

Valeo Limited

Valeo Domiciliary Care Service

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

The inspection took place on 27 July 2016 and 01 August 2016 and both days were announced. We had previously carried out an inspection in May 2014, where we found the registered provider was meeting all the regulations we inspected.

Valeo Domiciliary Care Service provides personal care to people living in supported living accommodation at several locations within Leeds. It provides the service up to 24 hours a day, seven days a week. At the time of inspection 27 people were receiving a personal care service.

A registered manager was in post and present for the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and like registered providers; they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. We saw policies and practices that ensured people's privacy and dignity were respected. Staff spoke highly of the registered manager and felt well supported by them.

Robust recruitment processes were in place which ensured staff were suitable to work with vulnerable adults.

Staff demonstrated a good understanding of how to protect vulnerable adults. They told us they had attended safeguarding training and were aware of the policies in place regarding reporting concerns.

We saw staff had been trained in the requirements of the Mental Capacity Act 2005 (MCA) and they had a good understanding of the principles of the Act. The registered manager had a training matrix which identified all the training needs for staff.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People engaged in a range of activities, both in-house and in the community. We observed interactions between staff and people were friendly and staff knew how to respect people's privacy and dignity.

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Appropriate arrangements were in place to manage the medicines of the people who used the service.

The registered manager had effective systems in place to monitor the overall quality of service delivery and support was provided to the service leads at the locations.

People we spoke with were supported by members of staff to raise any complaints or concerns if they wished.

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.

Staff had a good understanding of safeguarding and how to appropriately report abuse.

The registered provider had recruitment and selection procedures in place which were robust.

People told us they were happy and safe and felt very well supported by staff.

Is the service effective?

Good ●

The service was effective.

Staff told us they received good training and support which helped them carry out their role properly.

People who used the service and family were involved in making their decisions in accordance with the Mental Capacity Act (2005).

Healthcare and support needs were assessed and met by regular contact with health professionals.

Is the service caring?

Good ●

The service was caring.

Care was provided by staff who knew the people they were supporting and was delivered in a kind, friendly and respectful manner.

Staff were able to demonstrate the different ways in which they helped to protect people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support was

planned and delivered in line with their individual care needs.

People had a programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were supported to raise a complaint if they wished.

Is the service well-led?

The service was well- led.

The registered manager had arrangements in place to monitor, identify and manager the quality of the service.

The registered manager knew their legal responsibilities to ensure that the service provided was safe and met people's needs.

The staff felt listened to by the deputy and registered manager.

Good ●

Valeo Domiciliary Care Service

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 27 July and 01 August 2016. Both days were announced. The provider was given notice because the location provides a domiciliary care service and we needed to confirm that a member of staff would be present. The inspection team on both days consisted of one adult social care inspector.

At the time of this inspection there were 27 people living in nine care locations in Leeds. We visited four of the locations. We spoke with four people who used the service, six staff members, two senior staff and the deputy manager and registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at seven people's care and support plans across the four services.

We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. Before an inspection we sometimes ask the provider to complete 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. At this inspection we did not ask the provider to complete this. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff who supported them. One person told us, "Yes I feel safe here, all the staff are lovely." Another person told us, "Well of course, [name of staff] is great they support me in doing what I want to do, all the staff who look after me are great. We have a laugh."

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents of concern. All the staff we spoke with said they would report any concerns to the senior member of staff on shift, deputy manager or registered manager. Staff said they were confident the registered manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this. The provider had safeguarding procedures and information about the local safeguarding authority. The registered manager understood how to report any safeguarding concerns.

There were systems in place to keep people safe through individual risk assessments. We saw that individual risk/needs assessments were completed. The registered manager told us that during a full evaluation at the home of people who used the service, all aspects of both care and environmental factors were fully risk assessed. Staff we spoke with said they were aware of risk management plans and could describe how they kept themselves and people who used the service safe.

