

Valor & SFTK Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 17 June 2015 and was announced. We told the manager two days before our visit that we would be coming to ensure they would be available. The service was registered by the Care Quality Commission (CQC) in April 2014 and this was their first inspection.

Valor Care Services provides personal care and support to people living in their own homes. The agency specialised in the care and support of older people who have been discharged from hospital. They worked closely with NHS continuing care teams from the London Boroughs of Sutton and Merton. The agency has been operational

Summary of findings

since April 2015 and there were 10 people receiving personal care and support from Valor when we inspected them. Most people using the service were receiving end of life care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found the registered manager had failed to carry out all the relevant recruitment checks on staff before they had started working for the agency. This failure had placed people at risk of receiving inappropriate care and support from staff who might not be safe to work with vulnerable adults.

We saw the registered manager did not operate effective systems and processes to monitor the safety and quality of the service. This meant errors might not be identified quickly and appropriate action taken in a timely way to rectify problems. For example, the registered manager failed to identify when staff files did not include all the information they needed regarding their recruitment.

We also found that although staff received a thorough induction and felt supported by the registered manager; people's needs may not always have been fully met. This was because staff had not received key training on some aspects of their role including end of life care, basic food hygiene and mental capacity and consent.

People told us they were happy with the quality of the care and support they received from the agency. They said their care workers always turned up on time, stayed for the agreed length of time and completed all the personal care and support tasks they had agreed with the agency they would do. People also said staff looked after them in a way which was kind and caring, and always respected their privacy and dignity. Our observations and discussions with people using the service and their relatives supported this.

People told us they felt comfortable and safe when staff from the agency visited them at home to provide their personal care and support. The registered manager and staff knew how and when to report abuse or neglect if

they suspected people were at risk. Where risks to people had been identified staff had been provided with guidance about how to manage them in order to keep people safe.

People were supported to keep healthy and well. Staff ensured people were able to promptly access community health care services when this was needed, which included continuing care teams. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration. People received their medicines as prescribed and staff knew when to prompt people to take them.

People were involved in making decisions about their care and had care plans that focused on their needs and preferences. People had agreed to the level of support they needed and how they wished to be supported. Consent to care was sought by staff prior to any support being provided. Care plans provided staff with guidance about how people's needs and preferences should be met. When people's needs changed, the manager responded and reviewed the care provided.

People told us they felt comfortable raising any issues they might have about the agency with the registered manager. The service had arrangements in place to deal with people's concerns and complaints appropriately.

Enough staff were employed to care and support the people receiving services from the agency. The registered manager matched people with care workers who were able to meet their specific needs and preferences. Staff had a good understanding and awareness of people's needs and how these should be met. Staff felt supported by the registered manager and felt they had enough opportunities to share their views and ideas about how people's experiences of using the service could be improved.

The agency had a clear management structure in place. The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us they were supportive.

We identified three breaches of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

People were at risk of receiving inappropriate care and support from staff who might not be 'safe' to care for them. This was because the registered manager had failed to carry out all the relevant recruitment checks on staff, such as written references from former employers and a DBS check.

People told us they felt safe using the agency. There were robust safeguarding and whistleblowing procedures in place and staff understood these and what abuse was and knew how to report it. Plans were in place to minimise known risks to people to keep them safe from injury and harm.

There were enough staff to meet the needs of people using the agency.

People were given their prescribed medicines at times they needed them.

Requires improvement



Is the service effective?

The service was not always effective.

We found people's needs may not always be fully met because staff had not received key training on some aspects of their role, for example, end of life care, basic food hygiene and mental capacity and consent.

The registered manager was aware of their responsibilities in relation to obtaining people's consent. They ensured people had capacity to make decisions about specific aspects of their care and support.

Staff supported people to stay healthy and well by monitoring that they ate and drank sufficient amounts. People received prompt access to health care professionals when they needed this.

Requires improvement



Is the service caring?

The service was caring.

People said staff were kind and caring. We saw staff were supportive and always punctual. Staff ensured people's rights to privacy and dignity were maintained, particularly when receiving care.

Staff supported people to do as much as they could and wanted to do for themselves.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans set out how these needs should be met by staff.

Good



Summary of findings

Care plans reflected people's individual choices and preferences and were regularly reviewed and updated to ensure they remained current.

The service dealt with people's concerns and complaints in an appropriate way. People felt able to raise their concerns with staff and were confident they would be listened to.

Is the service well-led?

The service was not always well-led.

We found the systems and processes the agency had established to monitor the safety and quality of the service they provided were not always operated effectively. This meant errors might not be identified quickly and appropriate action taken to rectify problems.

