

Worth Valley Care Services Ltd

Worth Valley Care Services Ltd

Inspection report

1 Victoria Road
Haworth
Keighley
West Yorkshire
BD22 8LR

Tel: 01535645884

Date of inspection visit:
04 July 2016

Date of publication:
04 August 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 4 July 2016 and was made at short notice to make sure the registered manager was available.

The service had been last inspected in January 2014. The service was found to be compliant with all of the legal requirements inspected at that time.

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. On the day of our visit, 62 people were receiving a personal care service.

A registered manager was in place. 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.

People who used the service told us they felt safe with the care they received. We found there were appropriate systems in place to protect people from risk of harm.

Policies and procedures were in place regarding the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS).

People were provided with care and support by staff who had the appropriate knowledge and training to safely and effectively meet their needs. We saw the skill mix and staffing arrangements were sufficient for the current needs of the service.

Robust recruitment processes were in place and followed, with appropriate checks undertaken prior to staff working at the service. This included obtaining satisfactory references from the person's previous employer as well as checks to show that staff were safe to work with vulnerable adults.

Staff told us they had opportunities for on-going development and the registered manager ensured that they received induction, supervision, spot checks, annual appraisals and training relevant to their role.

People we spoke with told us staff were kind, caring and respected their dignity and privacy. Staff were able to tell us about people who used the service, their care needs and how they treated people with dignity and respect.

We saw care and support was delivered in line with people's care plans and people had been consulted about the care and support required. Care records were person centred and updated to reflect people's

changing needs.

Medicines management plans were in place where required and people were supported to access a wide range of healthcare professionals.

Where the service provided nutritional support, people's individual dislikes and needs were supported to enable people to consume a well balanced and healthy diet.

A complaints procedure was in place which enabled people to raise any concerns or complaints about the care or support they received.

People using the service, relatives, staff and healthcare professionals we spoke with were very positive about the registered manager. They said the registered manager was committed to providing the best service they could offer, was approachable and lead the service by example.

Relatives and staff said they had and would recommend the service to other people.

There was a lack of quality assurance monitoring systems in place that could monitor and identify any shortfalls in service provision.

You can see what action we told the provider to take at the back of the full version of the report.

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 was safe.

Safeguarding procedures were in place and staff understood these and how to follow them.

Risk assessments were in place, relevant and up to date.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured that only staff who were suitable to work in the service were employed.

People were supported to receive their medicines safely.

Is the service effective?

Good ●

The service was effective

Staff received regular training appropriate to their role, which meant they had the skills and knowledge to meet people's needs.

Regular staff supervisions and spot checks were in place to ensure quality and consistency of care and support.

Staff supported people to maintain good health and to consume an appropriate and varied diet.

People had access to a wide variety of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by regular care staff. This consistency enabled care staff to develop meaningful relationships with the people they supported.

Feedback about the care and support provided was unanimously positive.

People who used the service were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Service provision was flexible to cater for people's changing care and support needs.

Health, care and support needs were assessed and individual preferences discussed with people who used the service.

Care records were regularly updated and provided staff with the information they needed to meet individual's needs.

People were provided with information about how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was a lack of effective systems in place to monitor and improve the quality of the service provided.

People using the service, relatives, staff and health care professionals we spoke with were very positive about the registered manager. They told us the registered manager was committed to providing the best service possible and was approachable.

Staff told us they felt supported and attended regular staff meetings.

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 took place on 4 July 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information we had received about the service from the local authority commissioning and safeguarding teams as well as notifications received and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The service had returned the PIR information in a timely manner.

During the inspection we spoke with four care staff, the registered manager and the business manager. We reviewed five people's care files, some in detail and other to check specific information, five staff files, medicine records, staff training information as well as records relating to the management of the service.

On the day of the inspection, we visited two people in their own homes who receive support from the service and spoke with them and their relatives. We also spoke with a further eight service users, seven relatives and a health care professional on the telephone after the inspection site visit.

Is the service safe?

Our findings

People told us they felt safe with the service. One person said, "Yes, I feel safe with the carers." Another person told us, "I feel totally safe." A third person commented, "I feel alright when they come; safe." Another person said, "I feel safe with the carers; no worries about the carer."

