the language and tone used were equally appropriate to the understanding and needs of those residents' present. Representatives of people living at the home we spoke with were extremely complimentary of all staff. One told us *'They are sensitive, caring, friendly and nice'*. Another said *'staff are excellent because they talk to my relative and make it feel like home'*. Thus, residents can feel a sense of belonging and are treated with dignity and respect.

People are able to engage in meaningful activities within the home and in the community. Each resident has an activity planner as part of their care plan and we saw, that they provided opportunity to residents for regular outdoor activities and social events. We were told by staff that understanding individuals' communication methods was integral to establishing that their needs and preferences are maintained. We saw, for example, an individual offered an opportunity to go to the bathroom following communication acknowledged by a staff member. Staff said that they identify through body language, gestures, facial expressions and picture exchange or objects of reference, the types of activity they prefer. Additionally, we were told, that previous experiences when they try something confirms if an individual likes a certain activity. Therefore, people have access to activities that are enjoyable and stimulating.

We observed, that people were generally content and happy in the environment in which they lived. We observed a resident inform staff that she was happy where she was sitting to eat something and it was evident that care staff were familiar with the routines of individuals they care for. Equally, representatives were made very welcome to visit their relatives at the home at any time. *'We are always made very welcome'* we were told by one.

2. Care and Support

Summary

Overall, people living at Valebrook Care Home are supported to maintain their physical wellbeing and are cared for by staff that have an understanding of their health and care needs.

Our findings

We examined three care files of people living at Valebrook and saw that they contained care plans which detailed the health and care needs of the residents. The documentation included profile information of the individual ('about me') and that individual targets identified had improved since the previous inspection and were more detailed (than the previous inspection) and in some instances time scales attributed to those targets. Staff we spoke with were able to demonstrate an understanding of the needs and preferences of those they cared for and, in addition, the targets that had been set and, overall, how these were to be achieved. We further noted in documentation that people receive ongoing treatment with medical conditions and health appointments. People are therefore supported to maintain their physical wellbeing.

Care staff generally have an up to date understanding of the conditions and care needs of individuals as the service undertake regular reviews of the care plans. We saw review documentation in care files and the service keep a record on residents via 'daily diaries'. The daily diary enables staff to record events and is a useful method of identifying change or concerns in peoples' conditions. Whilst these, on the whole, are completed in detail by staff, this is not consistent throughout the whole staff group. However, during our observations and examination of the review documents and consideration of the daily diaries, people overall are supported to be healthy.

We noted that people are treated as individuals and supported to remain healthy as we saw that care files document their specific allergies to certain foods. We considered menus and the food monitoring template in the care files and these indicated a healthy variety. We observed that people are offered choices and it was no problem when there were last minute changes decided upon. We saw that the home had achieved a five rating from the Food Standards Agency which means that food preparation and hygiene are of a high standard. People, we concluded, are able to lead a healthy lifestyle and have influence in what they eat.

We spoke with representatives of people living at the home and they were very confident that their relatives were cared for appropriately. They commented on staff understanding their needs and methods of communication, knowing when they were unwell and one told us that *'staff understand signs better than me'*. All the residents had been living at the home for some time and relatives were confident that any changes in peoples' health would be reported immediately. People living at the home are treated as individuals and their needs and preferences are understood and anticipated.

3. Environment

Summary

People live in an environment which is well maintained, has been adapted to meet people's abilities and is warm and friendly.

Our findings

The home is well decorated and furnished and we noted adaptations made to certain areas in order, to allow people to be more independent within the safety of the home. The registered manager informed us that some recent changes made to a bathroom did not go as far as planned as it was finished to a specification commensurate with the needs of people living there. The garden area was accessible for wheel chair access as a ramp had been installed and the garden was well maintained. People live in accommodation which meets their needs and supports them to maximise their independence.

We saw that bedrooms were very personalised and adaptations were in place to cater for individual needs and to make people comfortable and to promote a sense of belonging. Walls had individual and group photographs of activities that had been undertaken in the past. Relatives spoken with said that there is always a warm welcome at the home and one told us that their relative was always '*very content*' when returning to the home. We concluded that people feel a sense of belonging at the home.

We considered maintenance records kept by the registered manager and noted that fire alarm equipment checks and drills were completed and recorded. In care files we noted that each resident had an evacuation plan and an overall fire risk assessment was in place. Staff, we spoke with, were familiar with the fire evacuation procedures. We saw records of house staff meetings which included monitoring of health and safety issues and where drills were conducted. People live in an environment, therefore, which is properly maintained, risk assessments are in place and fire safety is monitored regularly.

