Pleasant Valley Care Limited

# Pleasant Valley Care Limited

**Inspection report**

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## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Is the service safe? | Requires improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires improvement |

## Overall summary

This inspection took place on 10 December 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available. This was the first inspection for this location following registration with us in August 2014.

Pleasant Valley Care Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. The service currently provides care and support to 14 people, ranging in age, gender, ethnicity and disability.

There was no registered manager in post at the time of the inspection. 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.

# Summary of findings

People were not always protected from the risk of unsafe practice because risks associated with some medical conditions had not been assessed. Staff did not always have sufficient guidance on how to support people with specific medical conditions.

There were insufficient staff numbers consistently available to meet people's needs in a timely manner. There were ineffective systems in place to cover for holiday and unplanned absences.

The provider was taking the appropriate action to protect people's rights to ensure their liberty was not being deprived. However staff knowledge about what would constitute a deprivation of somebody's liberty was lacking.

The provider had quality assurance and audit systems in place to monitor the care and support people received. Systems were not always effective and required improvement. Processes did not record what action was required, what measures were taken to recognise any trends and prevent a re-occurrence of similar errors.

People were left safe and secure in their homes. Relatives believed their family members were kept safe. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People were supported by staff that were safely recruited and had received appropriate training so that they were able to support people with their individual needs.

People were supported to take their medicines as prescribed.

People felt staff had the skills and knowledge to care and support them in their homes. Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met people's individual needs and preferences. Where appropriate, people were supported by staff to access other health and social care professionals.

Staff were caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs.

People felt they could speak with staff about their worries or concerns and they would be listened to and have their concerns addressed.

# Summary of findings

## 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 always safe

Some people were put at risk because risk assessments did not contain sufficient guidance for staff about people's medical conditions.

People experienced late calls when there were staff absences.

People were protected from abuse because staff had sufficient knowledge to identify abuse and systems were in place to protect people from harm and injury.

People were reminded to take their medicines as prescribed by their GP.

**Requires improvement**

**Is the service effective?**
The service was effective

People were supported by staff who had the skills and knowledge to assist them.

People were supported to make choices and decisions about their care.

People received medical support when it was required.

**Good**

**Is the service caring?**
The service was caring

People were supported by staff who were kind and respectful.

People were supported to make choices about the care they received and their independence was promoted.

People's privacy and dignity was maintained.

**Good**

**Is the service responsive?**
The service was responsive

People received care and support from staff that were aware of people's individual needs.

People knew how to raise concerns about the service they had received.

**Good**

**Is the service well-led?**
The service was not always well-led

There were monitoring and audit processes in place but they were not always effective.

**Requires improvement**

# Summary of findings

People were happy with the quality of the service but there were no processes in place to gather their views, record actions taken identify trends and prevent reoccurrences.

# Pleasant Valley Care 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 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.

The inspection took place on the 9 December and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that someone would be available to meet with us. The inspection team consisted of one inspector.

We looked at the information we hold about the service. This included notifications received from the provider which they are required to send us by law. We had received some concerns about the service prior to the inspection and this information was used to inform our planning. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service.

During our inspection we spoke with three people that used the service, one relative, three care staff and the acting manager. We looked at records that included three people's care records, recruitment and training records of three staff. This was to check that recruitment, training and support for staff was sufficient for them to provide good quality care. We also looked at other records relating to the monitoring of the quality of the service including complaints and audits by the provider.

Requires improvement

# Is the service safe?

## Our findings

People and relatives we spoke with explained how they had received an initial visit from the acting manager to discuss people's individual needs and have a risk assessment completed. One person said "[Acting manager] came out before the service started and completed the assessment." A relative told us, "I was involved with the assessment." We saw the assessments were generally detailed, personalised and included, for example, the person's environment. However, two of the three care plans we looked at did not contain separate risk assessments for people's medical conditions. Two of the staff we spoke with were unsure of what indications to look for should people become unwell; for example in respect of diabetes. Without the correct information and guidance for staff to follow, this could lead to symptoms not being recognised and a delay in staff identifying the risks to people. We asked staff what they would do if presented with symptoms they did not recognise and they all told us they would call for an ambulance straight away. Although there had not been an impact on people, the provider acknowledged this could influence how staff supported people's health and was an area for improvement. We saw the acting manager was in the process of reviewing all risk assessments for people using the service.

