

Witham Valley Care Group Limited

Witham Valley Care Group – DCA

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 

Overall summary

Witham Valley Care Group – DCA is registered to provide personal care for people who experience learning disabilities and autism and who live in their own homes. The service's registered office is located in the village of Norton Disney. At the time of our inspection there were two people using the service.

There was a registered manager in post who was also the registered provider of the service. 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.

Staff were committed and caring in their approach to supporting people. Positive working relationships

Summary of findings

between staff and people who used the service and their relatives had been developed. These relationships were the basis on which services were provided. People were fully involved in making decisions about how they wished to be supported and how their care should be delivered. People's right to privacy and dignity was respected and maintained at all times.

Staff were recruited safely and were well trained and supported to undertake their roles. There were sufficient numbers of staff available who were deployed in the right way to meet people's individual care needs.

Staff had a good understanding of how to manage risks and take any appropriate actions needed to make sure people were always protected from avoidable harm. Staff also knew how they would report any additional risks, concerns or incidents they identified in the right way.

The registered manager ensured there were consistent arrangements in place to help support people to take

their medicines when this was needed. The competency of staff to safely administer medications was regularly assessed and reviewed and staff were up to date with their knowledge about the medicines each person needed.

The provider promoted an open and inclusive culture within the service. People and their relatives had the opportunity to regularly share their views and opinions and were involved in planning and reviewing their care.

People and their relatives understood how to raise any concerns or issues they had and were confident that if it was needed, the right actions would always be taken to resolve them.

The provider had a range of clear and effective audit and quality checks in place. Changes or improvements identified as needed were acted upon quickly to make sure the service was continually being developed in the way people wanted them to be.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The providers approach to managing risk was consistent.

Staff understood their role in relation to safeguarding procedures and they knew how to act and where necessary intervene in order to keep people safe from harm.

There were sufficient staff employed by the service who were deployed in the right way to enable them to care for people safely.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received a well-designed induction to their role.

Care staff had the skills and knowledge to meet people's needs. Staff received regular supervision and training, which was regularly kept updated to ensure they were able to undertake their roles and responsibilities in the right way.

People were supported to eat and drink enough to keep them healthy.

The registered manager and staff liaised with other professionals as required in order to ensure people were supported to receive consistent health and social care.

Good



Is the service caring?

The service was caring.

People were cared for as individuals and their choices and how these should be met were respected.

Staff recognised and promoted people's right to privacy and supported them to maintain their dignity.

The registered provider and staff managed people's personal information in a way which ensured it was kept confidential.

Good



Is the service responsive?

The service was responsive.

People and their families were involved in planning and reviewing their care.

People's care plans reflected their assessed needs and staff had a good understanding of people's wishes and preferences.

People were fully supported to pursue and further develop their hobbies and community interests.

People were consulted about their needs and wishes. Any changes in people's needs were quickly recognised and when it was needed, prompt was action taken. This included the involvement of external professionals where necessary.

Good



Summary of findings

Is the service well-led?

The service was well-led.

Staff were well supported by the registered provider who promoted the on-going development of a culture based on clear and open communication.

There were regular opportunities made available for people and their relative's to feedback to the provider about the quality of services they received.

The registered provider monitored and regularly checked the arrangements in place for delivering the service and made changes when needed to ensure these were continuously being developed.

Good



Witham Valley Care Group – DCA

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 was 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.

We inspected Witham Valley Care Group – DCA on 10 September 2015. Our last inspection took place on 03 July 2013.

The inspection team consisted of a single inspector and was announced. The provider was given 48 hours' notice of our visit. This was because the provider, who was also the registered manager was regularly out of the office supporting staff or visiting people who used the service. We therefore needed to be sure that they would be in at the time of our visit.

Before we undertook this inspection the provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also asked the local health authority, who commissioned services from the provider for information in order to get its view on the quality of care provided by the service.

During our inspection we used a number of different ways to help us understand people's experiences of the service. This was because people had complex needs which meant that they were not able to tell us directly about their experiences.

When we visited the provider's office we met and spoke with the registered provider, one of the registered provider's company directors and three members of care staff. As part of our inspection we also spoke with the relatives of the two people who received services. We did this by telephone in order to obtain feedback on their views regarding the quality of services their family members received.

We looked at the care records of two people who used the service and records directly related to the management of the service. The information included the registered provider's statement of purpose, procedures relating to how people were supported with their medicines, policies relating to staff and rotas which showed how staff were being deployed. We also viewed five staff recruitment records, records related to the supervision and support arrangements in place for staff and the registered provider's staff training plan.

After we completed our inspection visit we spoke with a social care professional who had contact with the service and who had undertaken reviews of the care are being provided for one person. We also spoke with a community healthcare professional about the care arrangements in place for the other person who received support.