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. The service had reported concerns appropriately to the local authority and the Care Quality Commission. There was also a whistle blowing policy in place for staff to report any concerns. People we spoke with and their relatives told us they felt they would be able to report any safeguarding concerns to the registered manager.

In addition, the registered manager told us people who used the service, their relatives and staff could contact them at any time if they had any concerns. People who used the service and staff we spoke with confirmed this was the case.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Safeguarding Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing these would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed was reduced.

The registered manager told us they completed an environmental risk assessment before a service was offered to ensure the person's home was safe for the individual and for the care workers. One person we spoke with told us the staff were also vigilant and had recently reported a problem with one of the electrical sockets at their home. We saw moving and handling risk assessments had been completed in people's care records to ensure staff were moving people in a safe way. We also saw in another care file the person had been identified as being at high risk of developing tissue damage. Their care record detailed the advice from the district nurse, which staff followed. This meant action was being taken to mitigate any identified risks to people using the service.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. Staff we spoke with confirmed they had received training in the safe management of medicines. We looked at the medication administration records in the office and saw they had been consistently signed by staff. This showed us people were receiving their medicines at the right times.

We saw staff collecting disposable aprons and gloves from the office base. We also saw staff were using these appropriately when we visited one of the people using the service. This meant staff were following infection prevention procedures.

At the time of our visit we concluded there were sufficient staff employed to meet people's needs. Staff told us they did not feel rushed and had sufficient time to provide people with the support they needed. People we spoke with told us care staff stayed for the allocated times as agreed in their care package and were generally on time or arrived within 15 minutes of the agreed arrival time. Care staff told us they would phone the office if they were going to be late and the registered manager or business manager would phone the person to let them know. People we spoke with confirmed this took place.

Effective recruitment procedures were in place to ensure staff were suitable for the role and safe to work with vulnerable people. This included obtaining a Disclosure and Barring Service (DBS) check and two positive written references before staff commenced work. We reviewed five staff files and saw correct procedures had been followed in all cases. Where disciplinary procedures had taken place, the registered manager had followed the correct procedures as indicated by the service guidance.

We saw there were a range of policies covering various emergency situations, for example, failure of electrical power supply, gas leaks, first aid and gaining access to a property in the event of non-response. Staff we spoke with told us they would contact the registered manager in the event of an emergency or if necessary dial 999 for the emergency services.

We looked at the accident and incident reports and saw there were very few of these. There had been one accident in 2015 and the office had been flooded on Boxing Day 2015. These had been documented and appropriate action plans put into place to help prevent re-occurrence. This showed us there were good safety measures in place for people using the service and care workers.

The office space had been reconfigured and refurbished following the floods on Boxing Day 2015. The registered manager told us they had access to meeting rooms in another building when they needed them for training or meeting purposes.

Is the service effective?

Our findings

New care staff completed a comprehensive induction process which included a five day initial induction, mandatory training and working through the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff also had a period of shadowing experienced care staff and completed a six month probationary period before being 'signed off' by the registered manager.

One person who used the service told us, "Staff get plenty of shadowing, some take longer than others." Staff we spoke with confirmed they had received comprehensive induction training followed by a period of shadowing.

There was an on-going training programme in place to ensure staff received training in a wide range of subjects pertinent to their roles and responsibilities. Training was provided through a variety of mediums including face to face, E-Learning and training DVDs. Staff were reminded by the registered manager when they were due training so they could apply for the course. We saw staff mandatory training had been completed and was up to date. Staff we spoke with confirmed there was a wide selection of training available and they were encouraged to book courses they were interested in attending.

From evidence in staff files and from speaking with staff, we concluded staff were encouraged in their development within the service. For instance, one staff member told us they were just finishing their NVQ3 and were planning to commence further training as soon as possible. They told us they felt confident the service management would support this.

Supervisions and spot checks were carried out on a regular basis and appraisals were held annually. This showed us staff were encouraged to discuss any concerns they had with their line manager. We also saw minutes from group supervisions which the service was trialling. These were held annually and covered such topics as uniforms, timesheets, and completion of MARs.

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 make 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. We found the service was working within the principles of the MCA and that staff had an understanding of how these principals applied to their role and the care they provided.

