

# Hertsmere Valley Care Services Limited

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 2 and 3 May 2017 and was unannounced due to concerns we found at the previous inspection in January 2017. The inspection was undertaken by two inspectors. As part of the inspection process we contacted people and staff for feedback on the 3 and 23 May 2017. Hertsmere Valley Care Limited is a domiciliary care service which provides personal care and support to people in their own homes. The service was supporting 12 people at the time of our inspection. People had various needs including age related fragility and chronic medical conditions.

There was a registered manager in place who was also the provider. 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 and associated Regulations about how the service is run.

When we last inspected the service on 19 January 2017 we found breaches of regulations 11, 16, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's consent was not routinely or consistently obtained. Although there was a complaints process in place, we found that the complaints log did not have any complaints recorded. The provider's quality monitoring and governance was inadequate, as there were no systems in place to monitor the safety and quality of the service. The provider was unable to demonstrate that people received their visits at the agreed times. There was no call monitoring system in place at the time of our inspection. Staff did not always have a DBS check completed before they started working with people using the service. Staff did not always have training and support to assist them in their roles. References were not validated in accordance with the providers own recruitment policy.

We took action using our regulatory powers and urgently imposed a restriction to ensure Hertsmere Valley Care Limited did not start providing a service to new people and sought urgent assurances to ensure existing people were kept safe. The overall rating for the service was 'inadequate'. The service was put in special measures which meant that the service was kept under regular review. We also shared our findings with the local authorities safeguarding and commissioning teams.

Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found that the provider had made some improvements. Further improvements were required to achieve full compliance with the regulations, and the restriction on taking on new people will remain in place until we are satisfied that the improvements are sustained.

People told us they received care and support that met their individual needs. People were involved in the development, planning and review of their care.

People and their relatives were more positive about the service they received than they had been previously. They told us things had improved in recent months. However staff still did not always arrive at the planned

time. The people we spoke with had not experienced any missed visits. People told us staff supported them and completed the tasks they were required to do.

Since our last inspection the provider had put a call monitoring systems in place to monitor staff arrival or departure times. Staff had received some training on how to use the system effectively, and this was being further developed to ensure the system provided timely information to senior staff to enable them to take action to manage the service effectively.

People told us the staff who supported them were respectful and maintained their dignity and privacy. We saw that people's care plans and risk assessments had been reviewed since our last inspection and did contain sufficient detail to inform staff how to care for people safely. These required further development and in particular around personalisation. There was some evidence that people had been involved in discussions about their care and support and this was being implemented as a routine process. People's likes and dislikes and personal information had been included in their care records.

Staff were able to demonstrate that they knew how to identify and protect people from possible harm or abuse by reporting and elevating any concerns. Staff had received some training and further safeguarding and refresher training was being arranged for all staff.

People were asked to provide consent before staff supported them and this had been recorded in their care plans. Staff had some understanding of the Mental Capacity Act (2005) (MCA) requirements and the provider told us that MCA/DOLs training was being arranged for all staff.

People were being supported and prompted to take their medicines and staff had received basic training in how to administer medicines. However, records relating to the 'prompting of medicines were not properly or consistently completed and this was an area that required improvement. The provider had put a system in place to audit people's medicines and medicine records to make sure any concerns were quickly identified and the risk of a reoccurrence minimised. As this had only recently been introduced it was too early to assess how effective the process was.

The recruitment process had been reviewed and a more robust system put in place. However we found that further development was required to make this more effective and ensure pre-employment checks were consistent.

Staff received some training. The provider told us further training was being planned for all staff to complete. The system for planning and reviewing staff training needs required further development so that the system could help identify when staff required refresher training. The provider had introduced competency checks for staff. However this had only recently been introduced and needed to be embedded to demonstrate that this was a consistent process.

The provider told us staff had received supervision and we saw records which confirmed this. A system of regular supervision was being planned and the provider told us that staff would receive on-going support and supervision at regular intervals.

The provider had introduced some systems and processes to help monitor the overall quality of the service provided. We saw that some audits were in place to ensure the service was operating effectively and safely. The complaints process had been reviewed and a more consistent approach to the recording and investigation of complaints was required.

## 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 consistently safe.

The recruitment process had been reviewed and more robust processes were in place. However this required further development to demonstrate a consistent approach.

Not all staff had completed safeguarding training so had varying understanding of the process for identifying and reporting concerns.

There were sufficient numbers of staff deployed to support people safely.

Staff were given information which assisted them to manage people's risks safely.

Processes had been put in place to help manage and monitor the safe administration of medicines.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

There were inconsistencies around MCA and consent. Some improvements had been made however further work was required to develop this area. Consent had been recorded in people's care plans.

Staff had received a supervision with their line manager and a system to develop and embed this was required, so that it was a regular and integral part of the staff support arrangements.