Is the service safe?

Our findings

A relative told us, “I fully trust the carer that visits [my relative]. They make sure the support is balanced with consideration for the risks and the rights for [my relative] to take them.”

Staff told us, and training record information showed that all of the staff team had received training in protecting people from harm. Staff said the training was updated regularly and they were able to describe the processes for reporting any concerns whenever this was needed. This included reporting direct to the registered manager, the local safeguarding authority and the Care Quality Commission (CQC).

Care records included individualised risk assessments which staff said were used to ensure that care could be provided to people in a safe way. The assessments covered areas of risk such as developing people's personal support skills and their participation in community activities. Staff told us that if anyone was unhappy about their care, or was worried, they would know. This was through the direct communication they had together with the person and through individual verbal signs and body language. Staff said this was because they knew people well.

Staff confirmed their training focussed on keeping people safe through the early recognition of any signs that people might be getting distressed and providing support in a way which reduced risk and kept people safe. This included the use of re-direction and de-escalation techniques. The approaches undertaken by staff meant the frequency of interventions needed was very low. However, when required the registered manager and staff confirmed they were able to undertake appropriate and safe physical interventions in order to protect people. Care records showed and staff told us the management of any identified risk was reviewed regularly and assessments kept up-to-date in order to help maintain people's safety.

Staff told us, and records showed, that any incidents and incidents were recorded in detail, checked regularly and any trends reviewed together with the registered manager. This enabled staff to consider if there were any changes or actions needed in order to reduce the risk of them being repeated. Actions were prioritised according to

the impact on people. Examples of actions recorded included referring people to the most appropriate health and social care professional for additional support when this was needed.

People were supported by staff who had also received training in medicines administration. Staff had their competency to support people to take their medicines assessed regularly. The registered manager undertook regular checks regarding the arrangements in place to ensure people only took the medicines which had been prescribed for them. Staff were able to tell us how people were supported with their medicines and records showed support was given in the way each person preferred, for example, when people needed to take their medicines at specific times, with food or with a drink. This support also included ensuring people had access to their medicines when they went out in the community to undertake activities or when they went to stay with their relatives.

The registered manager told us, and records we looked at, demonstrated the provider had a safe staff recruitment process in place. Staff we spoke with confirmed they had completed relevant recruitment checks as part of their application to work for the service and these were documented. The checks undertaken included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The registered manager showed us they had identified the numbers of staff needed to provide safe support to people through the use of staff rotas which were based on the need of each individual. Staff rota information we looked at confirmed that there were sufficient numbers of staff who were deployed in the right way to ensure that people received the care and support they required.

Staff rotas were planned in advance to match one person's specific daily routines because they needed and liked to have structure in place at all times to help them feel safe. The registered manager also explained there was a level of flexibility maintained with another person who made decisions about what they wanted to do and the level of care they required each day. The registered manager also confirmed that the service employed a small team of bank staff who supported this flexible approach to providing care.

Is the service safe?

The provider had a business continuity plan in place in order to make sure people would be safe and continue to receive support if, for example, they could not live in their own home due to a fire or flood. We saw the plan was

detailed, up to date and reviewed on a regular basis. The next review date was set at the front of the document to confirm it had been scheduled in advance and could be updated when needed.

Is the service effective?

Our findings

People were supported by care staff who knew people and their individual support needs well. This was achieved through staff ensuring that the care provided was only with the person's agreement and that this was obtained verbally, in writing or by implied consent.

A relative told us, "I think this is easily the best support service [my relative] has ever had. Having been accessing services for more than 20 years we should know. Staff have used their skills, knowledge and training to build a service around the relationship they have with [my relative] rather than one just based on visits."

Staff told us about their induction and said that it enabled them to do their jobs effectively. Staff were also introduced to people they cared for during their induction so that people could get to know and accept any new staff coming into their home. One staff member said, "It was a comprehensive induction. The fact that it ran for two weeks and was focussed on the care needs of the people we supported really helped me to get to know the person I would be caring for and prepare me for the role."

Relatives we spoke with, staff and the registered manager told us that staff were matched, as far as possible, to the people they cared for. Examples included people who had a preference for the gender of their care staff. The registered manager told us how one person preferred to be supported by male staff and their choice was respected.

Staff we spoke with described each person's likes, dislikes and day to day care preferences. This included the foods people liked, how and where they preferred to eat them and any particular dietary needs they had. Staff said this information helped them work to ensure people always had enough to eat and drink to keep them healthy. One staff member told us, "In order to understand and focus on the current needs of the person we support I was supported to take my time to really get to know them and their family. This understanding helped me keep the relationship at the centre of what we do together so the person could be fully supported to do what they want."

