

Teme Valley Care Ltd

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## 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

This inspection took place on 15 March 2016 and was announced. We gave the provider 48 hours' notice of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

The service provides personal care to people living either in their own home or the home of a family member. At the time of the inspection, approximately 73 people used the service.

Since our last inspection the provider of this service had changed and a new manager had been appointed but had not started their employment. As there was an interim manager (who was covering the service) and the provider were present 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.

Care staff at this service are known as caregivers.

People told us they felt safe with the caregivers, who supported them in their own homes. Caregivers had a good understanding of how to safeguard people from different types of abuse and how to report any concerns.

People felt they were supported by enough caregivers to meet their individual needs.

People's health and risks to their health were understood by caregivers. Caregivers understood what was required to care for people and what action to take if they became concerned over any changes in people's health.

People were cared for by caregivers that had satisfactory pre-employment checks. To ensure they were safe to work at the service.

People where appropriate, were supported by caregivers to take their medicines. People's medicines were checked regularly to ensure caregivers assisted people in accordance with how medicines were prescribed.

Caregiver's were regularly supervised and their training needs identified, in order for them to keep their knowledge up-to-date. The provider was in the process of identifying and remedying any shortfalls in caregiver's training.

Caregivers understood how to obtain people's consent. The provider and interim manager acted within the requirements of the law and acted within the obligations placed upon them.

Caregivers told us, they enjoyed their work and understood the people's preferences, they cared for.

People were treated with dignity and respect by caregivers.

People knew how to make a complaint. We saw the provider responded and recorded concerns for future learning.

The quality of care people received was regularly monitored to ensure people were happy with their care they received.

## 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 ●

This service is safe.

People received care from caregivers who understood how to keep them safe and free from the risk of potential abuse.  
There were enough caregivers to meet the needs of the people using the service.  
People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People's preferences and needs were supported by caregivers that were trained to understand their care requirements and personal preferences.  
People were encouraged to make decisions about their care and support.  
Caregivers knew how to promote people's physical health and well-being.  
Caregivers knew people's individual dietary requirements and worked with other professionals to keep them healthy.

### Is the service caring?

Good ●

The service was caring.

People and relatives were very positive about the caring relationships developed with the caregivers. People's received care met their needs and maintained their dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in making choices and assessment of their care needs. Care plans were reviewed regularly and up-dated when people's needs changed. People knew how to make a complaint or raise concerns.

Is the service well-led?

Good ●

This service is well-led

People and caregivers were complimentary about the service. The Provider conducted regular quality checks to maintain a high quality of service.

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## **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 15 March 2016 and was announced. We gave the provider 48 hours' notice of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office. At the time of the inspection, approximately 73 people used the service. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We looked at the information we held about the provider and this service, such as incidents, safeguarding, unexpected deaths or injuries to people receiving care.

We asked the local authority if they had any information to share with us about this service. The Local Authority is responsible for monitoring the quality and funding for some people who use the service.

As part of the inspection we spoke with five people receiving care from the service and two relatives. We also spoke with five caregivers, one senior caregiver, the training coordinator/ interim manager, the provider's volunteer dementia champion, and two company directors.

We reviewed the care records of four people and three caregiver's recruitment records. The provider's quality assurance records, complaints and compliments records and feedback received from people using the service. We also looked at the provider's newsletters, and minutes of management meetings.

The provider refers to the care staff as caregivers.

# Is the service safe?

## Our findings

One person we spoke with told us the caregivers "Help keep me safe because I live alone." A relative told us they had confidence in the caregivers to keep their relative safe because "They notice the slightest change, when they noticed a small scratch on [relatives' name] they told me immediately."

Caregivers we spoke with were able to describe how they kept people safe and what action they would take if they had any concerns for people's safety. One caregiver told us, "If I have any concerns I telephone the office or out of hours on call. They always phone me back with advice and support." They gave us an example, when they had found it necessary to take this action, when a person was taken ill and emergency services had to be called.

Caregivers told us, they had been trained in safeguarding and were able to clearly describe their understanding of safeguarding and keeping people safe. For example, caregivers were able to describe different types of abuse that people needed to be protected from and who to report their concerns to. The interim manager and provider also understood their obligations to report safeguarding concerns and confirmed caregivers training on the subject was regularly reviewed and monitored.

The interim manager told us, how they assessed any potential risks, before a person started to use the service to ensure the right care and support was put in place. Risks to physical health needs were considered making sure the person had the correct equipment in place for caregivers to use. For example, caregivers told us some people had specialist lifting equipment in their homes to help them get out of bed into their wheelchairs in order to keep them safe. Where necessary two caregivers were allocated to assist in helping people move safely. People's mental health and well-being was also assessed, to consider if the person was at risk of isolation. Care plans were then developed for caregivers to follow in individual people's homes, so people's health and well-being would be promoted. Electronic copies of people's care plans were available for all caregivers in summary format and management in full access at all times. The provider thought this new system assisted them to keep people's care needs and support to remain current.

