

Mrs Joanna Claire Thorpe

Goyt Valley Carers

Inspection report

Millstone Willows
New Smithy, Chinley
High Peak
SK23 6DZ

Tel: 01298813728

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23 March 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Goyt Valley Carers is a domiciliary care agency. At the time of this inspection they were providing personal care support to 20 people in their own homes.

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 were consistently safe and protected from avoidable harm. We found the provider had implemented effective infection and prevention control measures in line with government guidelines around the COVID-19 pandemic. Risks to people's safety were assessed and mitigated and people told us they felt the service was safe.

People and relatives told us the way the service is led is exceptional and distinctive with people and their relatives considered at all times. The provider had systems and processes in place to retain oversight of people's care and ensure high standards were consistently met.

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

Rating at last inspection

The last rating for this service was good (published January 2020)

We received concerns in relation to infection prevention and control measures in place. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service remains good. We found no evidence during this inspection that people were at risk of harm. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Goyt Valley Carers on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Goyt Valley Carers

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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.

Inspection activity started on 23 March 2021 and ended on 25 March 2021. We visited the office location on 23 March 2021.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and care staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file 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 data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely and meeting shielding and social distancing rules. One person said, "They [Staff] always wear their gloves, masks and aprons, I don't much like the masks but it's what we have to do at the moment, so we do."
- We reviewed a recorded incident where the provider received an allegation that a staff member had not worn PPE safely. The provider had reviewed this, identified the staff member had worn PPE around the person they were supporting but had removed the PPE just before leaving the person's home. The provider then introduced more training and reminded all staff about the requirements to wear PPE at all times when inside people's homes.
- We were assured that the provider's infection prevention and control policy was up to date and staff received regular updates in relation to COVID-19 guidance. The provider was accessing testing for people using the service and staff.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from avoidable harm. People told us they developed close and trusted relationships with the provider and staff and felt they could seek their support if they felt they were victims of abuse. One person said, "I can tell the staff anything, they're always ready to listen."
- Staff were provided with training about abuse and safeguarding requirements. Staff told us they would feel confident to raise concerns of abuse with the management team.
- We reviewed incident records and saw these were reviewed by the provider for any signs of potential abuse.

Learning lessons when things go wrong

- The provider encouraged openness and transparency throughout the service. Staff told us there was a supportive and blame free culture. When staff had made mistakes or when people had experienced accidents or incidents, the provider ensured investigations were completed and measures to prevent future recurrence were implemented.

Assessing risk, safety monitoring and management

- There was a proactive approach to anticipating and managing risk. We reviewed people's care plans and saw that any potential risks to their safety were assessed and guidance provided to staff to reduce these. Risk assessments were regularly reviewed and updated as people's needs changed.
- Nationally recognised guidance and evidence-based tools were used to monitor risks to people's safety including weight loss and skin breakdown.

Staffing and recruitment

- There was always enough trained staff on duty to meet people's needs and preferences. People told us staff always arrived on time and stayed the full allocated call time. One person said, "They're never late, never rushed, always stop and have a chat with me and that's the best bit. I'd be lost without them, they're just angels."
- Staff were recruited safely and appropriate pre-employment checks such as references, and criminal records checks were completed.
- Staff were provided with training and regular updates to ensure they could meet people's needs. New staff completed an induction programme that included shadowing experienced staff for as long as necessary and until they expressed confidence in their role and were assessed as competent.

Using medicines safely

- The provider and staff were clear about their roles and responsibilities in relation to supporting people with their medicines. Staff were provided with guidance to ensure this was completed safely. We reviewed medicine administration records and found these were completed and stored appropriately.

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 good. At this inspection this key question has remained the same. 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

- People told us the service was consistently well-led. The provider shaped the culture of the service by leading by example and sharing their person-centred visions and values with people, relatives, staff and partner agencies. One person said, "[Provider] just can't do enough for everyone, they've supported my husband as well as me, we really are grateful to them for their kindness, honestly, nothing is too much trouble for them."
- Staff understood the provider's values and told us they were proud to work for the service. One staff member said, "It's easily the best company I've ever worked for, the management listen, they are kind and they support us to be kind to people, we're never rushed and it makes it a happy place for us and the people we care for."

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; Working in partnership with others

- The provider met the duty of candour and operated an open and honest system of communication with people, relatives, staff and partner agencies such as the local authority and healthcare professionals.

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

- There was clear and effective governance and accountability arrangements in place. The provider regularly audited all records relating to people's care and had a system in place to identify themes and trends that could potentially lead to a risk of harm.

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

- The provider genuinely welcomed feedback from people, relatives and professionals. There were regular update meetings and people told us they felt active members of the team and part of the process when designing their care package. One person said, "I choose how they help me; they don't patronise me, I'm old and can't be rushed and they never rush me. They keep me updated with what is happening out there and I do like to hear these things."
- Although staff had not been able to attend meetings due to social distancing guidelines, they told us they

were always kept up to date with changing guidance and maintained regular communication over the phone.

Continuous learning and improving care

- There was a strong focus on ensuring the person-centred values and continuous learning were consistently reviewed and imbedded within staff practice. Staff told us they were always learning and strived to make sure people received the best care possible. One staff member said, "We know the owner cares and would do anything for anyone so we try to be like her and do the best we possibly can."