

Spring Valley Care Services 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

About the service

Spring Valley Care Services Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of the inspection 16 people were using the service.

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

People received personalised care which met their needs and reflected their preferences. People using the service and their relatives explained the care was planned well to meet individual needs and the agency was responsive to changes, liaising with other professionals to make sure the right support was provided.

The risks to people's safety and wellbeing were managed. The provider had assessed these risks and put clear plans in place to help make sure people were safe. People received their medicines in a safe way and as prescribed.

The staff were well supported, trained, and skilled. There was good communication between the staff to make sure they cared for people safely, followed guidelines and met people's needs.

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.

The registered manager worked closely with people using the service, families, staff and other stakeholders to help make sure they received appropriate care and support. There were suitable systems for monitoring and improving the quality of the service and dealing with complaints.

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

Rating at last inspection

This was the first inspection of the service which was registered with CQC in November 2018.

Why we inspected

This was a planned inspection based on the date of registration.

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.

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 ●

Spring Valley Care Services Ltd

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

The inspection was conducted by one inspector.

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 that 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.

We visited the office location on 4 May 2021 and made phone calls to people using the service and their relatives on the same day.

What we did before the inspection

We looked at all the information we held about the service including notifications of significant events. We asked the local authority's quality monitoring team for any feedback they had about the service.

During the inspection

We met the registered manager. We also met the relative of a person using the service who was visiting the agency offices. We looked at the care records for five people and five staff files. We looked at other information the provider used for monitoring the quality of the service.

After the inspection

We spoke with two people who used the service and the relatives of eight other people. We continued to review information from the provider around staff support and training and evidence of quality monitoring. We received feedback from five care workers.

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 for 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

- The provider had systems and processes designed to keep people safe. There were safeguarding policies and procedures and the staff were given information about these. They took part in training to help make sure they understood how to recognise and report abuse.
- People using the service and their relatives told us people were safe. Their comments included, "I trust them with [person's] life", "They are 100% safe" and "I feel [person] is very safe and I am confident all is fine."
- There were suitable systems for supporting people with shopping and for when staff handled their money to help protect them from the risk of financial abuse.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed, planned for and were monitored. The registered manager undertook comprehensive assessments of need and where there was an identified risk, they created a plan and guidance for staff on how to keep the person safe. All assessments were regularly reviewed and had been updated with changes.
- Where other professionals had given guidance or information, these had been incorporated into assessments and plans, such as information about the consistency of food and fluid for people who had swallowing difficulties.
- People using the service and their relatives told us they were happy with the way the provider managed risks. They said they felt people were safe, staff knew how to use equipment people required and how to help them move safely around their home and the community. They told us the registered manager always demonstrated how to care for people safely to new staff so they understood what was required of them.
- The provider used their own system for rating how vulnerable each person was in the event of an emergency situation and during any potential staffing shortages. For example, if a person had multiple health conditions or no close family support, they were rated at high risk and therefore would be prioritised for care when needed.
- The registered manager carried out assessments of people's home environment, equipment and fire safety.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. The registered manager organised staff allocation so that small groups of familiar staff worked with each person. The staff arrived on time and stayed for the duration of the scheduled visit, and sometimes longer if needed. People using the service and their relatives confirmed this by telling us, "They have organised a fantastic tight bubble of carers to work with us", "Staffing is never an issue – they are never late and do not leave early", "Having consistency of staff

is very important to us" and "They are very responsive, if a staff member is down, they arrange cover."

- There were suitable processes for recruiting and selecting staff which included formal interviews and checking their identity, right to work in the United Kingdom, references from previous employers and checking any criminal records. New staff completed an induction and a range of training. The provider assessed their skills, knowledge, and competencies during the induction to make sure they were suitable.

Using medicines safely

- People received their medicines safely and as prescribed. They confirmed this with us. The staff were trained and assessed to make sure they understood about handling medicines. There was clear information about the medicines people were prescribed and when they needed these.
- The registered manager liaised with pharmacies and prescribing doctors to help make sure people received the right medicines and any changes to these were discussed. They had received written guidance regarding PRN (as required medicines) so the staff knew when they should administer these.
- Records of administration were electronic and the registered manager was alerted immediately if the staff failed to record medicines administration. These records were regularly audited, and the provider responded appropriately when there were errors, or something went wrong with medicines, for example consulting with healthcare professionals and changing processes to minimise the risk of future problems.

Preventing and controlling infection

- There were systems to help prevent and control the spread of infection. The provider had procedures regarding infection control and had updated these to reflect the impact of the COVID-19 pandemic. Staff had relevant training and were provided with personal protective equipment (PPE) such as masks and gloves. The staff told us they had enough PPE and one person who used the service also commented they were able to use the PPE when needed.
- People using the service told us the staff always wore PPE and followed good infection control processes. The registered manager also checked this when they carried out spot checks on staff observing how they cared for and supported people.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. They investigated all accidents, complaints and other adverse events. When people had fallen or become unwell, they had sought medical assistance.
- There were regular team meetings and the staff met with the registered manager to discuss things that had gone wrong and how they could learn from these to improve the service. The registered manager also consulted with people using the service and their families so they could share ideas for improving care.