A staff member and a relative we spoke with also told us how staff supported one person to access community activities and that they had just returned from a short holiday to the coast. The relative said, "[my relative] has been away and we know they enjoyed it so much. It's a

breakthrough because we did not know if it could be achieved. We have confidence that [my relative] is supported by people who know them well enough to be guided by [my relative] member and their choices. That's why it [the care] works so well."

Training records and information we looked at confirmed staff were supported to receive training specific to the roles they were employed in. This covered subjects such as, supporting people who may have behaviours which could challenge others, communication, equality and diversity and risk assessing. Staff told us, and records also showed, staff were supported to undertake nationally recognised qualifications including the Care Certificate. The Care Certificate is a set of common induction standards recently introduced for staff joining the social care workforce. Staff told us and the registered manager showed us information which confirmed training was updated regularly which ensured staff had the latest information available to them.

We found that the registered manager and care staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests.

The registered manager confirmed and records showed people who received personal care from the service at the time of our inspection had capacity to make their own decisions. For people who might require a service and did not have the capacity to make decisions, the registered manager had a clear process for working with family members and health and social care professionals involved in their care so that decisions could be made with and for them in their 'best interest'.

Relatives we spoke with said that care staff made sure their family members saw an appropriate healthcare professional whenever it was necessary. They said that care staff liaised with health and social care professionals involved in people's care if their health or support needs changed. One relative we spoke with said, "The carer we have comes to hospital reviews together with us to ensure we are all kept in the communication loop and [my relative] likes them to be there. It works really well because the service works together with us." A social care professional we spoke with told us the registered manager

Is the service effective?

and staff maintained regular contact with them as part of the review process in place and that they offered a consistently good service to the person they were involved with.

Is the service caring?

Our findings

People were supported by staff in a compassionate way. This included staff's knowledge of people and what made a difference to their lives. Two relatives we spoke with told us that their family member's needs, wishes and aspirations were kept at the centre of the care provided. One relative said, "The staff go the extra mile to really provide a caring approach. They want to do what they do because they truly care." Another relative commented that, "We can see how [my relative] responds to the support given and we have a great relationship with the manager and staff. Everything links together and we feel so supported as well."

Staff we spoke with told us they always listened and gave time for people to communicate their wishes and got to know if the person's response indicated if they were happy with their care. One staff member we spoke with said, "We recognise each person is an individual and they are always treated as such. This is an important aspect of being able to care. We are driven by the individuals needs and wants not ours."

We saw in records viewed that people's life histories were used to form the basis upon which their care plans were based. We found that staff were knowledgeable about people's preferences. For example, one person had a detailed calendar in their home which highlighted all of the activities they had chosen to do and when they preferred to do them. Staff said they respected the person's right to plan their day in this way as it was an essential part of maintaining their chosen routines. Staff also said and they and the registered manager ensured they followed the plans closely.

Staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could co-ordinate and complement each other's contribution. People's care plans contained information about their interests and hobbies and the places they preferred to go to. Staff and relatives we spoke with told us people were consistently offered

choice based on the things they regarded as important. The routine day time and evening levels of support people were given were also detailed in daily records which were kept up to date by the care staff.

Care staff gave some examples of what respecting people's privacy and dignified care was. Examples they gave us included allowing people privacy to complete their personal hygiene in their own way and at their own pace, enabling people to choose what to wear and how to wear it and assisting people appropriately when they went out into the community to do the things they liked to do.

Care plan information was available only to the staff who provided support, the person and, where appropriate, their families. People were able to review their care plans themselves at any time using a hard copy of the plan which they had in their own home.

Staff had received guidance about how to correctly manage confidential records. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis. Computer records held by the registered manager were password protected and were only accessible to those who needed access to them.

The registered manager told us that people could express their wishes and had family and friends to support them to do this when it was needed. Care plans had been signed by people themselves to show they agreed with the information they contained. The registered manager confirmed that if a person was not able, or chose not, to sign their care plan this would be recorded. Where relatives were involved in making decisions with people this was also recorded.

The service had also developed links with local advocacy services which could provide guidance and assistance if this was needed. The registered manager confirmed information about how to contact advocacy services was available in people's own homes. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Is the service responsive?

Our findings

The registered provider had taken time to support care staff to work with people and their relatives in order to obtain relevant information about people's backgrounds. Staff we spoke with said this information helped them gain an individual understanding of what was really important to each person and their future aims and goals. A staff member told us, "The care plans are developed in a person centred way, which means the person can be supported to develop in their own way."

Staff told us and we saw that people's care plans were updated regularly as needs changed using detailed daily records which staff said were used to support handover meetings between staff who were finishing their work shift and staff starting theirs. We saw that staff supporting one person in their home had used the daily care records as a way of identifying what care and support worked well for the person and where improvements were required. For example, the times one person had chosen to have a bath and the importance of ensuring these timings were adhered to. This allowed staff to respond to the person's needs based upon the most up-to-date care information.