The staff we spoke with told us they respected people's rights to make choices and decisions about the way

they wanted their care and support to be delivered and showed a good understanding of people's different needs and preferences. For instance, people were given the choice if they preferred a male or female carer and their decision was respected.

We saw in the care files people using the service or their representative had signed the care records and the care record reviews to show they agreed with the document contents.

Where people using the service required assistance with the preparation of meals this was documented in their care record, together with any aids or adaptations they required to eat their meal. Where there were concerns about people's nutrition staff were recording what they had eaten. For example, in one person's care record we saw documented they 'may forget to eat.' One of the care workers who supported this person told us they needed lots of encouragement to eat and the food diary helped the family to know exactly what they had eaten. This showed us staff were supporting people to eat a good diet.

We saw effective communication was taking place between people that used the service, relatives, staff, management and healthcare professionals. One person who used the service told us, "We work as a team, me, the district nurses and carers and we communicate well with each other." A healthcare professional told us, "I have no problems with communication. I think it works well. I just pop into the office to discuss any issues or concerns."

We saw in one person's care record staff had followed the advice given by a district nurse in relation to someone's pressure area care. When we spoke with staff they told us in an emergency they would call for an ambulance. If there were other concerns about a person's health they told us they would seek advice from the registered manager. Whilst we were in the office we noted staff had contacted the registered manager as they were concerned one person was 'not their usual self,' and was concerned they may have an infection. Contact with the person's relatives was made and the carer who was making the lunchtime call was asked to make additional checks on their fluid intake. This showed us staff knew what actions to take to make sure people's healthcare needs were met.

We saw in people's care records people had good access to a variety of healthcare professionals including GPs, district nurses and tissue viability nurses. This reinforced that people's healthcare needs were being met.

Is the service caring?

Our findings

We asked people who used the service about the staff who cared for them. One person told us, "It's an excellent service and we would give it 10 out of 10. [Name of carer] is an absolute star and [name of another carer] is very concerned about people being OK. It transformed our lives within a week. The staff are respectful and laugh with us." Another person told us, "They (staff) are kind and will have a laugh and a joke. I tell them what's what and they know me well." A third person told us, "Everybody is brilliant."

We saw the following comment on one of the satisfaction surveys which had been returned in July 2016; "All of the staff are very good and helpful. Nothing is too much trouble for the time that they are allocated to do things." A second person commented, "All of the staff are professional in carrying out their duties. All of the staff treat me with respect."

One care worker told us, "I would have any one of them (staff) come and nurse my mother." Another said, "I love the care side. I feel you've made someone's day."

Staff we spoke with had good knowledge of people, their likes and dislikes and care needs. For instance, one staff member told us about a person's particular sense of humour and another explained how the care needs of one of the people they supported had changed. One person said, "They know me well and I know them."

We saw there were policies in place regarding privacy, dignity, respect and independence and staff we spoke with were able to give examples of how to preserve people's dignity and privacy. We asked people who used the service if staff treated them with respect. One person told us, "People treat me with respect and are very polite, very sensitive, very caring." Another person commented, "Very good at keeping things private and preserve dignity; cover me over."

We saw details in the care records which showed us people were being supported to retain their independence and people we spoke with confirmed this. For example, one care record stated, '[Person's name] will put their own milk on their cereal from a jug.' One person commented, "I'm quite independent but they've made me feel really comfortable so I feel able to ask for help. It's having a massive positive impact on my life."

We asked people how the registered manager had arranged their care and support needs and people we spoke with told us they had been involved in the process. One person who used the service told us, "The manager came to do an assessment and said, 'Tell me all about yourself and what you feel you need.' She spent a lot of time with me." Another person said, "They really look at what you need. I've just started with a care plan. Working with [registered manager] we came up with a schedule."

We saw there was a confidentiality policy in place and people who used the service were given information about this in the service user guide.

Is the service responsive?

Our findings

Before people started using the service the registered manager visited them to assess their needs and discussed how the service could meet their wishes and expectations. Care records contained assessments detailing people's needs. From these assessments care plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. Care records contained clear guidance for care workers to follow in order to meet people's needs. We saw people were also involved in the review of their care record every six months, or sooner if their needs changed. Care workers told us and we saw that care records were kept up to date and contained all the information they needed to provide the right care and support for people.