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's needs were assessed before they started using the service. They and their relatives told us they had been impressed with this process. Their comments included, "[Registered manager] visited us in hospital and the assessment was really good. [They were] lovely with [person] and [they] took to her", "[Registered manager] came within two days of contact and I was really impressed with the thorough assessment" and "They helped to make sure the equipment and staffing were in place for when [person] was discharged from hospital."
- The initial assessment including finding out about people's personality so staff could be matched with them. The registered manager also provided care for people so they could further assess their needs and demonstrate to staff how to care for each person.
- We saw detailed assessments in place with information about people's needs, risks to their wellbeing and the desired outcome from the service.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained, supported and had the necessary skills. The registered manager was a qualified trainer and provided a range of training for all staff. The staff also accessed online courses and undertook qualifications in care. They told us they had enough training and this was useful.
- The registered manager undertook assessments of staff and supported them to complete booklets which demonstrated their knowledge during inductions. All new staff shadowed the registered manager or experienced staff before they were able to work independently. The registered manager carried out regular spot checks to observe staff carrying out care.
- The staff told us they felt supported. They had regular supervision meetings with the registered manager and took part in team meetings to discuss the service and their work.

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

- People were supported to have enough to eat and drink. Specialist dietary needs were recorded in their care plans along with information about preferences.
- Records of care provided showed people received the support they needed in this area. The staff had undertaken training about nutrition and hydration.

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

- The staff worked with other professionals to help keep people healthy and meet their healthcare needs.

Care plans included information about people's medical conditions and how they should be supported with these. Guidance from other professionals was incorporated into these plans.

- People using the service and their relatives were happy with the support they received in this area. One relative told us they had helped to train the staff to use a piece of healthcare equipment and worked with the staff to make sure the person was safe. Staff had contacted health professionals when needed and asked for their assistance and advice.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had obtained consent to care in line with legislation and guidance. They had discussed care plans with people using the service and their representatives. They had obtained details of any Lasting Power of Attorney representatives to make sure they knew who to consult regarding decisions about people's care.
- People using the service told us they were involved in decisions and were asked for their consent.
- The registered manager had carried out assessments of people's mental capacity in relation to specific decisions where they had identified a person may lack capacity. The assessments were appropriate and included decisions made in people's best interests when they were unable to give informed consent themselves.

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

- People were well treated and supported. All the feedback we received was positive, with many people and their relatives telling us the staff went "above and beyond" to provide a personalised service. They praised the registered manager for their approach and said they had developed and trained staff to provide individualised care.
- People had a good relationship with their regular care workers and praised them with comments which included, "They concentrate on the small things that may not seem important but make [one] feel more comfortable and at ease", "Each person is treated as an individual", "They know [person] well and we trust them", "The care team talk with [person], have a chat and [they] enjoy their company" and "The carers don't ignore [person] they sit with [them] and talk about things [person] wants to talk about."
- People told us they could discuss concerns they had about their health or care needs with the registered manager and the care workers. They said they felt they had a good relationship and the registered manager tried to sort out issues, such as helping them contact healthcare professionals and social workers when needed.
- One person explained how the registered manager and care workers had helped them to attend family funerals and to visit a relative in hospital because they would not be able to do this without support. We were also told by a relative of a person that it was the first time they were able to go on holiday and trusted that the person was in safe hands and well looked after.

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

- People were able to express their views and be involved in decisions about their care. They and their relatives confirmed they had been asked for their views during the initial assessment of need. Their choices and preferences were recorded, and they told us the staff also offered, and respected, choices at each care visit.
- People explained they had regular opportunities to discuss their care with the registered manager and had care workers who supported them. They told us any changes they wanted were accommodated and the provider was responsive to their needs and requests.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. They told us the staff were careful when providing care and support, always making sure they were covered up and doors were closed when needed.
- People told us they had been asked whether they had any preferences regarding the gender of their care workers. Their preferred name and pronouns were recorded on care plans and staff used these when communicating with and about people.

- People told us the staff encouraged their independence and supported them to be involved in shopping, household tasks and part of their own care when this is what they wanted and were able. Care plans reflected this, highlighting what people could do for themselves and the support they needed.

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 needs and preferences. They confirmed this, telling us they were cared for by staff who knew them well, had a good relationship with them, always completed all the care tasks, and often provided extra support as well.
- The registered manager had developed care plans which gave a good amount of information about people's needs, wishes and preferences. People were involved in developing the plans and these were regularly reviewed.
- People told us the registered manager was responsive when their needs changed and made sure care plans reflected these changes.
- The care plans and risk assessments were electronic and people using the service, and their allocated representatives, could access these along with the logs of care provided and medicines records. Family members told us this was useful as they could see the care that had been provided and were alerted to any problems via the system.

