

Valor Care Services, Training and Consultancy Limited

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Inspection report

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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

Valor Care Services, Training and Consultancy Limited is a small domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection four older people were receiving a service from this agency.

At our last comprehensive inspection of this agency in June 2015 we rated the service 'Requires Improvement' overall and for the three key questions 'Is the service safe?', 'Is the service effective?' and 'Is the service well-led?' This was because the provider had failed to undertake all the relevant recruitment checks on new staff, ensure staff were always suitably trained and to effectively operate good governance systems.

During our last focused inspection of the service in January 2016 we found the provider had taken appropriate action to improve their staff recruitment, training and management oversight arrangements. However, we continued to rate the service as 'Requires Improvement' overall because we needed to see the provider could consistently maintain these improvements over a more sustained period of time.

At this inspection we found the provider had maintained improvements in the way they managed staff recruitment and training, and their quality monitoring. Overall the service demonstrated they met the regulations and fundamental standards.

The service continued to have a registered manager in post who was also the owner. 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 continued to feel safe with the staff who provided their care and support. There were robust procedures in place to safeguard people from harm and abuse and staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. Staff turned up on time for scheduled visits and did all the tasks they were expected to do in the allotted time. The registered manager coordinated the staff rota so people received continuity of care from the same staff who were familiar with their individual needs, routines, preferences and choices. Recruitment procedures were designed to prevent people from being cared for by unsuitable staff. People received their medicines as prescribed and safe medicines management processes were followed.

Staff received appropriate training and support to ensure they had the right knowledge and skills to effectively meet people's needs. The registered manager monitored staff training to ensure their existing knowledge and skills remained up to date. The registered manager was also in regular contact with her staff team to check they were clear about their duties and responsibilities to the people they cared for. Staff adhered to the Mental Capacity Act 2005 code of practice.

People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People also received the support they needed to stay healthy and to access healthcare services. Staff were knowledgeable about the signs and symptoms to look out for that indicated a person's health may be deteriorating.

People remained happy with the standard of care and support they received from this domiciliary care agency. People also told us staff were caring and treated them with dignity and respect. People's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were nearing the end of their life, they received compassionate and supportive care.

People received personalised support that was responsive to their individual needs. People were involved in planning the care and support they received. Each person had an up to date, personalised care plan, which set out how their specific care and support needs should be met by staff. Staff regularly discussed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly.

The registered manager continued to provide good leadership and led by example. The service had an open and transparent culture. People felt comfortable raising any issues they might have about the agency. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided. Staff felt supported by the registered manager, as well as valued for the work they did for the agency.

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. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

The provider assessed and managed risks to people's safety in a way that considered their individual needs.

Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

Where the service was responsible supporting people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them.

Is the service effective?

Good ●

The service was effective. Staff continued to receive appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively. Staff were aware of their responsibilities in relation to the MCA.

People were supported to eat healthily, where the service was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought.

Is the service caring?

Good ●

The service was caring. People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives. When people were nearing the end of their life, they received compassionate and supportive care.

Is the service responsive?

Good ●

The service was responsive. People were involved in discussions and decisions about their care and support needs.

Support plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by the registered manager.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good ●

The service was well-led. The registered manager/owner provided good leadership.

The provider routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated 'Requires Improvement' annually. The inspection took place on 1 and 2 February 2017 and was announced. We gave the provider 48 hours' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that managers would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection, the provider completed a 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. Prior to our visit we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

During our site visit to the agency's offices we spoke with the registered manager/owner and looked at a range of records that included four support plans, four staff files and other documents that related to the overall governance of the service.

On the second day of the inspection we made telephone contact with one person who used the service, two relatives and two support workers who worked for the agency.

Is the service safe?

Our findings

At our last inspection of the service in January 2016 we found the provider had taken appropriate action to improve the way they checked the suitability of new and existing staff to work for the agency. Although no new staff had been employed since our last inspection we saw the provider continued to carry out annual criminal records (Disclosure and Barring Service) checks on all existing staff, to assess their on-going suitability.

People continued to be protected from the risk of abuse or harm. People told us they felt safe with staff who regularly visited them at home. A person's relative told us, "I feel my [family member] is in safe hands when people from the agency come around." Since our last inspection all staff had received refresher training in safeguarding adults at risk. It was clear from feedback we received from staff that they understood what the signs of abuse or harm were and where appropriate, action they should take to report it and keep people safe.