There was a mixed view on staffing levels when we spoke with people and staff. One person told us that over the last few weeks the delivery of service had changed, they said, "My regular carer is away at the moment and the service is a little chaotic and sometimes my meals are late but I am hopeful it will get back to what it was when they return." Another person told us, "Sometimes there is a problem when someone is off sick, staff will always come to me but there can be a delay but I've never had missed calls because of it." Two of the staff we spoke with felt there was currently enough staff to meet people's needs. One staff member told us, "When I can't come in I will call the office and arrange for another staff member to cover." Another staff member said, "It can be difficult when someone is off, we have to provide cover and they might work in a different area." Staff we spoke with told us they would sometimes struggle to get to people on time when they were covering because the area was some distance away and they could not always depend on the reliability of public transport. We asked the acting manager how they ensured there were sufficient staff to provide support when they start to increase their customer base. The acting manager acknowledged they required more staff and explained they only accepted contracts in areas where they had staff available. They also told us and this was confirmed by staff, that they had also attended to calls themselves and collected staff to take them to calls if they were running late.

Two of the people we spoke with told us that if staff were late, they did stay for the correct length of time. One relative explained 'sometimes some' staff who arrived late would not stay for the full duration of the call and would leave early. They told us they had not raised it as a complaint because overall they were satisfied with the service provided and liked the staff. The acting manager told us they had experienced difficulties with retaining staff; there had been a significant turnover of staff in their first six months. This shortage had led to staff being late to their calls. We saw the provider was in the process of recruiting additional staff and had updated their recruitment policy to include additional staff benefits. The acting manager explained these changes should attract care workers to apply for their vacant posts. Although there had been limited impact on people's care needs, staffing numbers remained an issue and with the provider applying for care packages, this would continue to be an area for improvement.

People we spoke with told us they felt safe when staff entered their homes and supported them with their care needs. One person told us, "[Staff name] always makes sure the doors are locked." Another person said, "I feel safe with all the staff who come into my home." Staff we spoke with explained how they ensured people were left safely in their home when they had finished their call. One staff member told us, "When I leave a person's home, I make sure they are wearing their emergency pendant and there is nothing that could trip them up." Another staff member said, "I make sure the doors and windows are closed properly."

Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed and explained the signs they would look for. For example, they said they would observe for signs of bruising, change in behaviours or signs of neglect. One staff member said, "If someone was suddenly quiet and was 'jumpy' when I got near to them, I'd know there was something wrong." Another staff member told us, "If the person had bruising that I had not seen before, I would tell the manager straight

Requires improvement

# Is the service safe?

away." Staff knew how to escalate concerns about people's safety to the provider and other external agencies. We found that the provider had a safeguarding procedure in place. This supported staff to recognise different signs of abuse and help to reduce the risk of harm to people.

Staff explained they were interviewed and their references and police checks had been completed before starting to work for the provider. We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed. Where a police check had identified issues, a risk assessment had been put in place to show why they were suitable for employment.

We were told by the acting manager that most of the people using the service did not require support with taking their medicines. Staff confirmed to us that they reminded people to take their medicines. One staff member told us, "I don't actually give people their medicine I put the medicine out and remind them it is there." Staff spoken with also told us they had received training in how to support people with medicines. We saw that risk assessments had been carried out. These identified what support people needed with their medicines. We saw that systems were adequate to record what medicines staff had prompted people to take. People told us they received appropriate support with their medicines but records did not reflect this as there were gaps on the recording sheets. The acting manager explained they were reviewing how medicines were being recorded and this was an area currently being developed.

Good

# Is the service effective?

## Our findings

People and relatives felt that although they sometimes received their calls late, the quality of the support they received from staff was consistent and they had no complaints. They felt that staff had the correct training and knowledge to meet people's needs. One person said, "I think the staff are trained in what they do for me." Staff were able to explain to us about people's needs and how they supported them. A relative told us, "They [staff] seem to know what they are doing, [person's name] doesn't complain."

We saw that new staff members had completed induction training which included working alongside an experienced member of staff. One staff member told us, "I shadowed [staff name] for four days. The induction gave me valuable information and helped me to understand the clients' needs." Staff told us they felt they had the necessary training and that they were supported with their training. One staff member explained how they were in the process of completing their NVQ3. Another staff member told us, "The training is really good." The acting manager described how they were in the process of recruiting a training manager with a view to introducing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers follow in their daily working life.

People and relatives told us that staff who supported them were 'usually consistent' and they knew when they were coming to their home; which helped with the continuity of care. One person said, "[Staff name] always makes sure I have everything I need." A relative told us, "The staff are very good they have plenty of patience when helping." We saw from the care files we looked at that staff were generally consistent. People and relatives told us they felt the staff that provided them with care and support had the skills and knowledge that met people's needs

Staff said they received supervision from the acting manager; this was confirmed in staff records which included spot checks on individuals. We saw where problems had been identified through the checks; these were discussed with staff in their supervision. Examples were also raised at team meetings to share experiences, encourage and promote good practice, with the aim to continue to provide an effective service for people.

