

Harcombe Valley Care Limited

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Inspection report

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19 December 2018

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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 11,13 and 19 December 2018. We gave the service 48 hours' notice of the inspection visit because it is a small domiciliary care agency and the registered manager works as part of the care team. We brought this inspection forward because of a safeguarding concern in connection with one individual. The outcome of a safeguarding meeting was for the registered manager and the nominated individual to investigate the allegation.

Harcombe Valley Care Limited is registered with the Care Quality Commission (CQC) to provide personal care to people within their own homes. At the time of our inspection, the service was providing personal care and support to 33 people. When we visited there was a registered manager in post. 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.

People who used the services and the feedback was overwhelmingly positive about their experiences. The registered manager and their staff went the 'extra mile' to help prevent people being socially isolated and responded quickly at times of personal crisis for people using the service. People said "They are lovely. They are all very nice and all very caring", "I can't fault them, they are lovely" and "The carers are always extremely courteous and helpful." Relatives were equally positive about the approach of the care workers. One relative commented "They are kind to her. This service was recommended by a friend and I have to say that I find them impressive." Another relative said "They are kind. I find them wonderful, I really do."

People were treated as individuals and were not judged when their behaviour was challenging towards staff. They recognised the frustrations of people when they became reliant on others and the impact this could have on their mental wellbeing. Staff were clear only experienced staff would be rostered to work with the person. They described how they altered their body language, voice tone and topics of conversation to reduce areas of potential conflict which meant the person accepted the support they needed.

People were supported by staff who were skilled and understood their needs. Since the last inspection, steps had been taken to improve the staff group's knowledge of the Mental Capacity Act 2005 (MCA). Information was in place to ensure people's legal rights were protected. A relative said "They seem to know exactly what her needs are and what needs doing." Staff spoke confidently about the care they delivered and understood how they contributed to people's health and wellbeing. People said "From day one it was obvious they were well trained."

People's nutritional needs were met; staff supported some people with meal preparation. Care plans for each person held detailed information about their dietary needs, including likes and dislikes. People said "I tell them what I want for lunch and they do it. They know how I like things cooked."

Referrals were appropriately made to health care services when people's needs changed. Staff recognised the importance of maintaining people's mental well-being, for example taking time to reassure them and address any misunderstandings due to the person's anxiety. To help ensure care staff understood people's needs there were fact sheets to help them understand people's medical conditions.

People said they felt safe because the staff group were kind and reliable. People continued to be supported by staff who respected their privacy and dignity. Staff relationships with the people they supported continued to be caring and supportive. There was a stable staff group which helped ensure a consistent approach. Staffing arrangements were flexible to meet people's individual needs and to respond to changes.

There was a consistent approach to gain people's consent to care and treatment in line with requirements of the legislation and guidance. People were supported to maintain good health and had access to appropriate services, which ensured they received on-going healthcare support. Medicine administration, recording and auditing was safe. People were satisfied with the infection control practices of staff.

Risk assessments identified when people could be at risk and covered people's physical and mental health needs and the environment they lived in. Feedback from people and staff confirmed the provider recruited staff who suited the caring values of the service and recognised the importance of team work to provide consistent and safe care. People were protected from abuse because the provider understood their safeguarding responsibilities.

There were systems in place to gain people's views and to address concerns and complaints. People were protected from abuse because the provider understood their safeguarding responsibilities. The service continued to provide well-led care to people. The service was well run by the registered manager and the nominated individual. Senior staff assisted the management team with reviews and spot checks to ensure people received a good quality service. Feedback from people using the service and quality assurance records showed this had been achieved.

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 continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well led.

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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 announced inspection took place on 11,13 and 19 December 2018. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

We spoke with people who were new to the service and to people who had been supported by the agency for a number of years. We met with three people who received a service and two relatives. We also received further feedback from five people and six relatives who could tell us about their experiences.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We spoke with three members of staff, the registered manager and the nominated individual. We reviewed two people's care file, staff training records and a selection of records relating to the management of the service.

Is the service safe?

Our findings

The service continued to be safe.

People said staff made them feel safe, for example stating staff spoke with them as they assisted them which put them at ease. Two people said "Completely safe, they're nice women, all trustworthy" and "Very, very safe indeed. They're very good, they are really good." A relative said "Very safe, I've met all the carers personally, they are lovely people. They are not doing it for the job they are doing it because they want to care for people...They are well trained, they understand Alzheimer's disease. We feel confident with them and they point out things to us."

