

Worth Valley Care Services Ltd

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Inspection report

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Date of inspection visit:

11 June 2018

13 June 2018

14 June 2018

21 June 2018

22 June 2018

27 June 2018

Date of publication:

01 August 2018

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 ●

Summary of findings

Overall summary

Worth Valley Care Services is a domiciliary care agency located in Haworth, West Yorkshire, which provides care and support to people in their own homes. The service can provide a service to adults, older people, people living with dementia, people with physical disabilities and people with mental health conditions. At the time of our inspection 81 people were receiving a personal care service.

At our last inspection we rated the service good overall. However, the well led domain was rated as requires improvement because the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they were unable to demonstrate they had effective systems and processes in place to assess and monitor the quality and safety of the services provided.

During this inspection we found the registered provider had taken appropriate action to deal with this and they were no longer in breach of regulations. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service remained safe and people were protected from the risk of abuse. People told us the care workers were discreet and respected their privacy.

People's medicines were managed safely.

There were enough suitably trained staff available to ensure people received the right care and support at the right time. People told us the service was very reliable and flexible.

Risks to people's safety and welfare were identified and managed. People's care records included information about their likes and dislikes and staff knew people well. People told us the care workers were all kind and caring. They told us the registered manager and office staff were approachable and listened to them.

We found people were involved in planning how their care and support would be delivered. People told us they had no reason to complain about the service but said they would not hesitate to talk to the registered manager if they had any concerns.

The service worked with other health and social care professionals to make sure people received the right support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Everyone we spoke with told us they would recommend the service to friends and/or family. Two people said they had already recommended the service to friends. Similarly care workers told us they would recommend the service, both as a place to work and to anyone needing care at home.

The registered provider had systems in place to monitor and assess the quality and safety of the service. People were given the opportunity to share their views of the service. Feedback from people was used to improve the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service has improved to Good.

Worth Valley 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 was planned to check 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.

The inspection was carried out between 11 and 27 June 2018. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure they would be available.

Inspection activity started on 11 June 2018. On 11 and 13 June 2018 we had telephone conversations with five people who used the service and five relatives. On 14 and 27 June 2018 we visited the providers office and spoke with the registered manager, the business manager, a senior care worker and the provider. On 21 and 22 June 2018 we carried out telephone interviews with 11 care workers.

The inspection team consisted of two adult social care inspectors, the second inspector carried out telephone interviews with staff.

During the inspection we looked at the care records of seven people who used the service. We looked at three staff recruitment files. We reviewed other records including medication records, risk assessments, accident and incident forms, meeting notes, audit and surveys.

Before the inspection we reviewed information available to us about this service. The provider completed a Provider Information Return (PIR) before the last inspection. The PIR 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. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send

us by law. We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service.

Is the service safe?

Our findings

The service continued to be safe. People were protected from abuse and avoidable harm.

People told us they felt the service was safe. One person said, "Yes, I feel safe, they know not to leave me on my bad side because I could fall." Another person said they felt safe because the care workers always made sure their home was secure before they left. Other people told us they felt safe because they knew they could rely on their care workers to arrive when they were supposed to.

Care workers we spoke with understood their responsibilities for safeguarding people. They told us they were confident the management team would respond appropriately to any concerns they raised. One staff member said, "I did a course on safeguarding and have no issues. I'm always prepared to challenge bad practice." The registered manager reported any safeguarding concerns to the relevant agencies, such as the local authority and CQC. We saw concerns were fully investigated and where necessary action was taken to reduce the risk of recurrence.

The provider continued to follow safe recruitment procedures. This helped to ensure they only employed staff suitable to work in the caring profession.

The registered manager told us there were enough care workers employed to meet people's needs. People who used the service told us they had no concerns about staffing. They said they received their calls at the agreed times and had a regular team of care workers. One person said, "They try to keep the same ones, carers who are compatible with me, there are none I don't know." Care workers told us they had regular people they visited. Most staff said they had enough time to travel between calls. One care worker said, "I have the same people I go to and I know them really well. We have plenty of time to do the calls, there's no rushing to get things done."

People continued to receive their medicines safely. People told us they were happy with the way care workers supported them to take their medicines. We found people were only supported with medicines by care workers who had received appropriate training. The medication records we looked at showed people were receiving their medicines as prescribed.

Within people's care records we saw risk assessments had been carried out which looked at the general safety of their home environment. Individual risks to people's health and safety were also assessed, these included areas such as moving and handling, falls and pressure sores. The records included information about the action staff should take to mitigate identified risk. There were procedures in place to guide staff on the actions they would need to take in the event of an emergency. Out of hours support was provided by the management team and senior care workers.

