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Goyt Valley Carers

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

About the service
Goyt Valley Carers is a domiciliary care agency providing personal care to 28 people in their own homes. The service is based in the rural location of Chinley, in Derbyshire and provides care to people in the surrounding towns and villages.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People told us the way the service was led was exceptional and distinctive. The provider shaped the culture of the service by leading by example and creating an environment where people's safety, comfort and happiness was prioritised. There were clear and effective governance, management and accountability arrangements in place.

People told us they felt safe with the staff and reassured by their presence. People were consistently safe and protected from abuse and avoidable harm. There were always enough competent staff on duty to meet people's needs.

Care and support was planned and delivered in line with best practice guidance and legislation. Staff had appropriate training, skills and knowledge to carry out their role effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Without exception, people and relatives told us staff and the provider were kind and caring and went out of their way to make people feel happy and secure. People were supported to develop and maintain their independence and realise their ambitions.

Care was planned and delivered in a person-centred way. The provider took the time to get to know people and their representatives, so they could understand people's whole life needs and preferences. Staff supported people to maintain relationships with those close to them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good (published June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Goyt Valley Carers

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started when we visited the office location on 17 December 2019 and ended on 18 December 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, senior care staff and care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from abuse and avoidable harm. The provider had effective safeguarding policies and procedures and open communication with the local authority safeguarding and commissioning team.
- Staff received training in safeguarding and knew the types of abuse, how to spot signs of potential abuse and how to respond effectively. The provider operated an open-door policy and staff told us they would feel confident to raise concerns as they had been encouraged to do so.

Assessing risk, safety monitoring and management

- People told us they felt safe with the staff and reassured by their presence. Comments we received included, "Staff are my angels and they most certainly do keep me safe, very safe in fact." A relative said, "They [staff] have gone out of their way to make sure [Name] is safe."
- The provider proactively anticipated and managed risks to peoples safety. Risk assessments were in place and reviewed and updated in response to changing need.
- The service cared for some people in rural areas that had the potential to get cut off in bad weather. The provider implemented emergency plans to ensure care staff could always reach people in extreme weather conditions. During a recent flood which cut off local areas, the plans proved effective. The provider still managed to attend to every person on time and assisted the local authority by providing care to other people who used different care agencies that were not able to get to them.

Staffing and recruitment

- There were always enough competent staff on duty to meet people's needs. The provider factored in staff travelling time and made sure staff were able to cover the geographical area. This ensured people received consistent, reliable care at the time agreed.
- Staff were safely recruited, pre-employment checks such as references, and criminal record clearance were undertaken.

Using medicines safely

- The provider and staff were clear about their role and responsibility in relation to the management of medicines. Staff received training in medicine management and had their competency assessed.

● People who were able to manage their own medicines were encouraged to do so safely and effectively.

Preventing and controlling infection

● Staff managed the prevention and control of infection well. They had access to and wore appropriate personal protective equipment such as disposable gloves and aprons. The provider completed regular checks at people's homes to make sure staff had followed infection prevention and control procedures properly.

Learning lessons when things go wrong

● Openness about safety was encouraged. Staff understood and fulfilled their responsibilities to report incidents and near misses.

● Where incidents had occurred, investigations were completed, and actions put in place to mitigate the risk of the same thing happening again.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Care and support was planned and delivered in line with best practice guidance and legislation. Assessments of people's needs, and preferences were completed and were regularly reviewed and updated.

● People's expected outcomes of care were documented and known by staff. People told us they achieved these outcomes and a good quality of life. Comments we received included, "They [service] have helped me get the care we need, they have really been a godsend to us."

Staff support: induction, training, skills and experience

● Staff had appropriate training, skills and knowledge to carry out their role effectively. One person said, "They [staff] are very well trained, they know what they are doing." Staff told us they had the right training to complete their role. One staff member said, "They [provider] make sure we do our job properly, everything is by the book, we do a lot of training."

● Training was provided for staff to meet people's individual needs. For example, the provider asked the community nursing team to provide training in catheter care, this was to meet the needs of one person initially, then later meant the provider could accept more people with this need.

● New staff received an individualised induction programme which was designed to meet their level of experience. For example, experienced carers could shadow existing staff for at least 3 or 4 shifts until they got to know people. Staff new to care would shadow experienced staff for longer, until they expressed confidence in their role and had been assessed as competent.

Supporting people to eat and drink enough to maintain a balanced diet

● Some people were supported to eat and drink. Staff knew people's dietary requirements and preferences. Call times were arranged to fit around people's preferred eating times. People told us they enjoyed the food staff prepared for them and they enjoyed the company of staff whilst they were eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● The provider had effective systems and processes for referring people to external professionals such as social workers, safeguarding team, community nurses and GP's. Referrals were made in a timely manner

