

Witham Valley Care Group Limited

Witham Valley Care Group - DCA

Inspection report

Village Farm
Newark Road, Norton Disney
Lincoln
Lincolnshire
LN6 9JS

Tel: 01522789776

Website: www.withamvalleycaregroup.co.uk

Date of inspection visit:

19 September 2017

20 September 2017

Date of publication:

02 November 2017

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

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

Our announced inspection of the service was undertaken on 19 and 20 September 2017.

The last inspection took place on 10 September 2015. The result of the inspection was that the service was rated 'Good.' At this inspection we found the service remained 'Good.'

The service was owned by a limited company. At the time of this inspection it was still being managed by one of the registered persons who was also the registered manager. Registered managers like 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. In this report when we speak about both the company the registered manager and the registered person we sometimes refer to them as being, 'The registered persons.'

The registered persons and staff continued to have a clear understanding of how to manage risks to keep people safe and protect them from avoidable harm.

The registered persons completed appropriate recruitment checks before any newly recruited staff commenced their employment. Staff received an introduction to their role. Staffing levels were monitored and kept flexible in order to meet peoples existing and changing needs.

The registered persons had ensured there were clear arrangements to help people to take their medicines when this was needed. The competency of staff to safely administer medicines had been maintained and was regularly assessed and reviewed.

People were involved in making decisions about how they wished to be supported when any additional help was needed for people to make decisions we found that the registered persons and staff understood the principles of the Mental Capacity Act 2005 (MCA).

Staff were caring and positive working relationships between staff and people who used the service and their relatives had been sustained. People's privacy and dignity was maintained and the registered persons continued to work closely with a range of external health professional to ensure people's on-going health needs were met. Confidential information was kept private.

People and their relatives understood how to raise any complaints or issues they had and were confident that if they raised any concerns the right actions would be taken to respond to and resolve them.

The registered persons continued to provide an open and inclusive culture within the service. People and their relatives had the opportunity share their views and opinions and were involved in planning and reviewing their care.

People and their families continued to be consulted about how best to develop the service and good team work was promoted by the registered persons. The registered persons maintained a range of quality checks and audits to monitor the service in order to keep identifying and making improvements to the overall services they provided.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	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 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 19 and 20 September 2017 and was announced. The inspection team consisted of a single inspector.

The registered person was given a short period of notice because the service provides a domiciliary care service for younger adults who are often out during the day; we therefore needed to be sure that someone would be in.

Before the inspection, the registered person completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed the information we held about the service. This included information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered persons and the local authority safeguarding team.

We also reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that happened in the home that the registered persons are required to tell us about.

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. We visited the registered person's administrative office of the service on 19

September 2017 in order to speak with the registered person and also to review records held there.

When we visited the office we met and spoke with the registered person, the registered person's operational director and three members of the care staff team. As part of our inspection we also met with one relative and spoke by telephone with another. We did this in order to obtain direct feedback regarding their view of the quality of services their family members received.

We looked at the care records of two people that used the service and records directly related to the management and on-going development 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 information related to the recruitment of two care staff, the supervision and staff support arrangements in place and the registered persons staff training plan.

Is the service safe?

Our findings

Relatives of the people we spoke with told us they felt their family members received care and support that was both consistent and safe. When describing the support staff gave one relative said, "[My family member] needs an approach based on well thought through care management. The staff team are trusted by us and by [My family member] because they have invested the time needed to help ensure they are safe." Another relative commented that, "The manager and staff team take great care to maintain the safety of [my relative] and have always been good at communicating any issues they have encountered where they have needed to intervene to fully protect them. We are really happy with the care being given and as a whole family we feel it can't be better."

Training records and information we looked at showed care staff continued to be supported to keep themselves updated in regard to safeguarding training. Care staff told us they understood how to escalate and report any concerns they identified and that the registered person's would respond and take any action needed. This included reporting direct to the local safeguarding authority and the Care Quality Commission (CQC).

