

Pleasant Valley Care Limited

Pleasant Valley Care Limited

Inspection report

Fourth Floor
Cobalt Square, 83 Hagley Road
Birmingham
West Midlands
B16 8QG

Tel: 01214541124

Date of inspection visit:
13 June 2019

Date of publication:
04 July 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pleasant Valley Care is a local area domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service supported 29 people.

People's experience of using this service and what we found

The provider's governance systems to check the quality of the service provided for people were not consistently effective and required some improvement.

People and relatives told us they felt the service was safe and there were sufficient numbers of staff that were safely recruited to support people. Staff had completed induction training that included safeguarding, medication, health and safety and moving and handling. Staff had access to equipment and clothing that protected people from cross infection.

People were protected from potential risk of harm; risk assessments were in place and staff knew how to support people's individual needs to ensure they provided a consistent level of care. People's care and support needs were assessed to ensure the service provided could meet their individual need.

Staff received ongoing training they required to meet people's needs. People were supported to access healthcare services to ensure they received ongoing healthcare 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.

People were supported by kind and caring staff that knew them well. Staff encouraged people's independence, protected their privacy and treated them with dignity.

People were supported by staff who knew their preferences. Complaints made since the last inspection had been investigated and resolved. People and their families knew who to contact if they had any complaints.

People and their relatives' views were sought about the quality of the care being provided. Staff felt supported by the management team.

People, their relatives and staff were happy with the way the service was managed and the provider worked well with partner organisations to ensure people's needs were met.

The service did not meet some of the characteristics of Good in one key question and more information is in the detailed findings below.

Rating at last inspection

The last rating for this service was requires improvement (published 16 June 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Pleasant Valley Care Limited

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

One inspector carried out the inspection site visit and one Expert by Experience contacted people and relatives by telephone on the 13 June 2019. 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.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 or registered manager would be in the office to support the inspection.

What we did before the 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 and reviewed information available

from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their services, what they do well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people and six relatives by telephone to gather their views on the service being delivered. We spoke with the registered manager, operations and finance director and office manager.

We reviewed a range of records. This included four people's care 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.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training information. We contacted 11 care staff and communicated with four.

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 requires improvement. At this inspection this key question has now improved to good rating.

This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- People and relatives, we spoke with told us that they felt safe in the presence of care staff. One person said, "I feel very safe as I have two regular carers and know them very well."
- The registered manager and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "If a client told me they were being abused but didn't want me to tell anyone, yes we care about confidentiality but I would have to explain to them I must contact my manager and make them aware. If I couldn't contact the office I'd phone the police we have a duty to keep people safe."
- There were effective systems in place to monitor and manage allegations of abuse or harm.
- We saw any concerns had been reported to the local authority safeguarding team and appropriate action had been taken.

Assessing risk, safety monitoring and management

- People and relatives spoken with told us staff were knowledgeable about risks to people and risks had been assessed. One person (who was at risk of falling) told us, "I have a walking frame so they (staff) walk behind me when I move from different rooms to make sure I don't trip or fall."
- Staff spoken with knew how to support people safely.
- We saw from care records we looked at any changes in people's needs, was promptly referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.
- People had access to equipment such as walking aids and hoists and people told us that staff followed safe moving and handling processes when supporting them. One relative said, "They (staff) do have to hoist [person] and are well trained in doing this job. They don't hurt [person] and [person] is not afraid of the hoist."
- Risk assessments were completed of people's homes when they first joined the service. This ensured staff could support people in a safe environment.

Staffing and recruitment

- There were some issues raised with us concerning the consistency of staff and the times staff arrived to support people. One relative told us, "They (the provider) keep changing carers." One person said, "I can have as many as six or seven different carers in a week, it doesn't make me very happy." The registered manager explained the difficulties they had encountered in employing consistent staff and were looking at different ways to encourage staff to stay with incentives and recognition rewards. We looked at the

agreement the local authority had with the provider and found the variation of call times were in line with the local authority's guidelines. We checked people's care plans and saw people had also signed a form agreeing to the variation in call times in the event of any delays.

- People and relatives we spoke with had not experienced missed calls. Conversations with staff told us they believed staffing numbers were sufficient. One staff member said, "I tend to work on my own mostly but I think staff levels are ok, all calls are on our planner that we access through the APP and there always seems to be cover for them (calls)."
- Pre-employment checks for staff were completed including checks with the Disclosure and Barring Service (DBS) to ensure staff were safe to support people.