Relatives we spoke with said care reviews assisted people to be fully involved in the assessment and planning of their care and also helped staff identify people's existing and changing interests and hobbies and how these could be maintained. For example, going swimming, to the gym and going out for a take away meal or to stay with family relatives.

One relative we spoke with told us, "The staff have motivated [my relative] to go out into the community much more regularly than they did. They go swimming and even fishing. It's something we never thought would be achieved but it has. The care staff have also motivated [my relative] to consider changing their diet and change their clothes more on a regular basis. We discuss [my relative's] changing needs with our carer so they are constantly reviewed and so we can see what is working well and give our input."

Family relatives and people had access to a service user guide, which was available in easy to read, accessible formats if required. The information included details about the arrangements in place for people to live as independently as possible in their own homes and also how people could access the provider's complaints procedure.

People and their relatives were supported to raise concerns about their care. This was by their preferred means of communication and also with support from staff when this was needed. Relatives told us that any minor concerns they had were addressed quickly. One relative said, "The manager is always available and knows [my relative] really well. We would have no hesitation in speaking with the manager around any issues we had." The registered manager maintained records regarding any concerns or issues raised with them and how they had responded to resolve them. At the time of our inspection, records showed there were no outstanding complaints.

Is the service well-led?

Our findings

A relative told us, “The manager is very knowledgeable about the needs of [my relative]. It’s not just a job to her. She lives and breathes to try to always make sure the service can be the best it can.”

The registered manager told us and staff we spoke with confirmed they were provided with information and guidance which covered the principles and values of the service. Staff we spoke with clearly demonstrated their understanding of the values of the service. They were able to describe their roles and responsibilities and the behaviours that were expected of them.

The service had a registered manager in post who was also the registered provider. The registered manager described the management structure of the organisation which included a relief manager and a training manager and how their different roles fitted together. The registered manager said that having the structure in place enabled management responsibilities to be clearly assigned and ensured the smooth running of the service. Information about the structure had recently been included in the provider’s statement of purpose which was up to date.

We found there were clear communications systems in place to make sure the management team worked well together. Staff told us that the registered manager regularly visited the people who used the service in their own homes to check how things were working and spoke with people and staff on a weekly basis. Relatives and staff also told us the registered manager was always available and could be contacted by telephone if advice and support were required.

The registered manager also completed more formal audits and spot checks to make sure the service was running consistently. These checks included home visits to observe the care given by staff. Staff said this helped ensure the right standards of care were maintained and the environment for each person was safe to live in.

All of the staff we spoke with told us they liked working at the service and that it was a rewarding place to work. One member of the care staff team we spoke with said, “It’s a great place to work. The culture here is based on continuous improvement. It’s not just a case of coming to work. We are here to make a difference for people and the manager promotes the team work ethic.”

The registered manager told us and records we looked at confirmed they had arrangements in place to support staff with supervision and that annual personal development reviews had been completed or planned for all staff. All of the staff we spoke with told us they received one to one supervisions on a regular basis and that staff meetings were held and that they felt well supported. One staff member told us. “The support I get from my manager is genuine. Our meetings help me to consider people’s needs and how we go about developing our strategies for giving care.”

Staff told us they felt able to raise concerns and were confident that these would be listened to by the registered manager and responded to appropriately. Staff also confirmed they had access to the provider’s whistle-blowing policy and staff we spoke with said they would not hesitate to escalate any concerns they had which they felt were not being addressed to external organisations such as the local authority and CQC.

People’s views were sought in a variety of ways. Relatives and staff we spoke with told us there were good and regular communications from the provider’s office. Relatives also said they knew who to speak with when they needed to check any of the care arrangements or had a general query.

Staff told us that people’s individual views were sought through the day to day contact they had with them. People were encouraged to give their views and the provider and relatives we spoke with confirmed they regularly spoke together in order to give and receive feedback on the care provided.

In order to obtain wider feedback from staff and other professionals, the registered manager told us they had been using a system based on questionnaires and surveys. They told us they had reviewed this process and recognised the existing system had been dependent upon people completing forms or documents which were either sent out to them or filled in when people visited the provider’s office. With this in mind, the registered manager told us that in line with the on-going development of the service they had recently employed a quality assurance staff member. We saw plans in place for the staff member included them taking part in care reviews in order to obtain direct feedback from people and relatives.

Is the service well-led?

The registered manager and the quality assurance staff member showed us they had also devised a short, more focussed, questionnaire for people to complete when they visited the service as well as the sending out a more formal focussed survey. The registered manager told us feedback

received would then be used during staff meetings and individual staff supervisions to identify any team or individual support needs or changes needed in order to keep continuously reviewing and improving the overall services provided.