

Valley Care Direct Limited

Valley Care Direct

Inspection report

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09 December 2016

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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 was carried out on 30 November 2016; telephone calls to people were made between 5 and 9 December 2016. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process. The service was last inspected on 16 September 2013 and was compliant in all areas.

Valley Care Direct is a domiciliary care service providing care and support to people in their own homes. At the time of our inspection, 25 people were receiving care and support from the provider.

There was a registered manager at the service. 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 felt safe and secure using the service. Systems and procedures were followed to ensure pre-employment checks were made on staff prior to them working at the service. Staff understood how to protect people from potential harm and how to report any concerns.

New staff completed a period of shadowing and induction training prior to them supporting people with their care needs. The provider ensured staff received training relevant to their roles and responsibilities. Staff felt supported by members of the management team and other staff members.

People felt the staff treated them with dignity and respect. Staff were kind, caring and compassionate; people were supported to remain in their own home and when necessary, plans were in place to reduce unnecessary hospital admissions. People felt the staff understood their individual needs. People were involved in their care and decision-making. Staff understood the key principles of the Mental Capacity Act (2005).

People's care plans contained information to assist staff to meet their needs. People were given information on what to do if they had any concerns or complaints. Staff felt confident if they had any concerns or complaints, the registered manager and management team would take them seriously and take action to find a resolution.

People's individual care plans were reviewed to ensure they received the care and service they required. People felt listened to and said their individual needs were understood and met by staff. Staff supported people and relatives to make or request an appointment with a doctor or other health professional.

The management team strived to provide people with the support of staff at the time when they needed it. People were provided with information in advance, so they knew when and who to expect for their care visits.

Staff were aware of people's needs and wishes and supported them in a personalised manner. When needed, staff assisted and supported people with their nutritional needs and meal preparation. Staff understood people's individual needs; people were supported to remain independent and involved in their care.

The provider had processes in place for monitoring the quality of the service people received. There were clear arrangements for the day-to-day management and running of the service. The service was managed by a team who understood their roles and responsibilities in providing an effective service to people.

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.

People were supported by staff who recognised potential signs of abuse and understood their role in respect of reporting any concerns to the appropriate person or organisation. Sufficient numbers of staff were available to meet and support people's needs; staff were recruited in a safe manner. Staff prompted people to take their medicines as prescribed and as necessary.

Is the service effective?

Good ●

The service was effective.

Staff had received a range of training which enabled them to meet people's needs. Staff had training in the Mental Capacity Act (MCA) 2005; they were able to explain how it was essential they gained consent from people before carrying out any tasks. Staff monitored people's well-being and health needs; staff supported people to gain advice and treatment from relevant health care professionals, where necessary.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate. Staff and managers were aware of the need to involve people in their care and promoted their dignity and privacy. People's end of life care and wishes were supported and respected.

Is the service responsive?

Good ●

The service was responsive.

The provider was committed to providing people with the care and support they wanted and needed. People were encouraged to provide feedback regarding the service they received. People were encouraged to participate in their care; care plans were completed and reviewed to ensure people's needs were met.

Is the service well-led?

Good 

The service was well-led.

The management team had a visual, inclusive and 'hands-on' approach. Staff saw the managers as supportive and approachable; staff incentives were available to encourage a professional approach and help staff to feel valued. An open and person centred culture was promoted. Effective systems were in place to audit and monitor the service and care provided.

Valley Care Direct

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November and 5 and 9 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of an inspector and an Expert by Experience. An expert by experience is a person who has personal experience of this type of care service.

We reviewed information we held about the service, which included notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR 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. The PIR also provides data about the organisation and service.

We contacted the local authority commissioning team, and Healthwatch Derbyshire, who are an independent organisation representing people using health and social care services. No concerns were raised by them about the care and support people received.

We also spoke with four people who used the service, 12 relatives, two care staff, the office manager, the registered manager and the responsible person. We looked at care plans and associated documentation for six people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the service was managed.

Is the service safe?

Our findings

People and relatives told us the care and service they received was safe. One person said they felt, "Very safe and at ease," with the care being provided. A relative said, "It's important to really have two people helping [with family member] and they [provider] do." People told us the staff took the time to do their care properly, safely and with dignity.

The provider had policies and procedures in place to support staff and ensure they had clear guidance about how to respect people's right and keep them safe from potential harm and abuse. Staff told us they were aware of what to do should they suspect abuse is or had taken place. We saw staff training records which showed staff had attended training in how to safeguard people from abuse.