Caregivers described how they checked people's care plans so they knew the best way to keep them safe. Caregivers told us, how they shared information on people's changing safety needs with senior caregivers and management.

The recruitment process they went through to ensure it was safe for them to work with people. Caregivers told us the appropriate pre-employment checks had been completed. Caregivers completed the Disclosure and Barring Service (DBS) checks to ensure it was safe for them to work at the service. The provider understood these checks were necessary to ensure that suitable people were employed and people were not placed at risk through their recruitment processes. Caregivers and people using the service told us they thought there was enough staff employed to meet their needs. People using the service told us, they tended to have care and support from the same caregivers for consistency and received their rotas in plenty of time. One person told us, "The girls are very good, they are always on time." The provider told us, the amount of

caregiver's allocated was dependent on people's needs.

Not all people using the service required assistance and support to take their medicines as they managed their own. One relative told us they managed their family members medication but felt in the case of emergency they would trust caregivers to do it. All of the caregivers we spoke with confirmed they had received training so they would know how to administer medicines in a way which kept people safe. Caregivers told us they were not allowed to administer medicines until senior caregivers had checked they were competent to do this. We saw there were regular checks on the medicines which people received, so senior caregivers could satisfy themselves people were receiving the right medicines and prompts, and would remain well and safe.



## Is the service effective?

### Our findings

People were cared for by caregivers who had the right skills and training to care for them effectively. All the people we spoke with were positive about the caregivers and the way they supported and cared for them. One person told us "They [caregivers] are very good." A relative told us the service their family member received was "Very Good."

We spoke to the provider about the training caregivers received. We were shown training records of all caregivers, which did show some of their training was due for the provider's twelve monthly renewal, however the provider had already identified this was the case and booked further training for them.

We asked caregivers about their induction training when they started their employment. A caregiver confirmed when they started their employment, they worked alongside experienced members of the team and only when they and the senior caregivers deemed them competent did they start working alone. They told us, this had helped them to care for people in an effective way, including how best to keep them safe, and how to respond to their individual care needs, such as communication and mobilising needs using specialist equipment.

We spoke with the training coordinator about recognising training requirements for caregivers, when the people they supported had specific support requirements. They told us this was implemented as required, and could be implemented at short notice, to ensure caregivers had the correct knowledge and skills to care for people effectively.

Caregivers told us they were able to obtain support either through regular supervisions, staff meetings or by contacting senior caregivers immediately if they had any concerns for people. One caregiver told us, "It doesn't matter what time of day it is, (the on call), will always help if we are concerned."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We saw that where appropriate people who required checks on their capacity to make decisions received these.

The interim manager and the provider understood the process for referring matters to the Court of Protection if they needed to. They had kept a record of people who were supported by relatives with Lasting Power of Attorney, so knew who and when they needed to be contacted, to protect people's wishes.

People and their relatives told us caregivers always asked their consent before performing any aspects of support or care. One caregiver told us "We have to remember we are in people's homes, we must respect that and them."

Caregivers knew about people's dietary requirements. One person told us, "Caregivers know I am anaemic so encourage me to eat healthily. They take me shopping to choose my food."

We spoke with people about the support they received to access health services. One person we spoke with told us how caregivers had seen changes in their physical health, and how caregivers had encouraged and supported them to seek medical assistance. All the people we spoke with were confident caregivers would seek assistance for them if they were unwell. One caregiver we spoke with told us how they had contacted the emergency services after one person had a fall, so the person's immediate health needs would be met. They stayed with them until the emergency services left. Whilst on the inspection we heard an emergency service member of staff telephone the interim manager to compliment how well a caregiver had dealt with a potentially life threatening event.

## Is the service caring?

### Our findings

People told us, they were treated with dignity and respect. One person told us "The girls are lovely. They can't do enough for you." A relative told us, "We are very pleased with the caregivers. I'm so impressed by the level of care they provide."

When talking to the caregivers, they knew people's preferences and felt they'd built positive relationships with the people they support. One caregiver told us "I love my job; I wouldn't want to do anything else." When starting to use the service, each person was allocated a named area team leader who was responsible for the care package and for ensuring the team of caregivers were familiarised with what the person requires.

People we spoke with told us, they felt involved in their own care. Caregivers told us, how they thought it was important to involve people in their care and respect their decisions. They told us, when assisting people in their personal care and getting dressed, they asked people what they wanted to wear. At meal times they gave people choices of what they wanted to eat and drink.

