

Vale Care Limited

# Vale Care Ltd

## Inspection report

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Date of inspection visit:  
09 December 2019  
10 December 2019  
11 December 2019

Date of publication:  
19 February 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Vale Care Ltd is a domiciliary care service. The service provides personal care to people living in their own homes or flats. At the time of the inspection there were 16 people using the service. The service was supporting older people, people with physical disabilities and people living with dementia.

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

People and relatives told us the service was safe. Risks to people had been identified and assessed. Records did not always provide sufficient information and guidance on the measures needed to reduce risks, although staff were knowledgeable about the risks people faced. Improvements were needed to the recording of medicines to evidence that people had received their medicines as prescribed and at the right time. Systems to analyse and share learning from incidents required further development.

The provider had developed audits and checks to check the quality and safety of the services provided. These required further development to ensure systems, processes and records were sufficiently robust and effective in identifying where improvements were required.

People and relatives described experiencing care that was person-centred. However, care plans and records did not always support a personalised approach. Some care plans lacked detailed information that reflected person-centred care and care plans were not always updated in a timely manner to reflect changes in people's needs.

Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. People received care from consistent, regular staff who had been safely recruited and trained to meet their needs. Staff received a range of training appropriate to their role and people's needs, and were supported to follow best practice by the registered manager.

People were supported to have maximum choice and control of their life and staff supported them in the least restrict way possible and in their best interests; the policies and systems in the service required further development to support this practice.

People and their relatives spoke favourably about staff and the positive and supportive relationships that had developed. They spoke of the caring and compassionate nature of staff who considered their privacy, dignity and independence.

People and relatives were involved in the development of care plans, which enabled staff to provide the care and support each person had agreed was appropriate to them. People's views about the service were regularly sought to develop the service. Those we spoke with were confident to raise concerns if they needed to.

The leadership of the service promoted a positive culture that was person-centred and inclusive. The provider, registered manager and the staff team showed a desire to improve on the service provided and in turn the quality of the care people received. They worked in partnership with other agencies to ensure people received the best possible outcomes, in line with their wishes and preferences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published on 11 September 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Vale Care 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 carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency, providing care and support to people in their own houses or 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.

Inspection activity started on 9 December 2019 and ended on 11 December 2019. We visited the office location on 10 December 2019 and contacted people, relatives and staff by telephone to gather their views between 9 and 11 December 2019.

#### What we did before the inspection

We reviewed information that we held about 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 three people and two relatives of people who used the service. We also met with the registered manager, the nominated individual and spoke with three care staff members. We reviewed a range of records at the service office. This included the care records for three people who received personal care and three staff files in relation to recruitment and staff training. We also looked at a range of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found around staff recruitment and safeguarding policy.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staff were recruited safely to protect people from unsuitable staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- The provider had introduced effective recruitment procedures since our last inspection. These ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour.
- There were enough staff to meet people's needs. The provider was in the process of recruiting more staff but ensured all calls were covered from a small, consistent staff team which included the registered manager.
- Staff told us there were enough of them to be able to provide the support people needed.

### Assessing risk, safety monitoring and management

- Although the registered manager had identified risks to people's safety, people's care records did not always include sufficient guidance for staff about how to provide their care in a safe way.
- For example, one person could demonstrate distressed behaviours and could present a potential risk to themselves or staff whilst care was being provided. Their care plan identified this risk but did not provide guidance for staff on positive behaviour support, such as suggested interventions and responses. A second person had experienced a health condition which had left them with one-sided weakness. Their care plan did not state which side was weaker or how this impacted on their abilities and potential risks.
- Other risk assessments were more detailed and included equipment and how to use it to support people to mobilise, numbers of staff required and detailed assessments of risks associated with people's home environments, such as parking, pets and lighting.
- When we spoke to staff, they demonstrated detailed knowledge of people's risks and a good understanding of how to keep people safe. The registered manager told us they would develop risk assessment records following our inspection.

### Using medicines safely

- Improvements were needed to the recording of people's medicines.

- People's care plans included a list of their medicines but records were not always updated in a timely manner to reflect changes in their medicines. For example, one person's medicines had changed following a hospital admission. Their records had not been updated to reflect this.
- We found occasional gaps in signatures on medicine administration records where staff were required to sign to confirm they had observed or supported the person to take their medicines. These gaps were not supported by any explanation or code.
- The registered manager told us this was a recording issue and they would implement more robust audits and checks to address this.
- Where people required support to manage their medicines, such as a verbal prompt or physical application of creams or lotions, they told us they received their prescribed medicines in the right way and at the right time.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. For example, the provider and registered manager had analysed where they needed to make immediate improvements following our last inspection. They had developed an action plan to address concerns and introduced more robust systems and processes to ensure improvements made were sustainable.
- More robust systems needed to be in place to evidence lessons would be learnt from any incidents. Records did not evidence how the outcome of incidents was shared with the staff team to further improve the safety of the service. The registered manager told us they would develop systems.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at using the service. One person told us, "I feel safe because I have the same staff who know what they are doing, communicate with each other and have the support of the office if they need advice or guidance," A relative felt their family member was safe with staff because they knew them so well and were well trained. They told us this gave them confidence to go out and leave their family member in the care of staff on occasions.
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware of how to raise concerns directly with other agencies if they needed to.