Using medicines safely

- Staff had completed training on how to administer medicines. At the time of the inspection most people did not require support with their medicines as they were able to self-medicate, had support from relatives or required minimal support. One person told us, "The carers come early as I need my medicine first thing in the morning so they do this for me."

Preventing and controlling infection

- People and relatives spoken with told us staff wore protective gloves that reduce the risk of cross contamination and infection. One staff member told us, "We have spot checks to make sure we wear our gloves and do our jobs properly."

Learning lessons when things go wrong

- The service had not had any incidents or accidents to report at the time of our inspection. The provider had a system in place that could monitor incidents for any trends and record any action taken to mitigate future risk.

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 good.

This meant people's outcomes were good and people's feedback confirmed this.

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

- People's needs were assessed prior to joining the service so they could be planned effectively. People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability. Where possible, people's gender preferences for staff support were known and respected. One relative said, "I was very involved with [person] care plan and it helps to encourage their independence which is reassuring."
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements. One relative told us, "I have had contact for a review for [person] over the telephone."

Staff support: induction, training, skills and experience

- Staff received training which was relevant to people's needs. One person told us, "I would recommend this service to others as they (staff) are well trained and I have the same two regular carers." A relative said, "[Person] and I are very happy with the care and the girls are well trained as they know exactly the routine and are flexible in meeting [person] needs as they will change the routine if [person] asks."
- New staff received induction training to the service. One staff member told us, "I received five days of training in the office and one day of shadowing." There were mixed views on the quality of the training being delivered. One staff member told us, "The training's ok, we haven't had that much really, I've done safeguarding, moving and handling, food hygiene and I went into the office and completed a booklet." Another staff member said, "The training is to a high standard and provided me with a lot of information and I received answers to all topics related to care." Training records looked at documented all care staff training was up to date.
- Staff told us they had received support through supervision, team meetings and spot checks on their working practices.

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

- People that required support from staff to eat and drink to maintain a balanced diet were happy with the support they received. One person told us, "They (staff) come in once a day and help me with my meal and they always ask me what I would like." Another person said, "They (staff) make my breakfast and will leave me a snack and drink." Staff we spoke with told us they had completed food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. Records we looked at confirmed that when there had been any changes in people's care needs, timely referrals had been submitted to healthcare agencies for additional support.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Staff we spoke with gave examples how they supported people to make their own decisions as much as possible.
- People and relatives we spoke with told us staff would always seek consent before supporting people.

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 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

- People and their relatives provided positive feedback about staff confirming they were treated with kindness and the staff's caring attitude. One person said, "They (staff) are very kind to me and make me feel happy that I have lovely carers. They are very good to me and I enjoy them being here."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I really enjoy my job, I enjoy meeting new people." Another staff member said, "The best part of this job is the people."
- Care plans included details of people's life histories, wishes and preferences. Staff were knowledgeable about these and used this information to provide personalised care.

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

- People were involved in the planning of their care and were encouraged to make their own choices.
- Care plans we looked at showed people were involved and consulted about how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their right to receive care and support in a dignified way. One relative said, "They (staff) are very kind to [person] and treat them with respect and ensure they have privacy during personal care by using lots of towels to cover them as best as they can."
- People were supported to do as much as possible for themselves. Staff told us they tried to encourage, where possible, people's independence. One relative told us, "They (staff) help [person] and encourage them to do sitting exercises." Another relative said, "We have had no problems (with the service) they (staff) keep [person] independent which is great."

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 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 were supported by staff who were knowledgeable about their care and support needs.
- Care plans we looked at were detailed, up to date and showed people and their relatives had been involved in their reviews.
- Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices. One person told us, "I am involved with my care plan and the girls do everything that I require."
- Staff responded promptly to changes in people's needs. For example, if staff found that a person's skin had become sore, they would make sure the community nursing team were notified promptly. This helped to ensure people continued to receive the right amount of care and support they needed. One relative told us, "They (staff) are very kind to [person] and look after their health. When [person] seemed to have a urine infection they (staff) took a sample to the doctor so this could be resolved. The carers have also taken [person] to the opticians. They (staff) are very thoughtful and caring."

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 registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) and had arrangements in place. For example, the registered manager explained how the service supported one person with the use of cue cards after they lost the ability to speak.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to raise a complaint. A copy of the complaints procedure was included within the service user guide, given to people when they started to use the service.
- The provider's procedures outlined a structured approach to dealing with complaints. We found complaints raised had been appropriately investigated and where there was learning this was shared with staff through supervisions and team meetings.