People we spoke with said staff would always ask them for consent before carrying out any support and care needs. One person said, "[Staff name] always asks me if it is alright before doing anything." People were supported to make decisions about the care they received. People told us they were involved in planning their care so that they received the support they wanted. One person told us, "Staff always ask if there is anything else I need." Staff confirmed that they had regular calls and had got to know the people they supported. Relatives told us that they were able to have an input into planning care with their family member. Staff told us how they involved people in their day to day choices. For example, people were asked what they wanted to wear and eat and if they refused support this was respected.

We were told by the provider that all the people they provided a support service to, had the mental capacity to make decisions about their care. The provider confirmed there was no one whose liberty was being restricted. We saw from care records that people were supported in line with the requirements of the mental capacity act and deprivation of liberty safeguards (DoLS). MCA is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions that these are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. Although staff demonstrated to us in their answers how they sought consent, they had no knowledge of what could constitute a deprivation of somebody's liberty. We spoke to the acting manager who told us, this would be addressed with staff training.

People we spoke with told us they did not require assistance from the staff with their nutritional diet. This was because they either maintained it themselves or their relatives supported them. However, the staff we spoke with explained they did sometimes support people with their food preparation, although they did not assist them with shopping. Staff told us that people would show them what they wanted to eat and staff would sometimes prepare and cook it for them. One staff member said, "The family prepare all [person's name] meals, I just warm them up." Staff explained when they had finished their tasks they always left people with sufficient drinks. Another staff member said, "I always leave juice or water for them so they don't get thirsty."

Good

# Is the service effective?

Staff told us they would 'sometimes' make doctor appointments for people on their behalf. One person said, "I had a fall and when the carer came they called an ambulance for me." We saw from care records that other health and social care professionals were involved and staff understood the need to seek emergency help where people needed this.

Good

# Is the service caring?

## Our findings

Everyone we spoke with was complimentary about the quality of care and support from the staff. They told us the staff were caring and kind and that they received the help and support they needed. They said the staff were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "[Staff name] is very polite and listens to me if I want to change anything." Another person told us, "All the staff are very good, always ask if there is anything I would like and always ask my permission." A relative said, "I am happy with the care [person's name] receives."

We saw that staff employed by the agency reflected the diversity and culture of the people they supported and the wider community in which they worked. Staff were matched up with people, where possible, with staff that understood their faith and were able to communicate in the person's preferred language.

People told us they were involved in planning the care they received from staff and that the staff listened to them. One person told us, "They [staff] let me do things for myself." We saw that people were provided with an 'information pack'.

Contained within the pack were contact details for the office, copy of complaints policy and other information for example, safeguarding and a copy of the person's care plan. The acting manager told us they discussed the entire pack with the person and relatives and reviewed the care plan on a six monthly basis or when needs changed. This was confirmed in the three care files we looked at. One person said, "I do have a file with lots of different information in." A relative told us, "[Acting manager] came out and went through the care plan with us."

Staff told us they always treated people with respect and maintained the person's dignity. One person told us, "The staff are always very polite and very respectful when they come." Another person said, "They [staff] never just come in without making themselves known to me first." People and relatives told us that they never heard staff talk disrespectfully about another person while they were in their home. One staff member said, "We never talk about other people when we are with somebody." People told us staff were discreet and they felt assured their personal information was not shared with other people on the service. Staff were able to give us examples of how they ensured a person's dignity and privacy. For example, always making sure people were covered, curtains and doors were closed.

Good

# Is the service responsive?

## Our findings

People and relatives told us they felt people's needs were being met. They said they had been involved in the assessment process and agreed with how care and support needs would be delivered. We saw that assessments were carried out and care plans written to reflect people's needs. Each of the care files we looked at had a copy of the care plan, which had been or was due to, be reviewed. The plans were individual to the person's care and support needs and detailed with the person's life history. One staff member told us, "It's nice to know about people's past, it gives us things to talk about when we visit [person's name] likes to talk about their past."

One person said, "[The acting manager] came out to see me and reviewed my plan, my relative was also involved." A relative told us, "I make sure I am involved in all the care reviews." The acting manager told us that reviews took place every six months, although if there was a change in a person's care and support needs, a review would take place to reflect any changes.

Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. Staff demonstrated to us, through examples, how they supported people, by encouraging people to do as much as they could, for themselves. One person said, "I do as much as I can for myself but the staff are there to help if I need them. We saw from records that people generally had consistent carers, who provided regular support to them. A staff member told us, "Before I do anything I always ask them what they would like me to do and if they would like to try for themselves."