People told us they were involved with the formation and contents of their care plans and reviews. We saw from the care records people preferences and routines were recorded for caregivers to refer to. For example we saw that one person preferred to have a strict routine to prevent anxiety.

Caregivers told us, how they made sure people were treated in a dignified way during personal care, such as by making sure people were appropriately covered when some types of care were given. People we spoke with told us, caregivers encouraged them to remain as independent as possible.

Caregivers were aware of the importance of keeping information about people they support confidential and told us, they would only share information about the person with their consent. A caregiver told us, "This could be challenging at times working in a rural community, because everyone knows everyone else and often enquired about other people's welfare". They told us, they found the best way of respecting people's privacy and confidentiality was to respond by saying "They are fine."

Caregivers recognised the importance of respecting people's homes were their private and personal space. When people's had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes.

The provider told us, they felt it was important people were given the choice where they decided to end their life so. All the caregivers employed had specific end of life training to assist people stay in their own home as long as possible. An end of life care champion was available for advice and support for people, their relatives and caregivers.

## Is the service responsive?

### Our findings

People told us, they received care and support from caregivers who understood their individual needs. One person told us, "Caregiver's are fairly good". A relative told us, they were impressed with the standard of care provided.

Caregivers had a good understanding of people's preferences, routines and support. They were mindful of people's choice and control over the care and support they received. Detailed assessments were performed when a person started to use the service. If people were had difficulty expressing their wishes, relatives were consulted to represent them. A relative told us the care coordinator met with them and their relative within the first week of commencing care and support from the provider. People were encouraged to pursue interests and things they liked to do. One person told us, how staff had accompanied them to go fishing and bike rides.

The wellbeing of each person was documented in daily records. Caregivers told us, how useful it was all caregivers recorded any changes so they could monitor people's health and general well-being and respond as necessary.

The person's activities, support with people's behaviours and communication and provided an overall picture of the person's wellbeing. We saw when people needed care and treatment from other professionals the management team and caregivers supported the person with any advice and actions they needed to implement in their daily lives. For example, where people's skin had started to become sore, advice from their community nurse was sought. This supported our observations that the service was responsive to people's needs.

We saw people were asked to share their views and feedback about the quality of the care and support they received through satisfaction questionnaires. These had been analysed and action taken to improve people's experience of the service. We were shown detailed graphical evidence from the provider's quality records, from which improvement plans had been drawn up. The provider used this information to direct the future training needs for all the care givers, and recruitment processes.

All the people we spoke with told us, if they wanted to raise complaints they knew who to speak with. There were arrangements for recording complaints and any actions taken. We saw where complaints had been made they had been responded to. We also saw people were happy and felt comfortable to share any issues they had with the interim manager during everyday conversations. For example when one person had decided they didn't want a particular caregiver to support them this was accommodated.

## Is the service well-led?

### Our findings

People told us, they thought the service was well-run, but one relative commented they would have liked more information about the new provider before they took over the service in November 2015.

A new manager had been appointed but is not due commence their employment in April 2016. An interim manager (employed by the provider's other service) is currently covering the post of manager. The provider told us, they were busy implementing policies and procedures, similar to the other services they owned to provide continuity across the businesses. They acknowledged this was a period of transition for people who used the service and caregivers, but so far changes had been positively welcomed. People we spoke with felt the change of provider had been made without too much disruption to the delivery of support they normally received.

Caregivers told us, about the spot checks which were undertaken by senior caregivers. We saw spot checks were regularly undertaken by senior care givers and the interim manager so the provider was assured care was delivered in the right way for individual people, and risks to people's well-being and health were considered.

Caregivers we spoke with told us they received immediate feedback from senior caregivers, also regularly checked people received the right medicines.

Senior caregivers told us the outcomes of spot checks were considered as part of regular management meetings and any actions required discussed for future learning.

The provider had systems in place to check people were happy with the quality of care received. They sent out customer satisfaction surveys. They had an annual quality audit survey conducted by an external person to collate all the information received. These were then presented in graphical form for the directors and managers to consider for future development of the service.

Caregivers told us, they felt included in the way the service was developing, through supervisions, staff meetings and newsletters. One caregiver told us how they felt appreciated by receiving a recognition letter from the provider thanking her for providing excellent care.

The provider told us; how they wanted to show caregivers and other staff how important they were to the service, by arranging a variety of social events throughout the year as way of thanking them for their contribution.

The provider told us, they thought it was important to work with external agencies to develop best practice so was currently working alongside the local hospice and was trialling a new quality of life system through a university.