End of life care and support

- At the time of the inspection, the service did not support anyone who was at the end of their life. Care

plans looked at had explored people's preferences and choices in relation to end of life care and included people's preferences relating to their individual needs.

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 requires improvement. At this inspection this key question has remained the same requires improvement.

This meant the service management and leadership although consistent, the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were quality assurances processes in place to monitor and check the service being delivered was to a high quality. However, the recruitment checks concerning references required some improvement. For example, one application form had not requested a reference from the staff member's most recent employer in line with the provider's own policy. No discussions had taken place with a staff member regarding the lack of information given in respect of their two referees. The provider had also failed to notice one reference had been accepted, written by a family member of the care staff. We discussed our observations at the time with the registered manager and they gave us their assurances the references would be followed up with the staff member.
- Staff were clear on their roles and responsibilities although there were mixed responses about being supported by the management team. All the staff members spoken with shared their concerns about the distances they were expected to travel on public transport with not enough time allocated between calls. One staff member said, "There is a lot of travelling which is difficult on public transport. You are expected to travel big distances between calls and this is not always easy especially on Sundays when there are less buses or when they are late. This has a knock on effect with the rest of the calls." Another staff member told us, "If I could change something it would be how the rotas are planned. It is difficult if you are asked to go to another area that is an hour away and you're on the bus because we just don't get the travel time sometimes between calls. It's ok when you're close but some calls are far away. It would be easier if they allocated calls to carers that are already working in that area." We raised staff feedback with the registered manager. They told us they targeted advertising for staff in specific areas and only took on new clients from within these areas. When staff first joined Pleasant Valley Care, the registered manager said it was made very clear to staff what areas the service covers and requested staff availability. Travel time between calls was considered. The service used maps that calculated travel time between addresses. The registered manager continued to explain there may be, on occasion, a staff member asked to cover at short notice due to sickness or unforeseen events.
- Two people we spoke with told us they did not receive a rota so did not always know which staff member would be attending to them. We discussed the allocation of rota with the registered manager. They explained at the initial assessment, people were asked about their preferences and they would continue to take this request into consideration to make sure people were aware they could request a rota if they wished.

- Three people had raised with us issues with the different times staff arrived. We checked four people's records and found the timings to be within the parameters set by the local authority. The registered manager explained they had introduced a time variation document that people had signed agreeing to a time variation in the event of unforeseen lateness. We saw all people had signed these documents. However, the earliest or latest time staff were expected to have arrived by was not always clearly documented and could lead to confusion. The registered manager said they would take our comments on board and review their form.
- The management team conducted spot checks on the support provided by staff. Welfare visits were also completed through regular contact with people to check they were happy with the quality of the service being delivered.
- The management team had a clear vision for the delivery of its service with strong values centred around personalised care with the person as the focus of the service and the centre of decision making. These values were shared by staff we spoke with.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, in the event of severe weather, there were plans in place to ensure staff would attend their visits.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed in the office and promptly informing CQC of notifiable incidents.

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

- Some of the people, relatives and two of the staff told us they felt listened to and that the management team were approachable. One person told us, "They (the service) is very good and I would recommend them."
- The management team encouraged staff in personal development and had held awards for care staff to recognise the good work they had done. In addition, at Christmas as a reward for care staff, the company paid for a Christmas lunch for all staff.
- The registered manager spent time with people in their homes and led by example to demonstrate how people should be supported with respect.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The management team were working in accordance with this regulation within their practice.

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

- People and relatives were supported to share their views about their care and the service through direct contact with the management team via telephone conversations and visits to people's homes.
- We were told the management team were contactable if people and relatives needed to talk to them. A relative said, "They (staff and management team) have excellent communication skills and keep me updated as to how [person] is when I am at work by text."
- Staff we spoke with told us they were provided with information during meetings and direct supervision.
- The registered manager operated an open-door policy and there was always someone available to contact when they needed support or had queries. One staff member said, "You can talk freely to [registered manager] about anything." Another staff member told us, "[Registered manager] is approachable and I would call her if I had any concerns, but I don't really have any."

Continuous learning and improving care; Working in partnership with others

- The service had worked in partnership with other health care organisations for people's benefit. For example, we saw evidence in people's care plans of the provider working with the district nurses, the local GP and community health teams.
- The management team displayed a commitment to improving care and support where possible. They had taken responsibility for their own learning and development to improve the service.