#### Preventing and controlling infection

- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff when supporting people with personal care.
- Staff received infection control training and regular spot checks on their working practices which helped to ensure staff adhered to policies and safe practices.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection systems were not in place to ensure staff received appropriate training and support for their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People told us they felt staff were well trained. One person told us, "Staff are well trained. They are not left on their own until they have shadowed an experienced staff member for quite some time. Even then they have a lot of support from the office."
- Staff told us they received the training and support they needed to carry out their roles. One staff member told us, "We regularly do a lot of training. There are certain courses we have to complete before you are allowed to start supporting people, to make sure we are safe to do so."
- The provider and registered manager had completed a review of training and introduced a combination of electronic, face to face and distance learning across a range of areas to meet staff training needs. The registered manager monitored training completed by each individual staff member to ensure training was completed and kept up to date. Competency checks were in place to ensure staff applied their knowledge into the care they provided.
- All the staff we spoke with told us they felt supported in their role and spoke highly of the registered manager as a source of support, guidance and advice. Staff supervisions had not taken place as often as they should have, however, this was being addressed by the registered manager.

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

- People's needs were assessed to ensure people received good outcomes. The registered manager met with people and their relatives to undertake a full assessment. This was confirmed by people we spoke with.
- People told us staff understood their needs and provided the support they needed. This included observing people's preferences and wishes and protected characteristics, such as lifestyle choices and religion.

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

- The staff provided the support people needed to enjoy their meals and drinks and to eat and drink enough to maintain good health. One person described how staff went out of their way to call in and make them a

hot drink before their call was due, as the person needed time to drink it before they received care and support.

- Where required, people's care plans included guidance for staff to follow to prevent any known risks, such as choking. For example, one person's care plan directed staff to cut meat up into bite sized pieces.
- Records to monitor people's food and fluid intake were not always completed accurately. We found gaps in some entries which were not supported by any explanation. Daily handover records confirmed people had received support with their nutritional needs, therefore the errors were in recording rather than the actual care provided. The registered manager told us they would ensure staff completed records accurately.

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

- The registered manager and staff worked in partnership with people, relatives and health and social care professionals to maintain people's health. This included people's GP's, district nurses and occupational therapists.
- Staff knew when to support people to contact their GP or other medical services when they showed signs of illness. One person described how staff always reported changes in the person's health and wellbeing to the registered manager and had stayed with the person until their GP arrived on an occasion when they were particularly unwell.

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.

- Some people who used the service lacked the capacity to consent to care and treatment. Mental capacity assessments were in place but these required further development to ensure they were decision specific and demonstrated clear outcomes. For example, one person was assessed as having mental capacity to make some decisions; the care plan did not elaborate on which decisions these were. The registered manager told us they would ensure mental capacity assessments were more decision specific.
- Where people had mental capacity to make their own decisions, they had signed consent forms and care plans agreeing to their care.
- Staff had a good understanding of mental capacity and consent and gave examples how they supported people to make choices and decisions, including respecting their right to decline care and support. People confirmed staff sought consent before provided care and support and followed best interest processes.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 supported and respected by staff. People and relatives described staff as caring, kind and happy. They said caring, positive relationships had been built between people and staff. One person told us, "I couldn't have better staff looking after me. They always know what to do and see what I need. They go out of their way to make sure I am okay and help me."
- Staff were knowledgeable about the people they cared for and knew their individual needs and preferences. A relative told us staff understood their family member, and were able to provide appropriate support, including specific communication and interactions. They told us this gave them peace of mind as they could see their family member was treated with kindness and care.