One staff member told us how their training about keeping people safe was clear and how the main emphasis was on the safety of the person. They described how they had responded to situations where people may have been at risk and gave an example of how they used their training and knowledge of the person they supported to de-escalate a situation where the person was becoming distressed. They described using calm and consistent communications aligned to the way the person chose to communicate. They told us how this helped the person to relax and be happy again. The staff member said, "Small changes can affect the person and lead to them being agitated. So we keep the care staff as consistent as we can so they are the same for each shift. Maintaining this pattern has really helps us to care for the person and keep them safe. Because we know them well."

Staff told us they knew the people they supported very well and recognised quickly through their communication with and knowledge of each person's behaviour if they were unhappy or needed additional help. A range of risk assessments had been completed. These were detailed and had been consistently kept updated and reviewed to ensure that care could be safely provided for people in their own homes. These related to supporting people with their personal care and when going out with them into the community. The information also provided guidance for staff so they knew how to respond when people became upset and their behaviours might be challenging to others. Staff told us their training about managing risk focussed on recognising any signs people might be getting upset and intervening early using communication and de-escalation to provide support. Staff told us this approach meant any physical interventions to keep people safe were kept to a minimum.

Staff told us, and we saw, that any interventions, accidents and incidents were recorded and reviewed regularly. The registered manager told us that any trends were identified quickly and discussed together with senior staff and if appropriate any relatives who wished to be involved. They said this approach helped them to consider, plan for and make any changes needed in order to reduce the risk of them being repeated.

A relative we spoke with gave us an example about how staff had responded to their family member regularly getting distressed by considering carefully what the cause might be. Staff worked with the person and their relative to find a solution. The relative told us, "We explored how [my family member's] diet may be having an impact on their behaviour. If it wasn't for the manager we would have not got a medical diagnosis and how the changes in behaviour were related to diet. She [the registered manager] doesn't make assumptions and through the sensitive support the staff gave and still give we have a staff team who know how to support my relative."

People were supported by staff who had received training in medicines administration. Staff confirmed they continued to have their competency to support people to take their medicines assessed regularly. The registered person also undertook regular checks regarding the arrangements in place to ensure people were supported to take only the medicines which had been prescribed.

Staff described clearly how people needed to be supported with their medicines. Being mindful that staff were supporting people in their own homes staff told us and records showed assistance was given in the way each person preferred so they were in control of when and where they took their medicines, including when they went out into the community to undertake activities or to stay with their relatives.

The registered person told us, and recorded information we looked at demonstrated they continued to have safe staff recruitment processes in place. Staff we spoke with told us they had completed relevant recruitment checks as part of their application to work for the service and these were documented. These 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. One staff member who had recently been recruited told us, "The application and recruitment process was thorough and I felt this would be a good organisation to work for because of it."

Staff we spoke with told us and rota information we looked at confirmed there were sufficient numbers of staff available to care for each person safely. Staff were deployed in ways which meant there was always a mix of skills and experience to make sure people consistently received the care and support that they required.

The registered person had carefully planned staff rotas in advance so that wherever possible changes were kept to a minimum. A relative we spoke with emphasised how important consistency was in maintaining the safety and well-being of their family member and how the registered person had worked to fully help maintain the person's daily routines. When any changes in staff were needed or additional cover required the registered person confirmed they continued to employ a small well established team of bank staff who supported this approach to providing care.

The registered person continued to have 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. The plan was kept under regular review so the registered person could ensure it was up to date.

Is the service effective?

Our findings

People were cared for by a staff team who continued to know people and their individual support needs well. People who used the service were consulted about who they wanted their carers to be, including whether they preferred a male or female staff member to provide care. A relative told us, "The way staff have responded to my family member's needs has helped them come on in leaps and bounds." The relative explained how the person's parent had been able to go on holiday for the first time in several years because, "They knew [our family member] was in good hands."

A senior member of the care staff team described how, "The calmness and trust with staff has made sure the care works for the people we support. Anxiety people sometimes experience is responded to by us having a consistent regular staff team. People having a bond with staff is key to this."

Care staff we spoke with told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. This training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff. It is designed to give them the training and skills required to enable them to care for people in the right way.

Training records and information we looked at confirmed staff continued to be supported to receive a range of on-going training which was updated regularly specific to the roles they were employed in. This covered subjects such as, safely supporting people who may have behaviours which could challenge others, communication, equality and diversity and the assessment and management of risk. In addition, records showed that care staff regularly met with the registered manager or a senior colleague to review their work and plan for their on-going professional development.