People benefited from a reliable and conscientious staff team who knew them well and could meet their current care needs. A number of people had been supported by the agency for a number of years. For example, a relative said "She's known them for a long time. If there are new people coming in, one of the old carers comes with her the first time to show her how to do things...new carers never go in on their own." This meant there was a continuity of care for the people using the service.

People's needs were met by suitable numbers of staff who knew people's needs well. People told us, if necessary, the registered manager supported people herself to ensure the right staff team was in place to meet the person's preferences. People knew which care worker was going to visit them in advance. A relative said "We get the staff rota in advance."

People and their relatives told us care workers had time to do their job properly. One person said "On the rare occasion they have been delayed by roadworks, they feel under pressure but I can't be rushed and they don't try to rush me." One relative said "Yes, they have enough time and sometimes they can even sit down and talk to me." People said staff were reliable and they had not experienced any missed visits. The registered manager had systems in place to monitor delayed visits and carried out unannounced spot checks to ensure staff arrived on time.

People were protected from abuse because the provider understood their safeguarding responsibilities. Prior to the inspection, a safeguarding meeting was held in connection with one individual. The outcome of the meeting was for the registered manager and the nominated individual to investigate the allegation. During the inspection, they were in the process of investigating and had sought legal advice to support them with this task. We reviewed the paperwork relating to the incident and the management team recognised the style of recording could be improved to reflect their good practice.

Feedback from people and staff confirmed the provider recruited staff who suited the caring values of the service. They recognised the importance of team work to provide consistent and safe care. Recruitment procedures ensured necessary checks were made before new staff commenced employment. New staff had a full employment history and the provider had ensured they had relevant references, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

As part of the safeguarding investigation, the management team had reviewed records including recruitment records. Following this review, they recognised the recruitment of one staff member did not follow their usual robust practice. Usually both the registered manager and the nominated individual were involved in recruitment which meant each stage of the process was double checked. However, due to ill health this had not happened on this one occasion, which they recognised had potentially put people at risk. They explained how they had learnt from their investigation and demonstrated how they had changed their practice to ensure this did not happen again.

Medicine administration, recording and auditing was safe. Most people said they managed their own medication. Those that were supported were happy with the arrangements. The registered manager had liaised with a health professional to establish best interest arrangements for medicine administration for one person to ensure their health needs were met. The service had systems in place to support staff to administer medicines safely. The registered manager made changes during the inspection to ensure the correct code was used for one person's medicine records, which is good practice. Medicine audits were regularly carried out and action taken to address discrepancies. Staff administering medicines had received appropriate training.

Risk assessments identified when people could be at risk and the action to be taken by care workers to minimise the risks. Individual risk assessments in the care records covered people's physical and mental health needs and the environment they lived in. We found the risk assessments detailed and covered the activities which put the person or staff at risk. For example, several people had health needs which had been assessed and were well documented to help keep people safe. One relative said "Very safe, they are very safety conscious, such as fall prevention. I get the impression they are very conscious of that." Another relative said "I don't have any problem they are perfectly safe...I'm around a lot of the time, I've seen them work. I've never found anything that is worrying me and Mum has never said there is a problem."

People was satisfied with the infection control practices of staff and confirmed they always wore gloves when assisting with personal care. Staff said equipment, such as gloves and aprons, were always available to them. Records were kept by the management team to monitor the collection of equipment and spot check visits by the registered manager checked staff were working in a safe manner.

Is the service effective?

Our findings

The service provides effective care.

Since the last inspection, steps had been taken to improve the staff group's knowledge of the Mental Capacity Act 2005 (MCA). Information was in place to ensure people's legal rights were protected. The Mental Capacity Act (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider checked if people had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people legal rights were protected. People said staff asked for their consent before they received care or support.

The care records in people's homes contained a form which informed people of their rights. People gave their consent and this was recorded in their daily records by care workers. The signed consent forms were kept in the office but the nominated individual said these would be copied and also placed in people's homes.

People were supported by staff who were skilled and understood their needs. People said they felt safe when staff assisted them to move using equipment; one person said staff always remembered to apply the brakes on equipment which made them feel safe. People were relaxed and at ease with staff. For example, a relative said "They seem to know exactly what her needs are and what needs doing." Staff spoke confidently about the care they delivered and understood how they contributed to people's health and wellbeing. People said "From day one it was obvious they were well trained."