There were sufficient numbers of staff available to keep people safe. We spoke with the registered manager who told us staffing levels were determined by the number of people and their required care and support needs. The senior staff told us there was always one member of staff who stayed in the home in case of an emergency. People we spoke with said there was always a member of staff if they needed any help or support. One person said, "If we need someone, I just ask, someone is always there." Staff told us they felt there was enough staff to support people as there were allocated hours for care for each person which was in place on the shift at the time of inspection.

The provider operated a robust recruitment and selection process. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff files we looked at included an application form, interview notes and recruitment checklist.

We looked at the systems in place for managing medicines and found there were appropriate arrangements for the safe handling of medicines. One staff member said, "It is safe and everything is locked up." Another staff member told us, "The deputy manager completes monthly audit checks." These were in place in the file at the time of inspection. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely. The service had a clear medication policy which stated what tasks staff members could and could not undertake in relation to administering medicines.

Some people were prescribed medicines to be taken only 'when required'; for example, painkillers. Staff were able to explain why and how they would administer the medication and there was guidance in place for staff to follow if needed.

Staff said they felt confident and trained to deal with any emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed at the person's home. Fire alarm, drills and emergency lighting checks had also been carried out to ensure people's safety in the home.

Is the service effective?

Our findings

Staff told us they received good training and were kept up to date. They said they received a good induction which had prepared them well for their role. Staff told us they had 'shadowed' experienced staff as part of their induction training.

There was a rolling programme of training available which included moving and handling, epilepsy, emergency aid, safeguarding adults, MCA and infection control. The registered manager told us that most training was provided face to face, some with test papers at the end to check staff's competency and learning.

Staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. The training matrix showed most staff were up to date with their required training. If updates were needed, they had been identified and booked to ensure staff's practice remained up to date. One staff member said, "We are always doing training they value their staff."

The staff team confirmed they received monthly supervision and annual appraisals. Staff told us they felt this was a two way process. One staff member told us, "I feel I can talk to my manager about anything. I feel supported."

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. We saw some people who used the service had a communication plan to help with decision making. People who we spoke to on the second day of inspection all had the capacity to make their own choices. Throughout the second day of inspection we observed all staff asking people permission before they carried out any tasks. One person told us, "I make my own decisions, if I want to go out or not and also if I would like anyone to come with me. They don't tell me what I have to do, it's my choice and I like that."

The staff told us that menus had been developed from people's individual choices. People cooked their own meals when they felt hungry. We did not observe mealtimes as most people were out in the community at that time. One person told us, "I go and do my own shopping on a Sunday. I like staff to come with me as they help me carry my bags." All the staff we spoke to knew the importance of encouraging a healthy diet. No one we spoke to had any issues in relation to their nutrition.

People told us their health needs were catered for and they received supported from staff to attend healthcare appointments. We found people dealt with their own healthcare appointments with staff support, although staff told us they did arrange GP, dental or optician's appointments for people when needed. Staff members told us if people became unwell then they would call either a GP or an ambulance.

One staff member told us, "People go to the optician, dentist and chiropractor." Another staff member said, "Appointments are well organised in advance." A third staff member said, "I have supported [name of person] to the dentist when they needed me to." Other comments included, "We always contact the GP or

other professionals if there are any problems."

Is the service caring?

Our findings

People we spoke with said they were happy with the care provided. Some people told us they could make decisions about their own care and how they were looked after. People told us, "I am happy at the moment, but I would like to move to live near my family." "I am happy here", "I like the staff", "I like it here, this is my house I have friends", and "I like living here, I like the people I am much happier."

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring and friendly way. We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people went out for the day and some choose to stay home. Staff spent time chatting with people and it was evident from the discussions they knew the people they supported very well. Staff we spoke with confirmed they asked people what they wanted to do. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. One person asked a staff member to accompany them shopping. Staff told us they felt they supported people well. One member of staff told us, " We give people choice all the time, it's their home and it's their choice how they want to spend their time, but we do encourage people to go out as much as possible and experience new things."

The locations where people lived provided a person centred service and ensured the care and support people received was tailored to meet their individual preferences and needs. People looked well cared for. People were encouraged to do as much for themselves as possible. We saw people answer the door whilst being supported by a member of staff and welcome visitors into their home.