The registered manager asked people receiving services and relatives for their views on how the agency was run and how it could be improved.

Requires improvement



Valor & SFTK Care Services Ltd

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 checked 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 17 June 2015 and was announced.

The inspection was carried out by one inspector.

During our inspection we visited one person in their own home who received support from the agency and their relative. We contacted another person who used the agency and the relatives of four others by telephone. We also met the registered manager at their offices and spoke on the telephone to five care workers.

We looked at various records that related to people's care, staff and the overall management of the agency. This included five people's care plans and ten staff files.

Is the service safe?

Our findings

The provider did not operate effective staff recruitment procedures. The registered manager was unable to show us any recorded evidence that they had obtained references from staff's former employers. All the staff we spoke with told us they had requested references from their former employers and the registered manager said they had been in telephone contact with all these referees, but acknowledged they had not recorded the outcome of those conversations. The registered manager also confirmed they had not received any written references for any of their current staff team. In addition, although we saw up to date and satisfactory Disclosure and Barring Service (DBS) checks had been completed on most staff; no such checks had been carried out in respect of one new member of staff. We discussed the missing DBS check with the registered manager who took immediate action during our inspection to suspend this member of staff from working unsupervised with people using the service while a DBS check was carried out on them. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took appropriate steps to protect people from abuse and neglect. People told us the care they experienced was good and they felt comfortable and at ease with the staff that supported them. A person's relative said, "It's reassuring knowing someone is looking after my [family member] when I'm at work." We saw guidance for staff about how to recognise and respond to abuse was available in the staff handbook, which the registered manager told us everyone was given when they first starting working for the agency. The registered manager also told us it was mandatory for all new staff to receive safeguarding adults training as part of their induction, which staff we talked with confirmed. It was clear from discussions with staff that they knew what constituted abuse and neglect, the signs they would look for to indicate someone may be at risk and the action they needed to take if they had concerns. Staff also demonstrated a good understanding of the agency's policies and procedures in relation to handling house keys that belonged to the people they supported and the wearing of identity badges when they visited people in their home.

People had been involved in discussions about the risks they might face and able to state their preference about

how staff should support them to stay safe. There was clear guidance for staff on people's records on how to minimise identified risks to protect people from the risk of injury or harm. Staff demonstrated a good understanding of the risks people faced and how they could support them to stay safe. One member of staff was able to give us an example of how an individual's moving and handling risk assessment provided them with all the guidance they needed to ensure they supported this person to transfer safely and were clear how to use the right equipment.

The agency employed sufficient numbers of staff to keep people using the service safe. People told us staff always turned up at their home when they were meant to, stayed for the agreed length of time and completed all the care and support tasks they had agreed to do. Typical feedback we received from peoples' relative's included, "Our carers' are hardly ever late and often go above and beyond what is expected of them", "staff always come on time", and "the one time the carer was running late the agency rang to let us know. Staff have never been late before or since". We visited one person at home and saw their care worker that day arrived on time. It was clear from staff duty rosters we looked, and comments made by the registered manager, that staffing levels were planned based on the number of people using the service and their needs. Staff told us the registered manager coordinated their visits well, which ensured they usually arrived on time and completed all the tasks agreed as part of the care package. The registered manager told us staffing levels could be adjusted accordingly to meet people's needs.

People received their prescribed medicines on time. A person's relative told us, "Their carers always make sure they tell [my family member] to take their medicines at the right time." Care plans indicated whether or not a person needed prompting from staff to take their medicines. Staff told us they were required to read the agency's medicines policies and procedures as part of their induction. We saw medicines administration record (MAR) sheets staff had used when they had prompted one person to take their prescribed medicines, contained no recording errors or omissions. Quality monitoring records we examined showed us the manager regularly checked MAR sheets used by staff during their visits to ensure these were appropriately maintained.

Is the service effective?

Our findings

Staff had not been appropriately trained in some key aspects of their role, but not all. People said the care and support they received from staff met their needs and that staff seemed to know what they were doing. The feedback we received from most people's relatives was equally complimentary about staffs' ability to carry out the duties they were employed to perform. Typical feedback we received from people's relatives included, "The staff seem very knowledgeable", and "The carers that come to our house generally do a good job".