People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. Staff said they would recommend working at the service and felt supported to learn. There was a planned induction process, for example staff completed the Care Certificate and their practice was observed as part of this process. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications, including a competence-based qualification with a series of levels. Discussions with staff and records showed supervisions regularly took place, as well as an annual appraisal. Staff said they had the opportunity to meet with the provider in between these planned sessions and felt very supported.

Many of the staff team were experienced and well trained. For example, a relative said 'My father can get vocal and upset at times and they handle it well. They don't get cross...and explain everything.' The provider ensured staff had the necessary skills to meet a range of care needs. They provided training in different formats, including courses from external sources such as the community nurse team and training companies. Topics included safeguarding, infection control, food hygiene, medicine awareness and food hygiene.

People's nutritional needs were met; staff supported some people with meal preparation. Care plans for each person held detailed information about their dietary needs, including likes and dislikes. People said 'Yes, they know where everything is kept. If they do lunch, they know how I like things cooked. Vegetables steamed, gravy in a jug' and "I tell them what I want for lunch and they do it. They know how I like things cooked."

Referrals were appropriately made to health care services when people needs changed. Staff recognised the importance of maintaining people's mental well-being, for example taking time to reassure them and address any misunderstandings due to the person's anxiety. Records showed staff worked with a range of community professionals to maintain and promote people's health. To help ensure care staff understood people's needs there were fact sheets to help them understand people's medical conditions.

Is the service caring?

Our findings

The service continues to be caring.

People's feedback was overwhelmingly positive. It was a comment during this feedback which led us to explore how the agency responded to people at risk of social isolation over Christmas. The registered manager, the nominated individual and their families all work on Christmas Day to ensure people who were on their own received a home cooked meal which was delivered to them. The registered manager said her priority was to the people using the service and she saw them as an extended family. As a result, the management team promoted strong caring values to their staff and people who used the services benefited from this approach.

There was excellent emotional support which showed the registered manager and their staff went the 'extra mile'. For example, due to a change in circumstances one person had planned to move to another area; their furniture and belongings had been removed from their home. The registered manager explained how they had been concerned the person may change their mind so they kept the person's allocated hours free. This meant they could quickly respond with practical assistance when the person returned unexpectedly. Staff met them when they returned to their home and gave reassurance. This caring response included staff gathering together basic items such as bedding as the house had been cleared of household items. The registered manager described how staff rallied round to help alleviate the person's anxiety and stress.

People were treated as individuals and were not judged when their behaviour towards staff could be challenging. Staff recognised the frustrations of people when they became reliant on others and the impact this could have on their mental wellbeing. They described offering possibilities rather than directions when supporting people with personal care so they felt in control. We met with a person who held strong views on which staff members they would allow to assist them, which was a small group, including the registered manager. They gave positive feedback about how they were supported by staff. Staff were clear only experienced staff would be rostered to work with the person. They described how they altered their body language, voice tone and topics of conversation to reduce areas of potential conflict which meant the person accepted the support they needed. The registered manager personally took the person to health appointments, which the person requested, to ensure they benefited from the health care they needed.

People said the support and care they received helped them be as independent as possible. Staff explained how they supported people to make decisions about their everyday lives and gave examples of supporting people to maintain their independence. For example, recognising people's abilities and enabling them to continue to maintain their independence in these areas, such as choosing their menu. There was a consistent approach to gain people's consent to care and treatment in line with requirements of the legislation and guidance.

Written feedback included comments such as "Thank you so much for coming into our lives to help and care for (X) when so ill." People said they had a positive relationship with the staff who supported them; they said staff were helpful and treated them politely and kindly. One person said, "They are lovely. They are all very

nice and all very caring." A second person said, "I can't fault them, they are lovely" and a third said "The carers are always extremely courteous and helpful."

Relatives were equally positive about the approach of the care workers. One relative commented, "They are kind to her. This service was recommended by a friend and I have to say that I find them impressive." Another relative told us, "They are kind. I find them wonderful, I really do." Records showed staff demonstrated patience. For example, one person requested their clothes were changed four times before they were satisfied with their appearance. The registered manager was thoughtful, sending flowers and a card when couples celebrated a special wedding anniversary.