People and relatives we spoke with told us they were generally happy with the service received from the provider and had no complaints they wished to raise. One person told us, "I'm not too happy at the moment because the service is a little erratic but I'm ok I don't want to complain because usually it is much better." Another person told us, "On occasion staff are late but I am happy with the service, if I wasn't I'd soon tell them off." A relative told us, "They [provider] seem to have trouble keeping staff but it has got better." The acting manager explained they had experienced some problems previously, although we saw that there had been some improvement. We saw from daily record sheets for the last three months, most staff consistently visited the same people and were sometimes just outside the time limitations in accordance with the person's care plans.

People we spoke with confirmed if they did want to complain they would feel confident the provider would deal with their concerns quickly. We saw there had been one complaint made since the provider started delivering the service to people. The concern raised was investigated to the satisfaction of the person and resolved quickly. Although the complaint had been investigated by the provider and recorded there was no process in place to record outcomes and recommendations so the service would not be able to minimise reoccurrences. We discussed the complaints audit process with the acting manager, they told us this had been identified and was part of their action plan to introduce more robust audit monitoring processes.

Requires improvement

# Is the service well-led?

## Our findings

The provider had first registered with CQC in August 2014 and started to provide a service to people from February 2015. We had received concerns that the provider had experienced difficulties with retaining staff and maintaining information and records to demonstrate the effectiveness of their service. This had resulted in the provider being suspended in May 2015 from receiving new contracts. To address the issues, the provider developed an action plan. The plan was monitored and updated on a regular basis with input from external assessors. This showed there had been a gradual and continued improvement and the suspension was lifted in October 2015.

There was no registered manager in post. The provider had placed an advertisement for the post. For the interim, a director had taken on the role of acting manager, until a suitable replacement was employed. The acting manager was aware of their responsibilities in raising concerns about suspected abuse and had made an appropriate referral to the proper authorities. However, the acting manager had not notified the Care Quality Commission (CQC) as they are legally required to do so. The acting manager explained they were not aware of their legal duty to notify the CQC. For that reason, the provider was not fulfilling their legal responsibilities. We discussed this with the acting manager who reassured us that any future notifications would be submitted promptly.

We saw that monthly audits of care files had been completed, but they had not always identified shortfalls. For example, the inconsistencies in the completion of medicine records and the guidance required for staff in some risk assessments.

People told us they had received visits from the acting manager and they would be asked if the service was to their satisfaction. We saw there were no monitoring systems in place for recording people's views. If any action was required, this could not be recorded and monitored for trends to ensure people's experiences were improved. This had been identified in their action plan and was an ongoing improvement. The acting manager explained they were in the process of reviewing their quality monitoring processes, which would include feedback surveys for people to complete. This would help to provide a record of identified actions and outcomes that should continue to improve people's experiences when using the service.

We saw there was no protocol in place to say what action should be taken in the event of late and/or missed calls. This could leave people who were unable to contact the office staff at risk of not receiving a service. The acting manager explained what action they had taken to identify late or missed calls. The provider had recently introduced an electronic 'clocking in' system into some people's homes. This enabled staff to 'clock in and clock out' which monitored the arrival and departure times of staff entering people's home. The acting manager explained how this system would trigger a call to the provider if a member of staff had not arrived within half an hour of their allotted time. Although this would reduce the risk for those with the systems in place, there was still a risk to people, who were unable to contact the office, of not receiving their care in a timely manner.

We saw there was no system in place to monitor complaints. This would ensure that any trends could be identified and actions taken to prevent reoccurrences. Although there had been a limited number of complaints, investigated to the person's satisfaction, the acting manager told us they were taking action to address this.

The staff we spoke with told us that staff meetings had not taken place regularly but there had been an improvement. One staff member said, "We meet up about every couple of months." We saw the provider had not kept a record of staff meetings but had recently introduced minutes, with the last meeting minutes being made available to staff. One staff member told us, "I find the meetings helpful." Staff told us they felt supported and valued by the provider. Staff said they knew what was expected of them. One staff member said, "I am happy working here." Another staff member told us, "I'm enjoying it, I know all the clients, I wouldn't change anything."

Generally people and relatives we spoke with were positive about the service they received. One person said, "I am happy with the carers, they are very good." Another person said, "Sometimes they are late but they call me to let me know." A relative said, "Overall I am satisfied with the service."

Staff told us they would have no concerns about raising anything they were worried about with the acting manager. One staff member said, "I would go straight to the manager if I was worried about anything." Another staff member said "I haven't had to complain but I could if I needed to." We

Requires improvement

# Is the service well-led?

saw the whistleblowing policy and staff had told us, they were confident in approaching management and if it became necessary they would contact other local agencies, for example, the police.