Staff training had been planned but this was in progress and not completed at the time of our inspection.

Some staff competency checks had been completed to help ensure that they were competent to deliver care to people.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring

People were treated with dignity and respect.

People gave more positive feedback about staff being kind, and caring.

People had been involved in the development or review of their care plans, where possible.

### Is the service responsive?

The service was not consistently responsive.

Care records and risk assessments had been improved to provide staff with sufficient information. Further development was required to make them more personalised.

Care plans had been reviewed and updated. The process had not yet been fully established so that it was a planned and regular process.

The complaints process had been reviewed and was being developed to ensure it was responsive and that complaints were logged appropriately.

People had been asked for feedback. But this was a recent event and needed to be developed and established to enable the service to demonstrate they were responsive when concerns were raised.

**Requires Improvement** 

### Is the service well-led?

The service was not consistently well-led.

Record keeping had improved although further improvement was required in terms of correct information being recorded.

The registered manager had put some systems and processes in place to monitor the quality of care people received.

The out of hours process is being developed to make it more robust.

The provider had made improvements since our last inspection and demonstrated a willingness to improve.

**Requires Improvement** 

Feedback was more positive about how the service was managed.

The registered manager demonstrated they had a better management overview.

# Hertsmere Valley Care Services Limited

## **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 was a follow up inspection to check whether the provider had made the required improvements since our last inspection undertaken in January 2017 and to check if they were meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Hertsmere Valley Care Limited on the 2, 3 and 23 May 2017. We did not give the provider notice of the inspection due to previous concerns we had identified. Before our inspection we reviewed information we held about the service. We had not been notified about events that are reportable under the Health and Social Care Act 2014.

The inspection was undertaken by two inspectors. We inspected the office location and contacted people who used the service and staff to obtain feedback about their experiences of the service.

During the inspection we spoke with three people who used the service and or their relatives, we spoke with two care staff, the registered manager who was also the provider and two members of the office staff team. We also received feedback from commissioners who have experience of the service. We four people's care records, eight staff recruitment files. Other records systems or process relating to the overall management of the service were not made available to inspectors.

# Is the service safe?

## Our findings

At the previous inspection on 19 January 2017, we found that Information provided to staff about risks to people was insufficient and did not provide specific guidance about how to keep people safe. The recruitment process was inadequate and pre-employment checks were not completed in accordance with the provider's recruitment process. There were insufficient trained and competent staff deployed to meet people's needs. Staff were unable to demonstrate they understood their responsibility to ensure people in their care were safeguarded from abuse. Medicines were not managed safely. There were no medicine administration records in use and no audits had been completed to monitor the safe administration of medicines.

During this inspection we found that improvements had been made. However further development was required for processes to become consistent and sustained.

Not all staff had completed safeguarding training so had varying understanding of the process for identifying and reporting concerns. We reviewed staff training details for all eight staff and found that four out of the eight staff were due to have safeguarding training 'immediately' but the record was not dated, so we could not establish when this had been assessed and what time had elapsed. The registered manager told us this training was in the process of being arranged.

The recruitment records for existing staff had been reviewed and action had been taken to address some of the issues we identified. For example where we identified gaps in staff employment history the registered manager had requested an update from staff to explain the gaps. Additional references had been sought and where these were not available from a previous employer, other assurances had been provided. There were notes on the references to say they had been 'validated' by the registered manager.

However as some of the references provided initially did not correspond with the detailed work history and although 'company' names had been provided a mobile phone number was recorded for the validation of references. We could not be assured of the authenticity of the references. However; no new staff had been employed since our last inspection so it was difficult to assess the complete recruitment process to ensure it was being consistently followed.

We found records which were used to record when staff had 'prompted' people to take their medicines were not always completed fully or correctly. For example we saw a record which had been signed to say 'medication taken in my presence for the period 11 to 30 April 2017. All entries were recorded as being 18.30 p.m. but these times did not correspond with the times the 'actual' visits were undertaken. So these were not accurately recorded. Furthermore from the 24 to 30 April 2017 the record had not been signed and the signatures for the 11-24 was eligible. There was a note on the medicine log to say 'Discrepancies' but no further information was available to inform us what the discrepancies were or if they related to the missing signatures.

The risk assessments in place had been reviewed and were now more detailed to provide staff with



adequate information to enable them to support people safely. Further development was required to make the risk assessments more personalised. The registered manager confirmed this work was being undertaken as part of the action plan.

During this inspection we found that there were sufficient numbers of staff deployed to support people safely. As no new care packages had been taken on since the last inspection the coordinator was reviewing the allocation of service user visits which ensured they provided these as close to peoples preferred time as possible and so that people had support from a small consistent team.

# Is the service effective?

## Our findings

At the previous inspection on 19 January 2017 we found the service was not consistently effective.

