

Valley Care Direct Limited

Valley Care - Hull & East Riding

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Valley Care Hull & East Riding is a domiciliary care agency that supports people to live in their own homes. The agency provides home care services within Hull and East Riding to people who may be living with dementia, a learning disability or autistic spectrum disorder, a physical disability, sensory impairment or mental health needs.

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

Right Support:

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.

Medicines management was in line with best practice guidance; medicine administration records were fully completed and guidance for staff was in place.

Risks to people had been assessed. People accessed specialist health and social care support where appropriate. People told us they felt safe when receiving support from staff. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Care:

People told us staff arrived on time and they received support from the same good group of staff, which promoted good continuity of care. People's needs were assessed prior to the commencement of the service. The assessment included people's health, physical, emotional and communication needs. Care plans had

been reviewed regularly to ensure they were accurate.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Documents were printed in different formats dependent on people's needs.

Right Culture:

The provider had recruitment processes in place to ensure suitable staff were employed.

Systems were in place to manage complaints and people's communication needs were met.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective. Quality monitoring systems allowed for the effective monitoring of the service by the provider, however action plans were not always implemented. We have made a recommendation about this.

The provider had an ambition to be innovative and put people at the centre of the service delivery. They welcomed any form of external and internal auditing and feedback received was treated as an opportunity to reflect and further improve the quality of the service for people. The registered manager was very experienced and aware of their legal responsibilities. They were committed to the continuous improvement of the service.

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

Rating at last inspection

This service was registered with us on 17 November 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Valley Care - Hull & East Riding

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 9 people who use the service and 3 relatives about their experience of the care provided. We spoke with the registered manager and nominated individual.

We reviewed a range of records. This included 5 care and medication records. We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

Following the inspection, we received feedback from a further 6 staff members. We contacted two healthcare professionals by email but did not receive a reply. We looked at a range of documents sent to us such as audits, care records, medicine records and training information.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. People said, "They are very respectful, they look after me well and there are no complaints."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us they always reported incidents involving people immediately and that the registered manager took action.
- The provider had an out of hours on call service to provide guidance and support to staff.
- The provider had processes in place for recording and investigating accidents and incidents. Analysis was completed to support lessons learned to improve the service. Further development was identified by the registered manager to develop a more strategic analysis approach in order to capture specific themes and trends.
- Staff knew how to report incidents and complete appropriate records. Accidents and incidents were recorded in care records.

Assessing risk, safety monitoring and management

- People's known risks had been assessed and accompanying care plans and risk assessments were in place.
- The service had sought input from external healthcare professionals and where appropriate, advice on actions for staff to take, to mitigate risks, safely support people and reduce the risk of harm.
- Risk assessments were person centred and reviewed regularly.
- Environmental risks were also considered for each property staff visited. This ensured the safety of all staff and people.

Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, references and obtaining proof of staff identity and right to work in the UK.
- Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role. We looked at the training matrix and saw training was either up to date or planned to take place.

Using medicines safely

- People's medicines were managed safely. Staff received medicines training and their practice was assessed to check they were competent to manage medicines safely.
- Information regarding the support people needed with their medicines was recorded within their care plans, which was clear, up to date and accessible to staff.

Preventing and controlling infection

- The provider had up to date infection prevention and control and COVID-19 policies in place to provide guidance for staff.
- Staff were provided with appropriate personal protective equipment (PPE) and had completed infection prevention and control training.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were involved in assessing their needs and deciding how their care was provided. People's relatives and health care professionals were involved when needed. People's social, religious and cultural preferences were included in their care documents.
- Care plans indicated the level of support people required and how this was provided.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support people required.

Staff support: induction, training, skills and experience

- All staff told us they had received an induction when they joined the service.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us, "We are really supported by the new company and manager and have regular supervisions."

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

- People were supported to maintain a balanced diet. Care plan tasks identified the level of support people needed from staff to prevent malnutrition and dehydration.
- Staff supported people to make choices about what they would like to eat, considering their preferences and dietary requirements.

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

- Staff understood when to escalate concerns with people's health to a healthcare professional. For example, if a person was unwell or unable to use equipment safely.
- People's care plans provided information about their healthcare needs and which healthcare professionals were involved in their care.
- The service recorded relevant information about people's care in daily notes. Staff could access these notes and this assisted in providing effective and timely 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 MCA 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.