However, we received negative comments from one person's relative who told us, "Some of the carers we get don't seem to know what they're doing. A few can't use the mobile hoist. Some [carers] are definitely better than others". In addition, records showed us that although staff had completed an induction, not all had received training in some key aspects of their role, such as end of life care, basic food hygiene and mental capacity and consent. Furthermore, although most staff spoke positively about the training they had received, two members of staff told us they felt their training had not provided them with all the knowledge and skills they needed to perform their jobs properly. One member of staff said, "The training we've received so far has been good, but I think we are going to need a lot more if they want us to do our jobs properly." This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed staff's competency with the registered manager who acknowledged that some staff did not currently have the right mix of knowledge and skills in some key aspects of their role. We saw records that showed us the registered manager had already assessed the staffs knowledge and skills and identified their training needs, which they told us they planned to address with the help of an external trainer. We saw recorded evidence that dates had been arranged for the external trainer to provide staff with all the mandatory training they needed to perform their roles well as domiciliary care workers.

Staff told us they felt supported by the registered manager. Records showed staff who had worked for the agency for over three months had attended at least one group meeting with their fellow peers and had a one-to-one supervision meeting with the registered manager in the first three months of their employment. The registered

manager told us they planned to ensure all staff participated in regular team meetings and one-to-one supervisions session, and had their overall work performance and training needs appraised and their working practices observed at least once every 12 months.

The registered manager had received training in relation to the Mental Capacity Act 2005 (MCA), although they acknowledged none of their staff team had. The registered manager was aware of their role and responsibilities in relation to obtaining people's consent to care and ensuring people had capacity to make decisions about specific aspects of their care and support. Records showed us none of the people using the service lacked capacity to make decisions or consent to the care and support they received. There was clear involvement and discussions with people about the care and support they wanted and the decisions people made about this were

documented. People's care and support plans reiterated the need for staff to ensure they sought people's consent before they provided any care or support.

There were arrangements in place to ensure that people using the service were supported to eat and drink sufficient amounts. People were supported to access food and drink of their choice. Much of the food preparation at mealtimes was done by family members, and staff were required to ensure meals and drinks were either heated up or accessible to people using the service. Staff we talked with confirmed that before they completed their visit they checked whether people were comfortable and had access to eat and drink. They also told us that if they had any concerns about this they would report it to the registered manager. The registered manager said they would review these concerns and check records kept by the service about the individual such as their current weight and any nutritional risks previously identified, and then take an appropriate course of action such as a referral to the individual's GP or the continuing care team for further advice and assistance as required.

People were supported to remain in good health. One person told us, "Staff helped me walk again with my walking frame. I could not have done it without them." We saw staff documented in people daily records their observations and notes about people's general health and well-being. They noted any concerns they had about people's current health and the action they had taken as a result such as notifying the manager or the senior carer for

Is the service effective?

advice and support. It was clear from comments we received from the registered manager and staff that they worked closely with the local authority NHS continuing care team to ensure people were able to access quickly, the medical care or support they needed.

Is the service caring?

Our findings

People were supported by caring staff. People typically described staff as “kind and caring”. One person’s relative said, “I’m very happy with our carers and the way they treat [my family member]”, while another person’s relative told us, “It’s early days, but so far so good. We’re really pleased with the carers”. We saw kind and caring interactions between one person using the service and a visiting member of staff. This person seemed at ease and comfortable in the presence of staff.

People told us the registered manager and staff treated them in a respectful way and always respected their privacy and dignity. One person’s relative said, “My carers always knock on the front door before they let themselves in.” Another person’s relative told us, “Staff never fail to say hello when they first arrive and always call my mother by her name.” People also told us staff asked for permission before they carried out any care and when they provided this, it was done respectfully. We observed staff spoke to people respectfully and asked for permission before entering their house. In our conversations with staff they were respectful when they spoke about people.

People told us their cultural, spiritual and social values were discussed with them and their families and people were able to say how they wanted these to be upheld and respected by staff. The registered manager told us they always considered the communication needs and cultural heritage of the people using the service when deciding which members of staff would have the right mix of

knowledge and skills to provide their support. The registered manager was able to give us a good example of how they had matched one member of staff with someone using the service with a similar cultural heritage.

Prior to using the service, people were provided with detailed information about the service, which included the different support packages that were available to them if they chose to receive domiciliary care services from Valor. One person’s relative told us, “The manager came to see us at home to assess [my family member] and to explain what packages of care they could offer us in addition to what we would still receive from the nurses who worked for the continuing care team.” It was clear from comments we received from people using the service and their relative’s that they felt involved in making decisions about the care and support they received. This was because the registered manager had listened to what they had said and had given people enough information to help them understand what the agency could offer them.