Staff we spoke with were able to describe each person's likes, dislikes and day to day care preferences in detail. This included the foods people liked, how and where they preferred to eat them and any particular dietary needs they had. A relative we spoke with described the levels of support their family member received to access a diet based on a particular condition and allergy they had saying, "My family member can generate more speech than they can process so staff have used creative ways to communicate in different ways knowing my family member processes information slowly. Where food is concerned we and the staff have worked with other professionals to introduce a diet which works. Shopping trips for food are specifically geared toward meeting my family member's needed. They [staff] double check the food that is brought in and the system works really well. It's based on choice and need which is great. I really rate the service."

We found that the registered person and care staff had received training and had a good 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 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 and care staff we spoke with said that the service worked closely with external health and social care professionals to ensure people had access to the healthcare care they needed in a timely way. Records continued to demonstrate how staff had liaised with health and social care professionals involved in people's care if their health or support needs changed. A relative told us how when their family member needed to spend a night in hospital, "The day shift staff went the them but when we learned that the admission needed to be overnight the night staff stayed with my family member so they could liaise with hospital staff and fully support the situation. It went very smoothly."

Is the service caring?

Our findings

People continued to be supported by staff in a caring and compassionate way. Describing how the staff gave support to their family member a relative told us, "The service takes great care with my family member. We were previously mistrustful of other services we had used till now. There has been a remarkable change and they enable [my family member] to have full control of their lives. They are beautifully cared for."

Staff we spoke with continued to describe how they kept the people they supported at the heart of what they did. One staff member explained how they had taken a great deal of time to get to know the person they supported saying, "It starts with us learning to understand the person from their perspective rather than ours. It is the only way we can establish what they want and to help care in the way they want to be cared for."

Through our discussions with the relatives we spoke with it was clear that there was an approach to the care based on collaboration and working alongside people's circle of support. A relative described how their family member's happiness had increased through the care given by the staff team. They told us, "A lot of why [my family member] is so happy is linked to being able to build up their own memories in their own family home. We can see how [my family member] is replicating the things we did as family but in their own home. The fact the staff have also kept that focus on family has helped us build new joint memories together."

Staff described how they continued to fully respect the right for people to be private when they received personal care and that whenever care was given doors to bathrooms and other areas were closed. One staff member told us how they used towels to help dry one person in a way which enabled them to be in control of how they were dried.

The registered manager and staff we spoke with told us how staff had access to the right information and guidance about how to correctly manage confidential records. Through our discussions with them it was clear staff 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. Since our last inspection the registered manager showed us how they had developed additional guidance for staff about using social media and confidentiality. Staff we spoke with told us they understood the importance of this and that they never shared information about the people they supported outside the work place. Computer records held by the registered persons continued to be password protected and were only accessible to those who needed access to them.

The service had also continued to maintain links with local lay advocacy services which could provide guidance and assistance to people if this was needed. Lay advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. This information was accessible to people in their own homes so that they could make their own decisions about accessing them independently or with support from staff if this was needed.

Is the service responsive?

Our findings

People and their relatives had been fully involved in the assessment and identification of their care needs and how they should be met. We saw and staff described how people's care record information had continued to be updated regularly as needs changed using the daily records they kept. Through the care and support they received people were involved in a wide range of activities that they could access with staff.

Relatives we spoke with described how they knew in detail about the care provided and that this helped them to be involved and assured about the consistency of care. A relative gave us an example of this when they told us how their family member wrote to them weekly. They said, "Once [my family member] has posted their thoughts to me it provides a basis for us to go through the letters when we see them. It helps keep a focus on the things they have done and are interested in doing." The relative also told us in detail about how their family member liked to feel the air on their arms when they went out so staff ensured they had the choice to wear short sleeved shirts when they went out.