Staff were aware the provider had a whistleblowing policy in place. Whistleblowing is where a member of staff can report any concerns to a member of the management team or to an external organisation. Staff were clear about their responsibility for reporting poor practice and were familiar with the process. Staff told us they would not hesitate to report any concerns about people's welfare and safety. The provider understood their role and responsibilities in reporting any concerns to relevant professionals.

People and relatives thought there were enough staff available to meet their needs. There was an effective recruitment process in place to ensure staff who worked in the service were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. A review of records showed all the appropriate pre-employment checks had been made.

When required, people were prompted and supported to take their medicines at the correct time. One person told us, their medicine was done, "According to procedure; on time, without mistakes and it was noted down afterwards." A relative said, "[Family member] has to have lots of creams put on." They went on to tell us the staff ensured creams were applied correctly.

We saw and staff explained to us how they made sure medicine administration record (MAR) charts were completed after people had been prompted to take their medicines. We looked at MAR charts and found them to be correctly completed and signed. Records of people's medicines were kept and audited by the registered manager and administrator, to ensure the staff completed them correctly. Where any gaps in recording had been identified in the MAR charts, this was followed up for explanation. We saw medicines management was discussed with staff to ensure the correct recording procedures were followed.

Staff told us and we saw they had received training in medicines to ensure they followed procedures for the safe management of medicines. A staff member said, "I have had training in medication; periodically a manager will observe me to make sure I'm doing them correctly and safely." The registered manager recognised the need to ensure MAR charts were correctly completed. The registered manager told us they thought it was important to ensure the staff had received appropriate training to support them before the

administration of medicines. The registered manager understood the importance of ensuring medicines were managed in a safe manner and systems in place to support this were safe.

People told us the staff would ensure good hygiene procedures were followed, by using gloves, washing hands and by maintaining appropriate cleanliness. For example, we were told, the staff used protective aprons and gloves when assisting people with personal care. Staff told us the provider ensured there was a good supply of personal protective equipment available. Staff also told us the provider had, "High standards," in relation to the staffs' appearance and there was a policy of a financial incentive and reward if staff maintained this.

Is the service effective?

Our findings

We asked people if they thought staff had the training, skills and knowledge to meet their needs. One person said, "Yes, they are well trained and they do shadowing and introduce new staff this way for a full week." People told us the staff seemed well trained and, "Competent to do their work." People told us this included the way new staff took part in, "Shadow training other staff."

Staff we spoke with told us they received regular as well as refresher training. Staff were able to list a number of training courses they had attended and we saw training records which supported this. Staff saw training as a means to help them to build upon their knowledge, confidence and skills. They recognised training helped to develop their understanding to provide people with the care they needed. One staff member told us they had completed training in end of life care. They told us this training had helped them to reduce their own personal fears and gave them the skills and knowledge to effectively support people and relatives. The registered manager told us training was encouraged and there was an expectation for staff to attend.

Staff described, "New starters," as having, "An induction and shadowing period." The registered manager and the staff told us the induction included training felt essential and necessary by the provider, as well as a period of shadowing experienced staff. The induction and shadowing took place prior to new staff working alone and providing people with support and care. A staff member also told us, a member of the management team supported new staff through their induction and joined them on calls to people, to ensure, "New staff feel confident and ready." The managers told us this gave new staff time and opportunity to learn the skills needed along with developing their confidence to care for people. The provider had a designated training room at the office, which contained equipment for training in the safe moving and transferring of people. Managers told us the equipment enabled staff to role play and practice situations, to ensure safe and consistent support for people. This showed us the provider and management team recognised the need to ensure staff were trained to meet people's needs.

Staff told us they had received training in the Mental Capacity Act (MCA) 2005. They were able to explain how it was essential they gained consent from people before carrying out any tasks. One staff member told us they ensured people were included in making decisions about their care. Another staff member said, "I ask people what and how they want their care; it is important they [people] feel involved." The 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.

We checked and found the service was working within the principles of the MCA. Relatives told us the staff ensured their family member was included in decision-making about their care. Relatives said the staff recognised personal care was a sensitive issue and the staff ensured decisions were in people's best interests. The staff told us they made sure people were included in decision-making around their support needs and the care they required. For example, we saw care records indicated people had been included in decisions regarding whether or not they wanted or had any specific requests in their end of life care. We saw, where appropriate, people had been included in decisions relating to their end of life care. This showed, the

management team understood and followed the key principles of the MCA; staff understood the importance of seeking people's agreement and consent for their care.