Staff did not always understand they needed to obtain people's consent before supporting them and were not aware of the principles of the Mental Capacity Act 2005. Staff did not receive regular training or refresher training or support to help identify their learning and development needs, or an opportunity to discuss the people they supported. Staff were not assessed by the provider to ensure that they were competent to deliver care to people.

During this inspection we found that improvements had been made. However further development were required so the processes were embed, consistent and sustained.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA.

People told us they had been asked for their consent in relation to the care and support they received. We saw that this was recorded on their care plans. However we found that not all staff had received training around MCA. We saw from training records that this had been identified by the registered manager and was in the process of being arranged.

Staff had received some training. However we saw from individual staff training records that an assessment of staff development needs had been completed which had identified what training they needed to be completed. In the eight staff training records we reviewed we saw that all staff had training needs which were overdue and a comment to say 'needs to be done immediately'. For example one staff member had eleven topics which needed to be done immediately and these included Health & Safety, Moving & Handling, Infection control, MCA, Administration of medicines, Safeguarding and End of life care. This staff member had not completed some of the basic mandatory training and we could not be assured they had the required and necessary skills to support people effectively.

At our previous inspection we found that there was no evidence that staff competencies were assessed. During this inspection we saw that staff competency had been assessed in some areas. For example the registered manager had visited people in their home and completed a 'work based observation for five staff members'. However this was an area that required further development to help ensure it was embedded and was consistently completed.

We saw that staff had received individual supervision from their line manager and this had been recorded. The registered manager told us that they planned to implement regular staff support arrangements and this was a work in progress at the time of our inspection.

People were supported where required to eat and drink sufficient amounts to maintain their health and wellbeing. Although the people we spoke with said that they could mostly manage this themselves, staff did offer support and encourage people to drink adequate amounts of fluid ensure they were kept hydrated.

People's health and well-being were maintained. They told us that staff would assist them to make medical appointments if they needed to see a GP for example. The people we spoke with told us they had family members who supported them to attend medical appointments. One person told us "If I needed them to help me arrange anything, I am sure they would if I asked them but it has not happened.

## Is the service caring?

### Our findings

At the previous inspection on the 19 January 2017, we found that people were not consistently treated with dignity and respect. People gave mixed feedback about staff being kind, and caring. People were not involved in the development or review of their care plans.

At this inspection we found that improvements had been made in respect of all the areas that we had previously identified as requiring improvements. One person told us "I have never had any problems with the care staff who support me, they are all very nice and kind".

We saw that improvements had been made in respect of the times and duration of people visits. More work was being done to improve and develop this further. People told us they were happy with the service, and with the care and support they received. One person said, "Things have definitely improved, the staff are all very good, I usually see the same staff most of the time". They went on to say "This helps us to bond and I look forward to their visits". Another person told us "The calls are much more regular now. I know who is coming and what time they are expected. If they are running late at least someone tries to let me know which is a big improvement, before it was too hit and miss for my liking".

Staff members were able to describe in details peoples preferred routines and how they supported them in a way that gave them choice and encouraged people to remain independent so that they retained as many life skills as possible, thus not making people over reliant on the support of care staff.

Staff spoke kindly when describing how they supported people. The staff member told us "We are a small team and try to do the best we can for our clients, I only treat people in a way I would want my family to be treated". People and where appropriate their relatives, were involved in the development, planning and reviews of the care and support they received.

We saw that care records had been reviewed and contained much more detail about people's preferences and wishes. The registered manager told us "We are reviewing all the care plans to make them more personalised, we are getting as much information as we can about people to enable us to support them in the way they choose" For example taking into account peoples life, history, family members involvement and about what people enjoyed doing prior to them requiring support. This enabled care staff to understand more about the person's life and to encourage them to take an interest in things they could still participate in.

People and their relatives told us staff respected their privacy and dignity while supporting people. One person told us "They cover me with a towel and have a chat, which makes it easier and makes me less conscious of the task in hand. This person also told us that staff respected their privacy by keeping doors closed and talking quietly so as to prevent personal conversations being overheard by family members.

We saw that care plans reflected people's choices and involvement. People's confidential care files and records were stored securely and only people with permission to access them were permitted to do so.

## Is the service responsive?

### Our findings

At the previous inspection on the 19 January 2017, we found that the service was not consistently responsive to people's changing needs. Care records and risk assessments did not give staff sufficient information and were not personalised. Care plans had not been reviewed, so we could not be assured people received the care and support that they needed. There was a complaints process in place. However complaints had not been recorded at the time of the inspection.

People had not been asked for their feedback on the service provided. So we were unable to say whether they felt they were listened to when they raised concerns.

At this inspection we found that improvements had been made in respect of all the areas that we previously identified as requiring improvements. However further development of people's care and support plans and risk assessments were required to demonstrate they were personalised.