However, we saw information for staff about whistle blowing and reporting safeguarding concerns was not included in the staff handbook they had each been provided when they first started working for the agency. We discussed this with the registered manager who agreed staff would benefit from having this essential guidance included in their staff handbook for ease of referencing purposes.

Measures were in place to reduce identified risks to people's health, safety and welfare. The registered manager assessed and reviewed risks to people due to their specific health care needs. We saw risk management plans were available for staff to follow and keep people safe. For example, we saw moving and handling risk assessments which the registered manager had developed with the help of a qualified occupational therapist that included risk management plans associated with falls prevention, the safe use of mobility hoists and people's home environment. Staff demonstrated a good understanding of risks to people they supported. For example, staff knew about people's specialist diets and communication needs.

There were enough staff to support people. People told us the agency always informed them who their carer would be and what time to expect them. People also said they had no concerns about staff turning up late or missing a scheduled visit. One person told us, "Staff usually turn up on time." Another person's relative said, "Staff are pretty punctual and if they're running late they will ring to let us know."

We saw the staff rota was planned in advance by the registered manager. They used information about people's specific health care needs to ensure enough appropriately skilled staff were assigned to a scheduled visit. For example, where people needed help to move and transfer two staff, trained in moving and handling procedures, attended to ensure this was done safely. Staff told us they felt their scheduled visits were well coordinated by the registered manager who ensured they had enough time to complete all their designated tasks and meet the needs of the people they were supporting.

Medicines were managed safely. Where people required assistance or prompting to take their prescribed medicines staff supported people to manage their medicines safely. Staff told us they signed medicines

administration record (MAR) charts each time they assisted people with their prescribed medicines. Records showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was reassessed at regular intervals.

Is the service effective?

Our findings

At our last focused inspection of the service in January 2016 we found the provider had taken appropriate action to improve the training staff received. However, when answering the key question 'Is the service effective?' we continued to rate them 'Requires Improvement' because we needed to see the provider could consistently maintain these improvements over a sustained period of time.

At this inspection we found staff were suitably trained. Records showed all four of the agency's current staff team had completed the Care Certificate which is a set of minimum standards that should be covered by care workers as part of their induction training. The provider also used an external trainer to ensure staff kept their competencies up to date in subjects that were relevant to their role. Staff spoke positively about the training they were provided and confirmed they had received dementia awareness, end of life care, safeguarding adults and moving and handling training in the last 12 months. One member of staff told us, "The training is good. I've learnt a lot recently about how to make people we look after comfortable and protect them from abuse." Another member of staff said, "An occupational therapist gave us some moving and handling training recently and showed us how to use the mobile hoist properly, which was excellent."

People were cared for by well supported staff. In the past 12 months all staff had attended at least one formal supervision meeting with the registered manager and a group meeting with their fellow co-workers. Staff told us the individual and group meetings described above gave them sufficient opportunities to discuss their work and training needs. Staff had also had their working practices observed at least once in 2016 during a quality monitoring visit undertaken by the registered manager. Staff told us they felt supported by the service's registered manager/owner. One member of staff said, "We're all [staff] in regular contact with the manager and I feel I can pick up the phone and call her anytime for advice."

However, we found the provider did not have a formal staff supervision and appraisal policy or framework in place that made it clear how often these supervision meetings, spot checks on staff working practices and appraisals should take place. We discussed the issue with the registered manager who agreed to develop and implement a staff supervision, appraisal and support policy. Progress made by the provider to achieve this stated aim will be assessed at the service's next inspection.

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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA. Records showed people's capacity to make decisions about their support was considered during assessments of their care needs by the registered manager.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on specific needs and preferences. The registered manager sought this information about people's needs through the assessment process. Support plans indicated meals prepared by staff were based on people's specific preferences and choices.

People were supported to stay healthy and well. Staff maintained records about people's health and wellbeing following each scheduled visit. This information was recorded in an individual's support plan. This meant others involved in people's care and support had access to information about their health and wellbeing as observed by staff. When staff had concerns about an individual's health and wellbeing we noted they notified the registered manager so that appropriate support and assistance could be sought from the relevant community health care professionals, such as GP's, district nurses, members of the local continuing care team and occupational therapists.

Is the service caring?

Our findings

People told us they were happy with the service provided by Valor Care Services and typically described the staff who worked for the agency as "caring" and "kind". One person said, "No problems whatsoever with the staff. I'm happy with my regular carer", while another person's relative told us, "I would highly recommend this agency to anyone. Our carers are fabulous."