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

- People were supported to express their views and make decisions about their care and treatment. They told us they were consulted in the development of their care plan and consulted to ensure the care provided met their needs.
- People and family members were involved in the development of their care plan.
- Staff were knowledgeable about people's needs and wishes and provided care in line with people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. This was confirmed by people we spoke with.
- People's care plans provided guidance for staff on the promotion of people's privacy and dignity and focussed on how much they were able to do for themselves. Staff were able to demonstrate that people's privacy and dignity was a key consideration when providing personal care.
- Information about people was stored securely and staff kept information confidential, only sharing with appropriate people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant further improvement was needed to ensure people's needs were always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had their needs assessed before they began to use the service. Each person had a care plan to instruct staff about the care and support required. However, care plans were not fully reflective of people's physical, mental, emotional and social needs. Care plans were not always updated in a timely manner in response to changes in people's needs.
- One person's daily care notes included an entry that described new pressure relieving equipment had been put in place by a health professional. The person's care plan had not been updated to include this detail. A second person's medicines had been changed following a recent admission into hospital. Their care plan had not been updated to reflect this.
- Some care plans included details routines and preferences for people, whilst others lacked information about people's likes, dislikes and what was important to them.
- Staff were able to describe the detailed information that was lacking in records and people confirmed they received care that was very person centred. One relative described how staff had responded at very short notice following their family member's hospital discharge to make sure the person had what they needed and was safe.
- The registered manager told us they would develop care plans further to reflect the personalised care being provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had a policy in place outlining how they complied with the AIS.
- Care plans included information on people's communication needs, including what they found difficult and explaining gestures or signs people used for non-verbal communication.

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

- Staff demonstrated a good awareness and understanding of the risk of social isolation for some people. They took time to talk with people during visits. Relatives confirmed staff were respectful of them and supporting people to maintain links and relationships with friends and families.
- People were supported to go out into their local communities if this was agreed as part of their care and

support needs.

Improving care quality in response to complaints or concerns

- The provider's policy gave people information on how to raise a complaint and how this would be responded to. It included details of external agencies people may contact if they felt their complaint had not been dealt with to their satisfaction. The service had not received any complaints at the time of our inspection.
- People and relatives we spoke with were aware of how to raise concerns and were confident these would be listened to and resolved.

End of life care and support

- Staff worked with other agencies to support people to remain in their own homes through end of life care for as long as possible.
- People's records included information as to their next of kin and general practitioner in case staff needed to contact someone in an emergency.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure effective governance systems were in place to manage and monitor the quality of service provided, effectiveness of staff and to drive improvements. There were limited opportunities for people who used the service and staff to share their views about the service to influence changes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager carried out audits to check staff were working in the right way to meet people's needs and keep them safe. Governance and auditing systems required further development to ensure they were always effective in identifying where improvements were required.
- Audits and checks were undertaken in areas such as medicines, care records and observations of staff competencies and working practices through spot checks. Where improvements were identified, such as gaps in records, care plans required updating, the provider's governance system did not evidence what action had been taken and if improvements had been made.
- The registered manager maintained a private log of issues and communications in their diary. This was not used to update records which resulted in 'ad hoc' approach to recording.
- The registered manager and provider told us they would develop governance systems and processes further to ensure they were sufficiently robust and effective in identifying and driving improvements to the service.
- The provider understood their legal responsibilities. For example, the rating from the previous CQC inspection was displayed within the service and on the website.

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

- People and staff said they felt they were listened to and their views were considered. Staff told us they would recommend the service as a good place to work and as a service providing care. One staff member told us, "It is a really good service because [registered manager] is very involved in everything. If there is

anything that's not quite right, we can discuss it with [registered manager] and it is sorted out straight away."

- People and their relatives were given the opportunity to share their views in individual meetings and through surveys. Records showed people were supported to comment and evaluate their care. Comments were positive such as, 'We would be lost without them [staff].' Where people had requested changes, these had been actioned and responded to.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported.

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 and registered manager did not fully understand their role and responsibilities to inform the Care Quality Commission (CQC) of notifiable events. They were unsure of what should be notified. We recommended they read the provider guidance on CQC to ensure they complied with their responsibilities.
- The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology. No incidents had met the criteria under the duty of candour.

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

- People and relatives were unanimous in their praise for the service. Comments included, "Staff are all very caring. It is a good service because [name of registered manager] has their finger on the pulse at all times, " and "Staff are always happy and do a good job. They treat [name of family member] with dignity and respect. We have shared humour with them and they are always very supportive and respond if things change."
- The service promoted an open, inclusive and person-centred approach.
- The feedback we received about the registered manager was positive. The registered manager was visible in the service, directing care, frequently alongside staff to provide care and support and providing a positive role model for staff.

Working in partnership with others; Continuous learning and improving care

- The provider and registered manager were committed to continuous learning and improvement. They had learnt lessons from our previous inspection and made changes to improve the service. They were clear on the service they wanted to provide.
- The registered manager and staff worked closely with other agencies to achieve good outcomes for people. This included working with day services, commissioners and health and social care professionals.