Some people told us the staff supported and provided them with meals. People told us, this was done well; with food being well prepared, nicely presented. They also told us the staff left their home tidy. A staff member told us when people required a meal to be prepared, they would ensure the person was involved with food choice. The staff member told us if someone's needs changed, they would contact a manager and request a referral was made for an assessment with the appropriate professional.

We were told, where appropriate, the staff support people and relatives to make or request an appointment with a doctor or other health professional. A relative said, "[Family member] has had some other health issues and they [staff] picked up on an infection." They went on to say, "They [staff] spotted the change of mood." Another relative said, "They pick up on any changes; they know [family member] well." People consistently told us how staff protected their health and well-being whilst providing care. We were told staff alerted people and where appropriate relatives to any medical or other health issues. Another relative told us their family member had a medical condition and their staff was aware of the condition and what signs of deterioration and change they needed to look out for. This meant people were supported to access healthcare services as required.

Is the service caring?

Our findings

People and relatives felt the staff were kind, caring and compassionate; people gave examples of, staff doing little extras and being thoughtful about things that made a big difference to the quality experience of using the service. This included staff having a chat, asking if they could do anything more before leaving, and, being good company. A relative said, "I think they are fantastic; I don't know what we would have done without them." Another relative said, "Valley Care are absolutely superb; they are wonderful and I couldn't do without them."

A relative told us their family member had, "Just one carer." They went on to say, "They ensure [family member's] dignity and privacy; which is reassuring." Another relative said, "Yes, the care is provided with dignity and respects privacy; also including mine." A third relative said, "They do try hard to provide it [care] with dignity." A fourth said, "The care is provided with dignity and they are lovely with [family member]; they respect our privacy." A staff member said, "I always think about how I would want to be treated if I needed care."

A social care professional told us they thought the staff and managers provided a good service. The professional was aware the managers had been collecting information to support an application to be considered for the Derbyshire County Council Award for Dignity and Respect. The registered manager told us they had submitted the evidence for assessment for the award and were hopeful of being successful. When asked about promoting people's dignity, the registered manager said, "It is one of the most important parts in care." They went on to say, "Everyone has the right to be treated in a dignified manner." This showed us the management of the service recognised the importance of promoting people's dignity.

A relative told us how important it was for their family member to be included in their care and how the staff ensured this was carried out. The relative said, "They [staff] never rush [family member]." Another relative told us, the staff took their time to ensure their family member was comfortable; they told us staff talked to and included their family member. Staff recognised and told us how important it was to build up positive and trusting relationships with the people and relatives they supported. The responsible person said, "We care about what we do and we care about our service users."

We also saw there was information in relation to people's specific requests for end of life care and treatment. A relative said, "There is a 'do not resuscitate' and guidance about [family members] medication and a note for staff to not always call an ambulance." A staff member told us how they felt it was essential people and relative's wishes regarding end of life care were supported and respected. The staff member gave an example of how they had supported someone to remain in their own home and this had given the person and their relative, "Dignity in death." The staff member expressed how important this was to the person and their relative. Staff confirmed and we saw plans were available with regards to reducing unnecessary hospital admissions and where possible, respecting people's wishes to remain in their own home.

Is the service responsive?

Our findings

All the people and relatives we spoke with were content with the service they received. People knew how to raise concerns and make a complaint. People told us if they had a complaint, they knew how, where and who to report it to. Staff told us they had no reservations about raising a concern or worry with any member of the management team. A staff member told us, "The managers listen; they will act upon any concerns or worries."

The provider had a complaints process in place to ensure any complaints were appropriately investigated. We saw the provider ensured people were given information about how to make a complaint. We saw there had been six complaints recorded in the past year. Each complaint was looked into by a member of the management team, with evidence of the outcome and any learning. This demonstrated the provider listened to people's complaints and took action as a result.

We saw before people used the service a pre-assessment was carried out to ensure their needs could be met and in the manner which respected preference and choice. A relative said, "They consulted with us first and the times and care was all agreeable to us." Another relative said, "They organised the care plan before [family member] came home and it's been reviewed as well."

The providers care plans followed a standard format and informed staff how to support people and meet their needs. People told us they had a book with the details about their care, where notes were made and kept by staff. People did not always remember the exact details of their care plan, however they recollected having conversations with a member of the provider's management team when the care was set up.