People had individual rooms and these were decorated with the colour they liked. People's rooms were personalised with items such as photographs of their family, holiday pictures and their favourite items. For example, one person had posters all over their walls. Another person's room was pink throughout. That person told us, "I chose the colour as I really like pink, I like my bedroom."

Staff confirmed they would respect people's dignity and privacy by closing doors and, knocking before entering the person's room. One staff member told us, "People are really well cared for and we support where needed with choice of clothes." All the staff we spoke with told us people's rooms were their own personal space and they respected this. They told us they did not go into their rooms unless they were invited to do so.

Is the service responsive?

Our findings

People told us staff supported them to do things they wanted. One person told us, "I go visit my friends so sometimes I ask staff to support me there and sometimes I go on my own."

People had their needs assessed before they moved into a location. This ensured the location was able to meet the needs of people they were planning to support. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care and support.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the care and support planning process was continuous. They also liaised with family members and other professionals when required.

The care plans we reviewed contained information that was specific to the person and covered areas such as managing medical conditions, eating and drinking and weight management. People had a communication plan which contained information of how people needed to be spoken to so that they were clearly understood and supported. We saw the care plan included a one page profile; a document entitled 'all about me' which detailed people's personal preferences and their likes and dislikes. They also included what was important to the person and a profile of their typical day. One staff member told us, "These are so important we need to know all about a person to be able to support them." Care plan reviews were completed monthly by staff and annual reviews were completed with family input where requested by the person.

All the people we spoke with told us they had regular access to a range of recreational and preferred lifestyle activities. One person told us, "I go out most days, I have support on two days where I go and pay my bills and go shopping." Another person told us, "I have support three times a week to do what I want to do; I go for a walk, into town shopping and see my family." During the inspection we saw a number of people had gone out supported by staff. One person had just come back from shopping and showed us what they had bought for tea. This meant people were supported to access a range of activities and preferred lifestyle choices.

The senior support workers told us people were given support to make a comment or complaint where they needed assistance. There were effective systems in place to manage complaints. Staff we spoke with were able to explain the correct complaints procedure to us. We spoke to one person who said, "If I had a complaint I would tell someone straight away, no worries there."

People were able to maintain relationships with family and friends without restrictions.

Is the service well-led?

Our findings

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC).

There was a clear ethos of enabling people to live as independently as possible and giving people choice. Staff were positive about the senior staff and mostly complimentary about how each individual location was managed. Staff said they felt well supported most of the time in their role from the senior staff and deputy manager. One staff member said, "We get enough support." Another staff member said, "We support each other really, we do not see the registered manager much." However another staff member told us, "Yes if we need support we need to ask for it really, if I needed help with something I would speak to my senior."

Observations and discussions confirmed the senior staff, deputy and registered manager had a good knowledge of people who used the service, their families and their individual care and support needs. We saw staff in the locations had a relaxed and friendly relationship with the senior staff. We noted some senior staff were at times required to manage and support other locations. The senior staff had their own network of support and were able to obtain advice if needed.

We saw a wide range of audits; checks and observations were completed regularly by the deputy manager at each location. These included medicines, health and safety, fire checks, cleaning and infection control. We noted these audits had been effective due to the change in cleaning checks. These had been increased to fortnightly audit checks instead of monthly. Each location had a weekly cleaning rota in place to ensure these were completed. The senior staff completed daily monies checks against the records. This helped people feel confident that their monies were managed safely.

The locations completed regular meetings for staff and people to share their views about the quality of the service provided. We looked at minutes from previous meetings which included cleaning of the house which had been implemented at the time of inspection.

The registered manager told us friend and relative questionnaires were completed on an annual basis. We reviewed the feedback from the surveys completed in 2015. There had been six responses which gave all positive comments about the service, These included, 'We are made to feel welcome and happy with the service'. Suggestions for improvements to the service included, continuity of staff; sometimes lack of communication and support with the community when people needed this. One friend of a person told us, "I am delighted how [name of person] has settled in; I am always made to feel welcome."