Accidents and incidents were recorded and monitored. We saw appropriate action was taken following accidents and incidents such as contacting the emergency services and people's relatives. There was evidence lessons were learned and where appropriate changes were made to reduce the risk of recurrence.

The provider continued to ensure care workers followed the correct procedures to reduce the risk of cross infection.

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

People's needs were assessed before the service started. The business manager explained they received information about the person's needs at the time of referral. The service then carried out their own assessment to determine if they could meet the person's needs and provide a service at the times required. The assessment information was used to develop a summary plan of care and this was developed into a more detailed plan as the service got to know more about the person's individual needs. The registered manager told us the detailed care plan would be in place within two weeks of the service starting. People who used the service and relatives told us they had been involved in the initial assessment.

We found the provider used external resources such as those provided by CQC and Skills for Care to ensure they were following current best practice.

Where appropriate people's care records included information about the support they needed with eating and drinking. People who used the service told us they were happy with the support they received with this aspect of their care. Within the daily care notes, we saw care workers recorded the food and drink they had prepared for people.

We found the service continued to work well with other health care professionals such as GPs, the community matron and district nurses to make sure people were supported to meet their health care needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection.

People told us the care workers were always respectful of their wishes. In the care records we saw people who used the service or their representatives had signed care assessments and reviews to show their agreement to the care and support being provided.

People told us they felt confident the care workers knew what they were doing. The service continued to support care workers to gain the knowledge and skills needed to carry out their roles effectively. There was a programme of mandatory training covering safe working practices such as safeguarding, medicines, first aid, food hygiene and infection control. This training was updated every year. In addition, training was provided

on subjects specific to the needs of people who used the service, for example, multiple sclerosis and dementia. Approximately half of the care workers had completed a National Vocational Qualification in care. The service supported care workers to keep up to date with the latest best practice and legislation. For example, they had all received training on the new General Data Protection Regulations.

New care workers completed induction training and shadowed more experienced care workers until they were deemed competent to work on their own. The service used an external training provider to deliver the knowledge element of the Care Certificate. The Care Certificate is a nationally recognised training programme designed to equip staff new to care with the right knowledge and skills to meet people's needs.

The registered manager told us they had an open-door policy and encouraged care workers to talk to them if they had any concerns. Staff supervisions were carried out approximately twice a year and included conversations about training and development needs. Senior care workers carried out spot checks on care workers approximately every three months to make sure they were following safe working practices. Care workers told us they felt supported by the service.

Is the service caring?

Our findings

People continued to experience a caring service.

Everyone we spoke with told us the care workers were kind and caring. One person said the care workers had the 'right approach and attitude.' Other comments included, "Our regular care worker is very good with [name], they talk to [name] and have a laugh." "Lovely carers." "[Relative] likes all the girls, they are all caring and have a nice attitude."

Another person told us they had been using the service for several years and said, "The caring is excellent."

A relative told us on one occasion their family member had not been feeling very well when the care worker visited in the morning and the care worker had gone back in the afternoon to check they were feeling better. This was over and above their scheduled calls and showed a genuine concern for the person's welfare.

People told us they were treated with respect. One person said, "They are very discreet, they never discuss other people." Another person said, "Our regular care worker is very conscientious and respectful."

People were supported to maintain their independence and to make choices about how their care and support was delivered. People told us they felt listened to and involved in decisions about their care and support.

The care workers we spoke with could describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They told us they encouraged people to remain as independent as possible and always provided care and support in line with the agreed care plan.

From our conversations with the registered manager, business manager and senior care worker it was evident they knew people well. They spoke about people with compassion and this was extended to the relatives of people they supported. For example, in the records of one person with complex needs we saw the senior care worker had made a note reminding staff that the person's relative also needed support.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussions with the management team, care workers, people who used the service and relatives demonstrated the service was proactive in promoting people's rights.

Is the service responsive?

Our findings

The service continued to provide care and support which was responsive to people's needs.

People told us the service was flexible and responsive to their needs. One person told us there was never a problem with changing visit times if, for example they had a hospital appointment. During our visit to the office we saw another example of the flexibility of the service. A relative called to say their family member needed additional support and the registered manager immediately arranged to meet another care worker at the person's home. This was in addition to the usual morning call which had taken place earlier.

People told us they could rely on their care workers to arrive at the agreed time. One person said, "They never let us down." Everyone we spoke with said it was very rare for the service to miss a call. People who needed two care workers to provide their support told us they arrived at the same time and they were not kept waiting.