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 were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Service provision was flexible and responsive to people's changing needs. For example, one person we visited was uncomfortable in bed. Their relative contacted the registered manager and they arranged for care workers to attend the tea time call early so they could reposition them. The care workers arrived at the house whilst we were still there, which illustrated the service responding in a timely manner to people's needs. Another person told us how staff had increased visits at short notice due to a change in circumstances.

We saw examples in people's care records where staff had discussed people's equipment needs with the tissue viability team or district nurses.

The registered manager told us they also covered some calls so they could see staff and speak with people who used the service. They told us, "Doing the calls enables me to know what is going on." One person who used the service told us, "[Name of registered manager] just appears to check everything is still all right and if there is anything else we want.

We saw the service had a robust complaints procedure involving a complaint investigation report, report on actions taken, people involved, findings, conclusion and action plans as a result of the complaint. We saw the service had only received one complaint in 2016 which had been investigated thoroughly, procedures followed and actions taken. The registered manager told us they took complaints seriously and people we spoke with told us they understood how to complain and would feel able to do so if necessary.

The service had received a number of written compliments which included comments such as, "The level of care and kindness shown was absolutely outstanding. ...they demonstrated a real compassion in everything they did," and, "[Person's name] is thriving under their care and is better and more together than (person) has been for some years."

Is the service well-led?

Our findings

We saw there was a lack of documented audit or quality assurance systems in place. The registered manager assured us they undertook checks, but these were not documented although a suite of auditing tools was available in the service's quality assurance files. This meant there were no systems and processes in place to enable the service to identify and improve where quality and safety was being compromised. The registered manager agreed this was an area in which they needed to make improvements.

This was a breach of Regulation 17 (1)(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people using the service about the way the service was managed and people were unanimous in their praise. One person told us, "I know [name of registered manager]. She's good. If you tell her 'owt (anything) she'll put it straight. She is a good manager and I could talk to her if I had any problems." Another said, "[Registered manager] really cares that [person] knows you are content and things are running properly." A third person told us, "I think [registered manager] is really good, really professional."

A health care professional we spoke with commented, "I think [registered manager] is a good manager." A compliments email received from a relative stated, "I found a great comfort in the way you (the registered manager) involved yourself personally and liaised with me about all aspect of [person's] care. You certainly deserve the great reputation you have built up."

We concluded from speaking with the registered manager they were passionate and committed to providing the best possible care and support for the people using the service and were open to ideas for improving service provision. They told us, "You just want to listen to them about what they want to say. Put yourself in their shoes and you learn from them." The registered manager was keen to 'lead by example' and told us they regularly went out to support calls themselves. One person we spoke with said, "I've met [registered manager] many times."

During the inspection we heard the registered manager readily taking calls from relatives and people that use the service and engaging with them in a positive manner. People told us they felt the management team was very approachable and they would have no hesitation in speaking with them about any concerns or issues.

Morale appeared good amongst staff we saw and spoke with. Staff respected the management team, felt supported and told us they could approach the registered manager about any concerns they had.

The registered manager told us they had an 'open door' policy for staff, people and relatives. During our inspection, we saw staff welcomed into the office and engaging with the registered manager in a relaxed manner. One care worker told us, "I love my job. It's how they treat you. They're just there at the end of the phone. I've recommended them. You're part of the team. I feel supported. I've never worked for anywhere as nice."

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew they had the appropriate care workers available to meet people's needs.

The registered manager sent out questionnaires to people who used the service to complete annually. The surveys for 2016 had recently been sent out and we looked at the nine which had been returned so far. These showed there was a high level of satisfaction with the service. One person had asked for a list of which carers were due at what time every week. The registered manager told us it was always an option for people to have this list. This showed us the views of people using the service were actively sought and acted upon.

Staff we spoke with confirmed they were encouraged to attend regular staff meeting which were held in a separate building. These covered topics such as uniform standards, clients, MAR charts and any areas of concern. We also saw evidence of management meetings with the provider who also visited the service regularly. This showed us staff and management were supported in their roles.

Statutory notifications had been sent by the service to the Care Quality Commission in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(a) Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p>