- People's consent to care and treatment was obtained and recorded in the care records.
- The registered manager knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People's care records continued to identify their capacity to make decisions. Staff received training in the principles of the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 registered manager and staff team put people first and foremost by providing a consistent and knowledgeable staff team wherever possible. Staff ensured people received care that was dignified, respectful and compassionate. People told us, "This is the best service, they are brilliant, I'm lucky to have them."
- All those we spoke with praised staff for the way they treated people equally well no matter what their care needs were, being there for a chat; always listening.

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

- People were supported to make decisions about their care. The provider asked people and their relatives for feedback and adapted how care was provided in response. Their views were central to how care was planned and delivered.
- People's care plans contained a detailed breakdown of what support they required at each visit including how to support them in making choices.
- The positive relationships staff developed with people helped to ensure people were confident in expressing their views and could make their own decisions. People consistently told us they made their own choices around daily living.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's independence as much as practicable by only intervening to promote dignity or if people indicated they needed assistance. Staff were polite and respectful speaking with people and gave them time to be in private.
- Staff supported people to live fulfilling lives. People and relatives told us how people's independence was promoted. For instance, with different forms of communication such as body language and pointing to objects of reference.
- Staff encouraged people to be as independent as practicable. They did this by ensuring people had effective use of equipment including mobility aids. This meant people remained living at home having a better quality of life.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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;

- People received personalised care, which met their current and changing needs. Records were written in a person-centred way with the involvement of the person and their families when appropriate. Care records were regularly reviewed, and this was confirmed by documentation we looked at.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including communication, medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider considered people's communication and sensory needs and preferences as part of the initial assessment of their needs. Information about how people communicated and any required adaptations was recorded in people's care plans.
- Materials were made available for people in various formats including languages other than English and in large print.

Improving care quality in response to complaints or concerns

- Complaints and concerns were dealt with appropriately. A complaints policy was in place and any complaints received had been dealt with in accordance with the policy. The registered manager was passionate about improving the service following comments from people and their relatives.
- Records showed a number of complaints had been received. A log was kept of complaints and a response was sent with the action being taken. Complaints had been analysed to identify potential trends and to ensure improvements can be made to the service and minimise risk of reoccurrence.
- People and relatives confirmed they would feel comfortable raising any issues with the provider.

End of life care and support

- There was no one receiving end of life support at the time of the inspection. Records were in place to care for people how they wished to be cared for at the end of their life. There were care documents available to be put in place should they be needed.

- Where people had decisions about their health and welfare made by a relative or advocate with a valid power of attorney, their wishes were respected. Decisions were recorded if it was in people's best interest to be resuscitated or not.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Where improvements to the service had been identified through quality auditing, action was not always recorded. For example, action plans did not always include the action required, expected date for completion and who was responsible for completion.

We recommend the provider reviews their system and process for capturing and recording actions identified through quality audit monitoring.

- Audits and monitoring arrangements were in place for a range of areas including, care plans and medicines.
- The registered manager was aware of the requirements under the duty of candour. People and their relatives were kept informed of issues when needed. Statutory notifications had been submitted to CQC in line with requirements.
- Staff and management understood their roles. Staff were proud to work for the service. Staff said, "People are at the heart of what we do."

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

- The management team had developed a very positive culture, which placed people at the centre of their care. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. A relative said, "I brought an issue to [Registered Manager] and it was acted on, I am more than happy with them."
- Staff confirmed they were happy working for the service. One staff member said, "I just love it, it is so rewarding and we are given time to make a difference."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had team meetings and one to one supervision.
- The management team engaged with people and staff to gather their views. People and their relatives were asked about their experience of care delivered and the provider was able to use this information to establish improvements in quality and care.
- People had regular review meetings with their staff and relevant professionals to review all areas of their care plans.

Continuous learning and improving care; Working in partnership with others

- Monitoring systems in place included unannounced spot checks of staff to help ensure they were upholding the provider's values of good quality care. Staff were then given feedback on what they did well and any areas to be improved upon.
- We saw evidence that when things went wrong these were discussed with the staff team to allow reflection and lessons learnt to help reduce the risk of recurring themes.
- The registered manager worked in partnership with other agencies. This included placing local authorities to ensure people's needs were regularly reviewed. Where people received specialist support, such as speech and language therapy, joint working was in place.