Staff told us they loved their jobs and were proud of the personalised care and support they could provide to people. They said they would recommend the service as a place to work and would be happy for family or friends to receive support from the service. One staff member said, "People get good care. I look after my clients like they are my own parent. We don't have to rush and can do things properly. I'd have no hesitation in recommending this service."

People told us there were never any issues with resuming the service, for example after an admission to hospital. One person who used the service told us they had recently been in hospital following a fall. They said when they returned home they had a visit from the office staff to check if there were any changes needed to their support package. A relative told us the service had kept in touch with them when their family member was in hospital. When the person was discharged sooner than expected there was no delay in restarting the service.

People's care records included information about their interests and preferences as well as information about their care and support needs. This helped to ensure the care they received reflected their preferences. The registered manager told us they involved people and/or their relatives in developing their care plans so care and support could be provided in line with their wishes. Care workers knew people well and were aware of their preferences and interests, as well as their health and support needs. This helped them to deliver a personalised service.

We looked at what the service was doing to meet the requirements of the Accessible Information Standard. We saw people's communication needs were assessed as part of the care planning process. The registered manager told us they worked with the local authority sensory team where necessary to ensure people received the right support to meet any identified needs. This gave us assurance any needs would be appropriately addressed.

The registered manager demonstrated when people had end of life needs appropriate adjustments to the service would be made to meet them. This would involve a flexible approach to call times and liaising with

the necessary professionals.

The service had a robust complaints procedure. We saw the service had received one complaint since our last inspection and this had been dealt with in line with the registered providers procedures. People told us they had never needed to make a complaint. They said they would not hesitate to speak to one of the staff or the registered manager if they had any concerns. They felt confident any concerns they raised would be acted upon.

The service also kept a record of compliments to show where they were meeting and exceeding people's expectations. One person had commented, "Thank you so much for all your help with [relative], we could not have kept [relative] at home for so long without you, you are all amazing."

Is the service well-led?

Our findings

At our last inspection we found the registered provider was in breach of Regulation 17 (Good governance). This was because they were unable to demonstrate they had effective systems in place to assess and monitor the quality of the service. During this inspection we found the provider had made improvements and they were no longer in breach of regulations.

The registered provider had implemented a formal system of audits covering all aspects of the service. This included staffing, training, care records, medicines, nutrition, safeguarding, promoting the rights of people who used the service and record keeping. The audits were carried out at six or twelve-monthly intervals. In addition, quality checks on care workers while they were working in people's homes were carried out approximately every three months. The registered manager told us the workload was organised so that every person who used the service had a visit from a senior care worker at least once a week. This helped them to make sure any issues or concerns were identified and dealt with quickly.

The registered provider visited the service at least once a month to carry out a formal review. These visits were recorded and showed action was taken to address any shortfalls in the quality of the services provided.

The service had a registered manager. 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.

The service had a clearly defined management structure. The management team was open and enthusiastic, continuously looking for ways to improve the experiences of people who used the service. They were clearly committed to providing people with the best possible care and support. People spoke positively about the management team. They said they were approachable and listened to them. One person told us they had been receiving care services for a long time and said Worth Valley Care Services were the 'best outfit'.

People who used the service were given to opportunity to complete a quality assurance questionnaire every year. The service had sent 40 questionnaires during April 2018 and seven had been returned at the time of our inspection. The completed questionnaires showed a high level of satisfaction with the service. Comments included, "We are very happy with your services. Your carers are all kind and caring and show affection to [relative]." "Yes, I would recommend Worth Valley Care Services to other people, staff are well trained and always smartly dressed in their uniform." These views were echoed by the people we spoke with, all of whom said they would recommend or had recommended the service.

The registered manager told us they dealt with any concerns or shortfalls raised in the questionnaires on an individual basis and provided feedback on the same basis. At the time of our inspection they did not provide a summary of the overall feedback to people who used the service. They said they had been considering this

and would implement it.

We saw the results of the questionnaires were discussed at staff meetings. This included the positive feedback and areas where improvements were needed. Staff meetings were held approximately every three months. Care workers spoke positively about the management team. Comments included, "They are always supportive of the service users and the staff." "They are all approachable and get involved." "They respect our knowledge." "I feel valued and respected. I love my job."

The registered persons worked in partnership with other organisations to continually improve the quality of the services provided. For example, they attended the local authority meetings for providers of care services. These meetings gave providers the opportunity to keep up to date with changes in legislation and best practice. They worked with Skills for Care and the registered manager and business manager had attended a training workshop to help them ensure they were working in line with the fundamental standards of care.