and advice professionals had given was documented so staff could follow this.
● People experienced positive outcomes regarding their health and well-being. One person told us, "Everything has been better since they [staff] have been helping me."
● The information about people's medical history was clear in their care plans. This enabled visiting health care professionals to have a good understanding of people's needs.
● A professional we spoke with told us, "The provider is responsive and committed to the quality of care."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● The provider was working within the MCA. People had their mental capacity assessed and staff knew if people lacked capacity and which decisions they were able to make.
● People and their representatives were involved in making decisions about their care and people's human rights were promoted and upheld.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured people were treated with kindness. This was confirmed by the feedback we received.
- Without exception, people and relatives told us staff and the provider were kind and caring and went out of their way to make people feel happy and secure. Comments we received included, "They [staff] are so wonderful, I just couldn't ask for more, they make me smile." Another person said, "They [staff] are just so kind, we always have a nice chat, I really look forward to them coming, we know each other very well." A relative said, "They [staff] are all nice people, if we have a difficult time they help us cope by showing us kindness. We never have staff we don't know, they are our friends."
- The provider empowered staff to have the right skills to offer compassionate support. Staff took the time to get to know people and form close bonds with them and their representatives. One staff member told us, "We support all the family, as well the person."
- An example of staff going out of their way to help people was when they assisted a person with the transition to a care home. Staff told us they drove the person to the care home for settling in visits and stayed them with until they felt settled on the day they moved in. This was over and above their contractual agreements.

Supporting people to express their views and be involved in making decisions about their care

- The provider understood the importance of people's representatives being involved in making decisions about their care where appropriate. People and their representatives told us they knew they could always speak to the provider and request what the felt was wanted or needed to make people as comfortable as they could be.
- Where people and their families had different opinions and expectations of care, the provider worked with all to understand decisions and make choices that were best for the person.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop and maintain their independence. There was evidence in people's care plans of staff being directed to promote people's independence and be patient when doing so, even when this took a little longer. Staff told us they understood the importance of following this guidance and they would stay at someone's home to assist them wherever possible.

● People's dignity was maintained. People told us staff were mindful of discretion when assisting with personal care.
● People's right to privacy and confidentiality was understood by the provider and staff. Staff told us they had received training in confidentiality and would not discuss people outside of the work environment or share anyone's personal information.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned and delivered in a person-centred way. The provider took the time to get to know people and their representatives, so they could understand people's whole life needs and preferences.
- People and relatives told us they received care that was responsive to their needs and lifestyle choices. One person said, "They [staff] just know what we need, it's the little things like that that make so much difference. They often nip to the shop for me, they don't have to, they do it because they're nice people."
- Staff were supported through learning and development to understand people's likes, dislikes and cultural beliefs. For example, staff knew if people followed a specific diet, how they liked to dress and if they followed a religion.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had systems in place to meet the AIS. People's communication needs were documented in their care plans. The provider was able to produce documents in different formats and assist people to access communication aids where necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider responded to people's whole life need and went the extra mile to make sure people were as happy and supported as possible. One person was going to spend Christmas day alone, so the provider arranged for care staff to visit this person at lunchtime and have an extended visit, so they could enjoy their Christmas dinner together. This person told us this made them very happy.
- Staff supported people to maintain relationships with those close to them. Staff knew who peoples close family and friends were and engaged in meaningful conversations about them.

Improving care quality in response to complaints or concerns

● The provider responded to complaints as per their policy and used complaints as an opportunity to evaluate and improve care. Few complaints had been received, those that were had documented investigations and outcomes to prevent the same thing happening again.
● People, representatives and staff told us they knew how to complain and felt confident they would be listened to. One person said, "Yes I know how to complain, I wouldn't hesitate, but as yet that has not been necessary."

End of life care and support
● The provider ensured people were encouraged to discuss their wishes for the end of their lives if they wanted to. Staff had received training in end of life care and support. Staff demonstrated a good understanding of end of life care and how to support both people and their families at this time.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the way the service was led was exceptional and distinctive. One person said, "[Provider] is always there for us, she knows us and makes everything in life better." A relative said, "[provider] is just brilliant, we feel blessed to have her in our lives, nothing is ever too much trouble, so well organised and on top of everything." A staff member said, "[Provider] is absolutely wonderful, really cares about everyone, she is amazing to work for and gets everything done."
- The provider shaped the culture of the service by leading by example and creating an environment where people's safety, comfort and happiness were prioritised. The local authority spoke highly of the provider and described them as, "Performing well."
- There was an after-hours on-call system so people and their representatives were always able to contact a senior member of the organisation if they were concerned or had any questions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and adhered to the duty of candour. Where there had been accidents or incidents, all relevant people were informed, and documentation was completed that explored if anything could have prevented the accident or incident.
- Services are legally required to display their latest CQC ratings and provide people with access to the report. We saw this had been done.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear and effective governance, management and accountability arrangements in place. The provider audited care delivery and call visit times. These identified and managed risks to the quality of the service provided.
- Staff received constructive and positive feedback, both through formal supervisions and appraisals and informally where appropriate. Staff told us they had confidence in the provider and felt motivated to do the best job they could.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The provider involved people, their families, friends and representatives in a meaningful way. People's views, concerns and opinions were listened to, acted on and acknowledged as important
- The service operated an open, transparent and collaborative approach to engaging with staff and external stakeholders. The management team had recently attended focus groups and used this opportunity to share information and learn from other providers.
- There was a strong focus on continual learning. Staff told us they had requested certain topics be included in training programmes and were invited to attend training in these areas soon after.