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.

- People's communication needs were being met. The registered manager carried out an assessment of their needs and created plans for these. These included assessments of their speech, hearing, sight, comprehension, expression, language and personal preferences for communication, including specialist requirements.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships. One person told us how the staff had supported them to visit their relative (also a person using the service) who was not well. A visit they could not have managed without staff support.
- The registered manager explained how they had organised personalised Christmas gifts for each person and a party for one person's birthday.
- The staff supported people to access the community for shopping and exercise. They also supported people in their homes with activities and games. People and their relatives confirmed this, telling us the staff tried to make sure they talked about things people were interested in and provided them with different

activities to do.

Improving care quality in response to complaints or concerns

- The provider responded to complaints, investigating these and learning from them to improve the service. There was a complaints procedure which people using the service and their relatives were aware of. People told us they knew what to do if they had a concern. Those that had raised concerns told us these had been appropriately dealt with.
- Records of complaints and concerns showed the registered manager had investigated these and made changes to the service where needed. They had liaised with the complainant and person involved to make sure they were satisfied with the outcome.

End of life care and support

- People being cared for at the end of their lives were given the support they needed. The provider worked closely with the person, their representatives and healthcare teams to help make sure people were safe, comfortable and pain free.

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.

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

- There was a person-centred culture which achieved good outcomes for people. Everyone we spoke with told us they would recommend the service. Many had been supported by other care agencies in the past and they told us Spring Valley Care Services Ltd offered a better service than they had previously experienced.
- Some of the comments from people and their relatives included, "I think they are a very good agency", "They have been very good at accommodating our needs and hours, they are so flexible", "I like the individual interaction the staff have with [person], they are really attentive", "They are consistently good" and "They spend extra time making sure everything is done, they do not rush off and they really care."
- The staff also told us they enjoyed working for the agency, telling us they would recommend the provider as a good employer. They told us the registered manager was kind and friendly, and the agency cared about the people they supported and staff.
- The provider had a record of compliments and comments they had received. These included feedback from a healthcare specialist about how impressed they had been with the care provided to one person and letters of thanks from relatives after people had sadly passed away.

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

- The provider had suitable policies and procedures including duty of candour. Staff had been trained so they understood this. We saw the provider had been open and transparent when responding to complainants and when discussing things that had gone wrong.

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

- The registered manager was also the owner of the company. They were an experienced manager, care professional and a qualified trainer. They had a good understanding of their regulatory responsibilities and of the service. They knew all the people being cared for, their families and staff well and had good relationships with them.
- People gave us positive feedback about the registered manager telling us they were regularly contacted and well informed. They said they could contact the registered manager at any time. The staff told us they felt supported by the registered manager and had the information they needed for their roles and responsibilities.

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

- The provider engaged with people using the service and other stakeholders. They organised regular meetings and discussions with staff and relatives to make sure care was being provided appropriately and to share ideas for improvements for individual people.
- People told us they felt able to contact the provider whenever needed. One relative commented, "Everything is 100% perfect, if there is a problem, however small, it is sorted, [registered manager] is amazing." Relatives told us they appreciated having access to the computerised care planning application so they could see when people had received care and if there were any concerns.
- The provider asked stakeholders to complete satisfaction surveys about their experiences. They analysed the responses and addressed any concerns people had raised. The overall feedback from the most recent survey was positive and people felt they were well cared for.
- The staff took part in regular meetings where they discussed the provider's principles, values, aims, procedures and looked at how they would deal with different situations.

Continuous learning and improving care

- The provider had systems for monitoring and improving the quality of the service and these were operated effectively. They had been proactive in reviewing their contingency plan during the COVID-19 pandemic and made sure they adjusted the service to reflect people's needs during this time.
- The registered manager was in regular contact with people, their families and staff, and they confirmed this, telling us they had the information they needed and were able to share their feedback and ideas for improvement.
- The registered manager carried out spot checks to monitor and assess how staff were supporting people during care visits. Records of these showed they had responded to concerns and helped staff to identify actions for improvement. The registered manager also had regular meetings with the staff team and individual staff to discuss their work and the service.
- The provider worked with the computerised care plan system operator to monitor how this was working and where improvements were needed to the system.
- Care plans and assessments were regularly reviewed and updated. These reviews included asking people using the service and their relatives for their feedback.

Working in partnership with others

- The registered manager told us they worked with others to make sure they provided a good quality service. This included attending local authority run meetings and provider forums. They had liaised with healthcare professionals to help ensure people received the right care and support.
- The agency worked in partnership with families and friends to make sure they were well informed and involved in planning and reviewing people's care. For example, the registered manager organised meetings between the care workers and family of people using the service to discuss what was working well and where improvements were needed.