People's responses documented as part of the providers regular quality monitoring visits, also indicated they were satisfied with the service they received. We also saw the service had received a number of written compliments from people's relatives since our last inspection. One person wrote in a card they had sent to the agency, "Without your help I would never have been able to nurse my [family member] through to the end of their illness. For the past 18 months your staff were the most important people in our lives." Another relative wrote, "Thank you [named staff] so much for the kindness and help you showed my [family member] towards the end of their life."

Staff treated people using the service with kindness and respect. People told us their carers always treated them in a respectful way and were mindful of their privacy. Staff spoke about the people they supported in a respectful way and were able to give us some good examples of how they upheld people's privacy and dignity. This included ensuring people's toilet and bedroom doors were kept closed when they were supporting individuals with their personal care. The registered manager also told us they always tried to coordinate visits so people received support from the same members of staff, wherever possible. This meant they experienced continuity in their care from people who were familiar with their needs and preferences.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. It was clear from comments made by one member of staff that they were fully aware of the dietary requirements of one person they prepared meals for and knew they should not be served pork or shellfish on religious grounds. Another member of staff gave us a good example of how they had been assigned to support a person who they shared the same cultural heritage and background with in terms of their country of birth.

The provider encouraged people to make informed choices about the care they received from the agency. Records showed people and their relatives, where appropriate, were involved in planning and making decisions when setting up new care and support packages or reviewing existing arrangements. People were provided opportunities through these meetings to state their views about what they wanted in terms of their care and support.

Support plans we looked at contained information about people's level of dependency and the specific support they needed with tasks they couldn't undertake independently, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example, one person was encouraged by staff to use their walking frame to walk to the toilet, while staff supported another person to regularly attend keep fit classes at a local gym to enable them to maintain their independent mobility skills.

When people were nearing the end of their life, they received compassionate and supportive care from the agency. Staff told us they asked people for their preferences in regards to their end of life care and documented their wishes in their support plan. Staff confirmed they had received end of life care training. The registered manager told us they worked closely with the local continuing care team for people with palliative care needs.

Is the service responsive?

Our findings

People's needs were assessed and care was planned and delivered in line with their individual support plan. Since our last inspection in January 2016, people continued to receive personalised support which met their specific personal and health care needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans were personalised and centred on people's needs, strengths and choices. There was detailed information about what was important to the person. People's life histories and the names of family members and friends who were important to them were recorded in their support plan. Staff knew people well and were able to tell us about people's daily routines, such as what people liked to wear and when people liked to eat.

Support plans and risk assessments were reviewed bi-annually by the registered manager, or sooner if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. This meant staff had access to the latest information about how people should be supported.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. People knew how to make a complaint about the service if needed. They had been provided information about what to do if they wished to make a complaint. The provider's complaints procedure set out how people's complaint would be dealt with. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

Is the service well-led?

Our findings

At our last focused inspection of the service in January 2016 we found the provider had taken appropriate action to improve their management oversight arrangements. However, when answering the key question 'Is the service well-led?' we continued to rate them 'Requires Improvement' because we needed to see the provider could consistently maintain these good quality assurance and governance systems over a much longer period of time.

At this inspection we saw the provider continued to operate effective governance systems to ensure the quality and safety of the service people received. Specifically, we found the provider reviewed key performance data which included routinely checking the accuracy of people's support plans and risk assessments, the management of medicines, the use and maintenance of equipment used in people's home, and accidents and incidents. We saw the registered manager had introduced a new system to track staff recruitment checks and training remained up to date. The registered manager took appropriate action when areas requiring improvement were highlighted. They gave us a good example of action they had taken to personally drive a member of staff to their scheduled visits to reduce the risk of them late because of their reliance on public transport during rush hour.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service and their relatives. The provider used a range of methods to gather people's views including quarterly telephone contact with people using the service and/or their relatives and bi-annual visits to people's homes which included their support plan review and a satisfaction survey about the attitude, punctuality and appearance of their carers. All the completed satisfaction surveys we looked at since our last inspection were complimentary about the agency. For example, people said they were generally happy with the time keeping and attitude of the staff who provided their care at home.

The registered manager valued and listened to the views of her staff team. Staff spoke favourably about the registered managers' leadership qualities and said they were always approachable and supportive. One member of staff told us, "The manager is really supportive and does listen to what we have to say." Another said, "Because there's not many of us we have to all get along and work as a team. We often have lunch together with the manager as well, which is great." Staff meetings were held regularly and staff said they were able to contribute their ideas. Records of these meetings showed discussions regularly took place which kept staff up to date about people's care and support and developments at the agency.

The registered manager demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.