Care records continued to include people's life histories and information about people's personal preferences about how they wanted to receive their care. The records were kept under review by staff and people were also able to review their care plans themselves at any time using a hard copy of the plan which they had in their own home. The records contained up to date information about people's interests and hobbies and the places they preferred to go to. We saw one person had developed an interest in attending a local Christian group and they were helped to receive the care and support they needed to be able to do this when they chose to. Staff described how they supported the person to maintain their identity through bathing and using toiletries with help from staff and through choosing their own clothes. A staff member we spoke with told us how, "We have developed the care in ways which help independence as much as possible. We have helped develop the person's skills so they now use an electric shaver to shave which is great." The person's relative added, "[My family member] will also ask to go to the hairdressers and is popular there. They also go shopping to buy their own clothes. This is something they could not do before."

People and their relatives continued to be provided with all of the information they needed about what the service provided. The registered persons had ensured the information was available in easy to read, accessible formats if required.

People and their relatives were also supported to raise concerns about their care. This was by their preferred means of communication and with support from staff when this was needed. Relatives we spoke with said that any issues or concerns they had could be raised direct with the registered persons and that they took swift actions to address them. One relative told us how they had discussed some previous concerns they had about changes in staff and how this may have had an effect on their family member. They commented that, "The manager responded really quickly to this and changed the shift patterns to ensure more consistency. The same staff groups are now available which is really positive." The registered persons maintained records regarding any concerns raised with them and how they had responded to resolve them. At the time of our inspection, records showed there were no outstanding concerns or complaints.

Is the service well-led?

Our findings

The service had a registered manager in place who was also one of the registered persons. When we started our inspection we saw the report and rating from our previous inspection was on the registered person's website, on display in the service's office and accessible to people as required by the law.

In their PIR the registered persons told us, "Care staff meetings, managers meetings, dignity meetings, and senior and management meetings. The company prides itself on the support, fairness, transparency and its open culture." The registered manager and staff we spoke with told us there continued to be good and clear communication systems in place which ensured staff knew what was expected of them and that they could access management support whenever this was needed.

During our inspection visit we observed interactions between the registered persons and staff were open and positive. Staff we spoke with told us they had no hesitation in speaking with managers or senior staff about any issues they had and that they were confident any concerns that might arise would be heard and responded to by the registered persons.

In addition staff said they had access to the registered persons whistle-blowing policy and those 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.

Relatives and staff also told us the registered manager was easy to contact if they had any queries or questions they had regarding the care being provided. One relative described the registered management of the service as, "Very consistent so any changes are kept to a minimum and not disruptive." A staff member told us, "I feel well supported and the way the day to day support is organised helps me to do my job."

The registered persons completed regular audits and spot checks which included home visits to people. The visits were used to speak with people and staff and where appropriate to observe how care was being provided. Staff said this helped ensure the right standards of care were maintained and the environment for each person was safe to live in.

People's views about the services they received were sought in a variety of ways. This continued to be through the day to day contact they had with staff and the registered persons. Relatives we spoke with also confirmed they regularly spoke together with staff and the registered manager in order to give and receive feedback on the care provided.

The registered persons also continued to employ a quality assurance staff member who undertook surveys and reviews of how the service operated so that people and their relatives could continue to contribute to the development of the services provided.

The registered manager also described how following our last inspection they had continued to develop the way the service is being managed. They told us they had recently employed an operations director

who had worked closely with the registered manager and senior staff to review and keep updating the auditing process regarding this service and all the services they owned. When we spoke with the operations director about their work at Witham Valley Care they told us they were in the process of reviewing and further developing the strategic direction of all the other services owned by the registered persons.

The registered manager and senior staff we spoke with told us how this development had been useful and supportive. It had also enabled them to consider options for how the service would continue to be managed to ensure on-going consistency for the people who used it. The operations manager and the registered manager had an action plan which they had developed together and which focussed on the areas they were working to keep improving. These included holding open days and drop in times for parents and families and the planning of social events to include people's circle of support with the aim to further develop partnership working with families.

Plans were also in place to undertake more in depth review processes to enable them and staff to further consider staff learning from any future incidents involving the need for interventions from staff to keep people safe. The information included confirmation that the registered persons had continued to develop their approach to interventions to support people when they became distressed. This was through the use of an approach based on 'Positive behaviour support (PBS).' The operations director told us how the registered persons were developing their skills further so that they could facilitate the on-going update training for care staff in this area. These measures demonstrated the registered persons had processes in place which helped them to continue to develop the services they provided to people.