Our conversations with staff provided many examples of their dedication to support people in their preferred manner. Examples they gave us of how they supported people in an individualised manner matched the contents of people's care plans. Discussions with staff showed how they took into consideration people's feelings by respecting their dignity and privacy. People's praised how staff maintained people's dignity during personal care. For example, one relative described how staff were very conscientious and planned ahead, so people were covered when being transferred from the bathroom to the bedroom and were kept warm.

In their feedback, staff highlighted their sense of pride in their job and recognised their responsibilities to the people who used the service. Our discussions with the registered manager demonstrated their empathy towards the people using the service so they provided a good role model. Staff relationships with people using the service were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. Staff adopted a personalised approach in how they worked with each person; staff explained that it was important people were at the heart of planning their care and support needs. This was reflected in the written feedback from people and the detail of daily records.

Is the service responsive?

Our findings

The service continued to provide responsive care to people.

People received personalised care and support specific to their needs and preferences. The registered manager met with people to discuss what type of support they needed. People said "First of all there was a meeting, we were all...It's all fine" and "We discussed it in detail, it was straightforward to start with. We have a detailed plan of care which has evolved and grown from there, with regular reviews."

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. People said new staff members used the care plans for reference. For example, a person said "One carer, she was fairly new and she didn't know about making a sandwich for tea. She said 'I didn't know, I will check in the care plan.'"

There was good communication between staff; they said the registered manager and senior staff kept them up to date about changes to people's care. People knew the purpose of the care plan and the daily records; they said staff always wrote in daily records and always looked to see what previous staff members had written.

Care plans were written in a personal manner for everyone rather than containing set phrases. One person described how care staff were flexible in recognition of their preferences each day, for example "There was one day I was feeling below par. (Staff member) said 'I get the feeling you don't want a shower today; would you like a strip wash instead...I stayed in my housecoat that day.'"

Care and support was planned in a person-centred way. Each person had a care plan that was tailored to meeting their individual needs. These were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. Daily records showed staff were responsive to people's needs as they provided a clear account of how the person had been supported and documented changes to their health or emotional well-being. For example, "We've changed the timings and times occasionally, they're adaptable." This included providing extra visits if people's health declined, for example "When I had my knee replacement, I needed more care, they responded straight away."

At the time of the inspection, nobody was receiving end of life care but people had made their wishes clear with regards to medical intervention in the future. Written feedback from relatives included praise for end of life care, "You all made it possible for him to be cared for and die in the home that he loved so much which meant so much to him and us."

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. Care records contained clear communication plans explaining how each person communicated and ensured staff knew what aids people needed to help them be involved in decisions. Staff recognised effective communication as an important way of supporting people to aid their general wellbeing.

The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and local authority. The management team's complaints records showed that if they received a complaint, they attended to it in line with the organisation's procedure.

Is the service well-led?

Our findings

The service continued to provide well-led care to people.

The service was well run by the registered manager and the nominated individual. 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.

The registered manager and nominated individual valued and recognised the commitment, kindness and reliability of the care staff. Staff were well supported; one said the registered manager was like "a mum to us all." Staff had the necessary skills to meet the range of needs of people who received care from the service. Training records were audited to ensure staff had their skills updated to complete their work safely and with a caring attitude. Care records and feedback from people using the service showed this approach had been successful.

Quality assurance checks were completed on a regular basis. The registered manager reviewed and carried out spot checks to ensure people received a good quality service. These included checking on medicine practice, the range of meals people were offered and that people looked well cared for to maintain their dignity. Visits to people's home helped the registered manager monitor care staff to ensure they were supporting people appropriately in a kind and caring way. People's care plans and risk assessments were reviewed, as well as daily records and medicine records. This helped identify where improvements needed to be made. During the inspection, verbal and written feedback from people using the service and quality assurance records showed this had been achieved.

The registered manager kept staff up to date with changes to working arrangements and people's health and well-being through meetings, supervisions and encouraging staff to visit the office. Staff memos were sent out each week and then collected back in for shredding to maintain confidentiality.

Good quality assurance processes provided a foundation to ensure the service was well run. People's opinions mattered. People were encouraged to feed back their views of their care and the service at meetings. People said they would recommend the service to other people looking for care in their own home. The service worked with health and social care professionals in line with people's specific needs.

The registered manager was aware when to notify CQC. We used this information to monitor the service and ensured they responded appropriately to keep people safe. The service does not currently have a website to display their rating.