We saw care plans showed people had contributed to their care; care plans were informative and personalised. We saw people's specific requests had been included, to ensure each care plan was reflective of people's specific wishes and needs. A relative said, "They do good notes on everything and they take care." Another relative said, "They are with [family member] all the time and the care plan is alongside the GP's plan." They went on to say, "They both make sure [family member] is well looked after." We saw care plans contained contact information if there was an emergency or if a person had a specific health condition. For example, where someone had diabetes there was reference to how best to support the person should they become unwell. We also saw care plans highlighted if someone had an allergy, such as, to a particular medicine.

Staff told us and we saw, care plans and risk assessments were reviewed and amended to reflect people's changing needs and wishes. The care plans were regularly reviewed to ensure continuity of care and changes were made as necessary. We saw referrals were made to appropriate professionals for on-going or increased levels of care. We saw the level of information contained in care plans provided staff with clear information to enable them to support people in the manner they wanted. This meant people's needs were reviewed and care was provided in a manner which met individual needs and preferences.

People and relatives told us they were happy with the timing and length of their calls. One relative said, "If

it's been needed, they have made any changes and they are flexible and will try to always be helpful and considerate." Staff told us they had enough time to meet people's needs, as well as time to travel between calls. Staff told us how important it was to spend time with people and not just rush in and out. A relative confirmed, where possible, the staff took their time and made sure their family member was not rushed.

Is the service well-led?

Our findings

People consistently told us they could get in touch with the office; they told us the staff and the managers were supportive and easy to get on with. People told us the service was open to comment and feedback. Members of the management team were described as, "Hands on; doing the care themselves," and, "Approachable and personable." The provider asked people for feedback about the service they received. The provider ensured questionnaires were sent out to people using the service. We saw results of the questionnaires had been collated and information provided was shared amongst the staff team and used to improve outcomes for people.

The management team comprised of the responsible person, the registered manager and two other managers. The four managers were all equal partners of the provider and worked with the staff to ensure people received the care and support they required. Staff told us there was always a manager available for help and advice; a staff member said, managers were, "At the end of a phone if I need anything." Another staff member said, "If I'm in any doubt, I will ring the office; the managers are understanding and know the people we support." The registered manager said, "Every day and every weekend there's always a manager out and about on visits." They went on to say, "Working together, as a team, is important."

Valley Care Direct is required to have a registered manager and one was in place. The registered manager understood their role and responsibilities and had submitted relevant statutory notifications when required. Notifications are changes, events or incidents that providers must tell us about. The registered manager told us they felt supported by other members of the management team. They told us the management team complemented each other and were motivated and enthusiastic about their work. Staff we spoke with told us they enjoyed working at the service, one said, "The managers are great; I absolutely love working here." They went on to say, "All the managers are so supportive and approachable." Another member of staff said, "Managers are great; I know I can go to any of the managers and they will listen." Staff understood their roles and responsibilities and received support to develop their skills and experience.

The management team promoted a personalised culture within the service and led by example. People gave a positive impression of the manner and professionalism of the management team. Staff confirmed morale was good and they felt well supported by the management team as a whole. Staff told us the managers would listen to them about any issues they were having; staff told us the managers were fair. They told us the needs and wishes of the people who used the service were central to how the service was managed on a day-to-day basis.

The staff told us they attended regular team meetings where they were able to discuss people they supported. A staff member said, "We usually have a staff meeting once a month; we discuss service users and any concerns or worries." They went on to say, "The staff meetings were seen as an opportunity to update others in the team of anything significant relating to people's care. The meeting also gave staff the opportunity to raise and discuss any other concerns they may have. Staff and managers told us they saw the meetings as a positive process which gave them the chance to raise any concerns as well as celebrate any success. We saw the provider kept records and minutes of the meetings and these were made available to

other staff who were unable to attend. We also saw the provider had introduced a theme for the month. Each month the managers collated information relating to a particular topic of interest; this was then used as a discussion point in meetings, as well as being made available for all the staff. This showed the provider understood the need to share current themes and information of interest.

The provider had monitoring systems in place to check staff had the correct skills and knowledge to meet people's needs. The monitoring was used to develop and drive improvements in the services provided. For example, staff had their performance and practice in providing people's care reviewed regularly. Staff told us they were regularly supported on calls by a member of the management team. They told us this gave the opportunity for their practice to be observed and assessed as part of their development. We saw there was a program of supervision and support for the staff. We saw records which showed supervision of staff's work and performance took place. Supervision is recognised as a supportive two-way process, where participants have the opportunity to share worries, concerns and success. Staff told us they received supervision and support from a member of the management team; staff told us knowing there was support available was beneficial and reassuring.