4. Leadership and Management

Summary

The home has appropriate systems in place to monitor the quality of the service they provide as people and their representatives are consulted on the service provided. Staff supporting residents are robustly recruited, trained and supported appropriately.

Our findings

Care staff are clear on the values of the service as reflected in the statement of purpose. They understood their role in respect of safeguarding people they support and the procedures put in place by the management. These procedures were readily available for us to examine. They follow good practice guidance. We concluded that people can remain safe and protected from abuse, neglect and harm.

People using the service and their representatives can access the information that will assist in helping to improve wellbeing as the statement of purpose clearly sets out the homes responsibilities to their care. We did note, however, that it did not include information in relation to the 'Active Offer' Welsh language initiative from the Welsh Government. We spoke with the responsible individual who informed us that, should a person be referred who was Welsh, then she would ensure their needs would be met. We informed her of available guidance from Welsh Government. However, on the whole, people have the information they need to understand what services can be provided to them.

There were robust systems in place to assess the quality of the service and outcomes for people residing there. We saw a quality assurance report 2016 detailing feedback from representatives and stakeholders which had positive comments which *included 'always pleased with the care given to my relative'*. We spoke with a social work case manager who said her clients *'were happy and the service was meeting their needs'*. Overall, representatives and stakeholders feedback were positive and included comments such as *'can't fault the care service provided'* and *'I have peace of mind that my relative is well cared for'*. Additionally, the Regulation 27 visits on the quality (completed by the provider) were conducted appropriately and regularly. We noted that they included proposed actions and these were followed up in the subsequent visit. People thus receive a service from a home that is well managed and seeks to improve using quality monitoring.

When we examined three personnel files we saw that they contained appropriate identification checks, a thorough employment history, the relevant criminal records check, and two references. All care staff complete the Social Care Wales induction framework as well as an in-house induction developed by the provider. When we spoke with staff they were extremely complimentary of the homes induction process and how it assisted them in understanding the providers' ethos and their role. People living at the home are supported by staff that are robustly recruited and supported when they are appointed.

The ongoing training provided (following induction) is suitable to meet the needs of the people staff support. We saw a training matrix that demonstrated that staff had ongoing access to core/refresher training and further training was undertaken to meet the needs of the individual as appropriate? Staff we spoke with said the training was *'excellent'* and they added that they could give ideas for development in supervision. We saw that supervision

is generally in line with that required in National Minimum Standards and staff informed us that they feel very well supported by the manager who is *'always there when I need to discuss issues'*. Generally, people are supported by a staff group where priority is given to the staffs' wellbeing; they are well led and supported. Additionally, people are supported by staff who receive relevant training to meet people's needs.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

No areas of non-compliance were outstanding.

5.2 Areas of non-compliance identified at this inspection

No areas of non-compliance were identified.

5.3 Recommendations for improvement

- There should be clearer information within the homes statement of purpose of the Welsh Government's 'Active Offer'. This means providing a service in Welsh without people asking for it. The Registered Manager was advised on available guidance.
- Information recorded in the daily diary requires more detail and timings. This was not consistently completed by the whole staff group.
- Because mobility cars are driven by staff, there needs to be clearer evidence that staff are legally fit to drive.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We undertook an unannounced inspection visit to the home on 16 October 2017 between 12.30 and 4.15pm and a further announced visit on 18 October 2017 between 10.30am and 12.00pm. In addition, we undertook telephone discussions with representatives of people using the service on 24 October 2017.

7. We used the following methods to formulate this report:

- Observation of daily routines and care practices at the home.
- Observation of breakfast being served
- Discussion with two family representatives of people living at the home
- Discussion with the registered manager, the responsible individual and care staff.
- Discussion with a social work professional.
- Examination of documentation in relation to peoples' care including three care files
- Analysis of information held by CSSIW.
- Accidents and complaints records.
- Information in relation to quality monitoring including maintenance, health and safety, fire audits and the annual quality report 2016.

- Consideration of information provided in relation to staff recruitment (which included examining three staff files) and staff training and supervision records.
- Visual inspection of the interior and exterior environment of the home.
- Review of the home's statement of purpose and service user guide.
- Review of the home's safeguarding policy.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Valebrook Care Homes Ltd
Registered Manager(s)	Alexia Clifford Nicola Claypole
Registered maximum number of places	3
Date of previous CSSIW inspection	08/04/2016
Dates of this Inspection visit(s)	16/10/2017 & 18/10/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	