People were supported to be as independent as they wanted to be when they received care and support from staff. One person told us their primary goal after leaving hospital was to be able to walk independently again without the need for a mobile hoist. During our inspection we observed staff ensure this individual’s walking frame was always close at hand so they could move freely around their home whenever they wished. People’s care records showed staff were prompted to ensure that people were encouraged to do as much as they could for themselves so that they retained as much control as possible.

Is the service responsive?

Our findings

People received care and support in a person centred way. People told us they had been given a copy of their care plan, which we saw available in the home of the person we visited during our inspection. Care records showed people's care and support needs were initially assessed by community nurses working for the NHS continuing health care team and then by the registered manager, which were used by staff to develop personalised care plans for individuals they supported. As part of the assessment process, the manager discussed with the people using the service what their needs were, what they could and were willing to for themselves and their specific preferences, such as how they liked to be transferred.

People's care and support needs were reviewed with them regularly. People were able to discuss with staff whether the care and support they received continued to meet their specific goals and aspirations. One person told us, "Sometimes we have meetings to talk about the care staff provide me." A relative said, "We quite often have talks with the agency to review [my relatives] care." Where any changes were identified to people's health care needs, their records were

updated promptly so that staff had access to up to date information about how to support them. It was also clear from discussions we had with staff they were aware that if a person's needs had changed they had to update the

individuals care plan to ensure it remained current and relevant to the needs of that person. The registered manager gave us a good example of recent amendments they had made to a person's moving and handling assessment so it continued to accurately reflect changes in this individual's mobility needs.

People said they were comfortable raising issues and concerns with staff and knew how to make a complaint about the service. One person's relative said, "no complaints about the agency from me", while another person's relative told us, "I would tell the manager straight to her face if I wasn't happy about the care [my family member] received from them. She [the manager] often pops around to see us, so there's no problem getting hold of her".

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People had been provided information about the complaints procedure so that they knew what to do if they wished to make a complaint about the service. The procedure set out how people's complaint would be dealt with and by whom. We saw a process was in place for the registered manager to log and investigate any complaints received, which included recording all actions taken to resolve these. From speaking with people using the service and their relatives they were confident that the registered manager would take any complaints they had seriously and would deal with them appropriately.

Is the service well-led?

Our findings

The provider did not operate effective governance systems and processes to assess, monitor and improve the quality, safety and experience of people using the service. Records showed, and the manager confirmed that as part of the quality assurance arrangements they had started to routinely carry out unannounced spot checks to observe staff working practices during a visit, which included the way they interacted with the person they were supporting, their record keeping and medicines management. Other quality assurance checks include care plan and staff personnel and training records audits.

However, we found no evidence to show that these routine monitoring checks were effective in identifying areas for improvement so that action could be taken to rectify any issues identified as part of the audits. For example, although the registered manager told us they routinely audited staff files to check the information they contained was kept up to date; we found during our inspection that not all recruitment checks were carried out as required. In addition, we found gaps in staff training which the manager acknowledged they should have identified as part of their quality monitoring procedures. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People typically described the staff and registered manager as approachable. People spoke positively about the

registered manager's approach to running the agency and about how accessible they were. One person's relative said, "It's comforting to know the manager is only a phone call away if you need her urgently. Never experienced any problems getting hold of the manager."

People and their relatives were actively involved in developing the service. They were able to share their views and suggestions in various ways about how the service could be improved. People told us the registered manager visited them at home every month and regularly contacted them by telephone to find out how they were and if they were satisfied with the standard of care they were receiving from the agency.

The registered manager encouraged staff to express their views about the agency. Staff felt they worked well together as a team and that there were good communication systems in place that enabled them to keep up to date with any changes in the needs of the people they supported. For example, staff made detailed notes at each visit documenting the care and support they provided that were read by the registered manager and other care workers who subsequently visited. It was also clear from discussions with staff that they attended regular staff meetings where they were able to discuss issues openly and were kept informed about matters that had affected the agency and the people using the service. Staff said they felt able to raise any concerns about the agency with the registered manager who was approachable.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People using the service were at risk of receiving care and support from staff who might not be 'fit' or 'proper' to work with people who use the service. This was because the registered person had failed to undertake all the relevant recruitment checks on new applicants before they were employed to work for the agency. Regulation 19(3)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not operate effective quality assurance systems and processes to ensure they could always assess, monitor and improve the quality and safety of the services provided and the experience of people living at the home. Regulation 17(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People using the service were at risk of not always having their needs fully met because staff had not received all the appropriate training they required to enable them to carry out the duties they are employed to perform safely and to a relevant standard. Regulation 18(2)(a)