At the previous inspection we found the complaints policy was not in use and no complaints had been recorded. At this inspection we saw that the complaints policy was now in place. However no complaints had been recorded. We found in a staff member's file details of an incident which had been investigated and action had been taken to resolve the issue. However this was not recorded in the complaints file and therefore could have been missed if we had not reviewed the staff member's recruitment file. We discussed this with the registered manager and they acknowledged they needed to ensure the process was being followed in the future. They agreed that all complaints irrespective of their origin would be recorded so they could review a summary of the type and frequency of complaints and also to enable them to learn from complaints and put actions in place to reduce the risk of a reoccurrence.

We found that people we spoke with told us they were aware of how to raise a concern or make a complaint if they needed to.

In most cases we saw and were told that people's care and support needs were provided in a way that suited them and met their changing needs. We saw records that showed that people's needs were assessed by the staff at Hertsmere Valley Care before the service commenced. People were, where possible involved in making decisions about the times they preferred their visits to take place

The care coordinator told us they were reviewing people's visit times and looking at rescheduling them using their new rostering and call monitoring system. It would also enable the care coordinator to review any requests for 'new' care packages to make an informed decision about whether they could accommodate people's requests and continue to operate flexibly, putting people first, rather than a reliance on the availability of visit times and these being offered to people.

However visits were not always provided at the planned times and this continued to be an area that required further development. We saw that many of the visits were being 'manually logged and this was for a variety of reasons which included staff had forgotten to log in or out. The actual visit times were therefore

not necessarily provided at peoples preferred times.

We saw that further work was being undertaken to improve the systems to monitor and record visit times. We discussed with the office staff a number of approaches so that this work could be completed for current service users as well as embedding the process so that they could utilise the system in the future when people's needs changed or when people required changes to the times or duration of their visits or where additional support was required. This system helped to demonstrate how the service responded to peoples changing needs.

People had been visited by the registered manager or a member of the office staff in order to complete a quality monitoring questionnaire and people told us they felt assured that if they raised any concerns, they would be listened to and acted upon.

## Is the service well-led?

### Our findings

At the previous inspection on the 19 January 2017, we found that the service was not consistently well led or appropriately managed. There was a lack of transparency and accountability. There were mixed views about whether the organisation was well led. There was a lack of management oversight in relation to meeting the regulations. There were no audits or systems in place to monitor the quality of care people received. Records were not well managed and we were unable to review care plans as they were not made available to inspectors. There was an out of hour's process in place however these records had not been completed for the previous two months.

At this inspection we found that some improvements had been made in respect of all the areas that we previously identified as requiring improvements.

Records were still not properly maintained, for example we reviewed staff recruitment files and found that staff acceptance letters were dated before the offer letter. Other dates did not correspond and were out of sync. For example in relation to recruitment documents, including references and letters of recommendation which were dated after the staff member had commenced their employment at the service. Times of visits were not accurate and had not been updated to reflect actual visit times and signatures on medicine records and daily log notes were illegible.

Other records which were not relevant needed to be archived such as a maths qualification for one member of staff which was not associated with the current role and was more than 10 years old. References were not accompanied by any company stamp, headed paper or address and this was an area that required improvement.

We found that people were more positive about the way the service was now managed and operated. The registered manager had undertaken some additional training and was being supported and mentored to help implement the required improvements. They had put some systems and processes in place to assist with the overall monitoring of the service. For example additional measures were in place to strengthen the recruitment process, staff competency was being monitored and quality monitoring visits undertaken. However as these systems were newly introduced we could not properly assess their effectiveness in identifying some of the issues we had previously identified.

The registered manager had also arranged additional training for staff and had provided staff with individual supervision to help their development and to give them an opportunity to discuss any issues or concerns they might have. We noted that staff development needs had been assessed and refresher training was in the process of being arranged. However in the eight files we reviewed all staff members still had between 6 to 10 topics that they required training in. A note on each page said "To be done immediately" but document was not dated so we do not know what time period staff had been waiting for the training to be provided.

We found the registered manager had accepted and understood feedback from the previous inspection and was operating in a much more open and transparent way. They had addressed many of the shortfalls found

at the last inspection. However we could not see fully how these would impact of the improvement of the service in the future as this would take some time to be fully effective.

We found that there had been an improvement in the systems to monitor and review the service provided. These included audits and obtaining feedback from people who used the service and staff, as part of a satisfaction survey. Spot checks were now being completed to ensure people were satisfied with the care they received. This helped improve the quality of the service these were improving the quality of the care people received.

The out of hours support was being provided via the electric monitoring system but the information was not yet fully operational and required further development to ensure it was effective in monitoring potential late visits and especially those visits which were time critical for example if people required assistance to use the bathroom or be supported with their medicines.