

Valleywood Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Valleywood Care Ltd provides a combination of support as a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats in the community and specialist housing. The supported living service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were positive about the care and support they received. They received safe care from familiar staff who understood their needs. People told us the service was reliable and staff arrived as expected.

Processes were in place to protect people from avoidable harm. Risks to people had been assessed and improvements had been made in relations to risk assessments. Medicines were managed safely and care plans had improved to include clearer guidance about the support people required with medicines.

People were supported by staff who were experienced, trained and supervised. The provider planned to introduce more specialised training for certain staff roles. Some staff inductions needed to take place in a timelier way.

Staff treated people with dignity and respect and took account of their individual needs when providing care and support. Care plans were in place and included details about people's likes and preferences. These had all been re-written and were individualised. They had been developed in consultation with people and their relatives. The service worked well with other agencies to promote people's health and well-being.

Improvements had been made to ensure staff followed The Mental Capacity Act 2005 (MCA) People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us the service was well-led, felt well supported overall and felt there had been improvements to the organisation. However, some staff felt that areas could be better managed within the supported living service. A new support living manager had been recruited and improvements had been made to the areas identified at the last inspection. The provider had systems in place to monitor the quality of the service and was aware where further improvements were required.

The provider had made improvements to ensure CQC were notified of incidents as legally required. Systems had been implemented to ensure the service learnt from any incidents or complaints and take action to develop the service further.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 June 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was responsive.

Details are in our responsive findings below.

Good ●

Valleywood Care Limited

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 and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. The service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 4 days' notice of the inspection. This was because we needed to make arrangements to contact people by telephone and to visit people at home. Inspection activity started on 17 June and ended on 18 June. We visited the office location on 18 June 2019.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and ten relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, registered manager, the administrator, senior support staff and support staff.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Overall, we found systems were in place to protect people from the risk of abuse. People's care plans contained information about how to keep them safe.
- Staff had received training and were kept up to date in safeguarding adults from abuse.
- Records had improved to demonstrate appropriate action had been taken when any safeguarding concerns had been raised.
- During the inspection one person gave information which we raised as a safeguarding concern with the local authority and is currently being investigated. We found staff could have acted more robustly to ensure a relative's concern had been fully reported and explored. We discussed this with the registered provider who took action to address this further.

Assessing risk, safety monitoring and management

- Since the last inspection the management team had made improvements. Risks to individuals and general risks were fully assessed and risk assessments were in place to minimise these. For example, the fire service had offered guidance where there was a smoking risk.
- Staff understood the actions they needed to take to minimise the risk of harm to people. There was a balanced approach to enabling people to make choices about their lives and where possible people were supported to go out independently into the community.
- Staff told us they could and did call on senior staff for support or advice and this was always available.

Staffing and recruitment

- People were usually supported by the same small number of staff and benefitted from having consistent care. There were enough staff to meet the needs of the people using the service.
- People told us staff arrived on time and were very reliable. One person commented, "They generally stick to their scheduled times" and "It's a very reliable service."
- The domiciliary service covered a relatively small geographical area which meant staff travelled short distances between care calls. Where necessary staff were allocated extra travelling time between calls.
- There was ongoing recruitment and some new staff had recently started with the service
- The provider followed appropriate procedures when recruiting staff to ensure they were suitable to work with vulnerable people.

Using medicines safely

- People received their medication safely and as prescribed
- Since the last inspection, people's care plans had been reviewed to ensure they clearly indicated the level

of support they required with their medicines.

- Medicine Administration Records (MARs) were completed accurately and reviewed on return to the office each month. Any concerns identified on review were addressed with the staff involved.

Preventing and controlling infection

- Infection control procedures were in place and followed to minimise the risk of cross infection.
- Staff told us they had access to disposable aprons and gloves if needed.

Learning lessons when things go wrong

- Overall there had been an improvement in the approach the provider took to learn lessons.
- Systems had been implemented to identify any lower level concerns and consider where improvements could be made to develop the service further.
- Any accidents and incidents were recorded and analysed to consider how to minimise any future risks.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed ensure that where a person lacks capacity to make an informed decision, or give consent, staff had acted in accordance with the requirements of The Mental Capacity Act 2005 and associated Code of Practice. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Improvements had been made since the last inspection. Action had been taken to ensure where necessary information was available about people's capacity to make decisions about their care and support. Information had been obtained from local authority assessments in relation to decision making.
- These improvements needed to be fully embedded. For example, one person's relative had signed consent for a decision but did not have the authority to provide this consent. Staff told us the person was able to consent themselves and staff would always ask the person, however the records needed to be more accurate.
- Staff sought people's consent before they provided care and people were encouraged to make their own decisions where possible.

- Where restrictions were in place for a person, their records included an appropriate authorisation by the Court of Protection.

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

- People's needs were assessed prior to them being supported by the service. The management team visited people and attended meetings with the person and relevant professionals to ensure they were able to meet their needs, where necessary.
- People and their relatives contributed to the development of their care plans to ensure their views were represented and staff understood how best to support them.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably experienced and trained. One person told us, "They all seem to be knowledgeable and well trained."
- A small number of staff were overdue annual refresher training and arrangements had been made to provide this.
- The management team had identified the need to tailor aspects of training more effectively, so that staff covered specific topics as needed, such as training in autism.
- Staff undertook an initial induction when they started employment at the service, which was in line with the Care Certificate. However, there had been a delay in a small number of staff commencing their induction if start dates were not in line with pre planned training dates. The provider confirmed they would be addressing this with the new management team.
- Staff were suitably supervised and felt well supported. The management team undertook regular observations of staff practice and provided feedback where improvements were required.

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- In the supported living service, people were encouraged to plan their own meals, take part in shopping and preparation of meals.
- Staff were aware of people's individual dietary needs, likes and dislikes and any risks there may be to people's health such as the risk of choking,

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

- People were treated as individuals and staff responded quickly to people's changing needs.
- Referrals were made to other professionals where necessary to ensure people continued to receive appropriate support. We heard staff liaising with professionals during the inspection. For example, an occupational therapy assessment had been arranged to support a person with their mobility needs
- The service worked closely with other agencies to provide effective care. A relative was positive about how staff had followed professional guidance which had a positive impact on their relatives' well-being.

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 the same. 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

- Overall people told us they were supported by staff who were kind and caring in their approach.
- People and their relatives told us, "They are lovely, they are friendly"; "They treat me well" and "They are caring, compassionate, treated (Name) with dignity, very chatty, I thought they were excellent."
- Staff knew people well and had time to listen and understand their individual needs.
- We observed that staff had built relationships with people and had a good rapport within the supported living settings.
- Where necessary staff provided people with information about available support and supported them to access advocacy services.
- The provider recognised people's diverse needs and had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. The management team told us any needs associated with people's protected characteristics would be met.
- In the supported living service some notices were on display. At one house a notice said people were not allowed in a room used as an office. This was not in line with supporting people in a "normal" homely environment. We raised this with the provider who told us they would address this straight away.

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

- People told us they felt listened to and were able to express their views. People commented "They listen to what I want" and "They really do care."
- Care plans were developed in partnership with people and their relatives. Comments included, "We were consulted on the support plan and also had a full review two months ago."
- Meetings were held within the supported living households to enable people to provide feedback about the service.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity were supported. People and their relatives said staff treated them with respect and helped them maintain their dignity. They told us, "They (Staff) don't impose and treat (Name) with dignity."
- Staff demonstrated a good understanding of the need to respect people's independence and dignity. They were able to provide examples of how they did this in practice, such as making sure people were covered when providing personal care.

- Records and daily notes were written respectfully by staff and kept securely to maintain confidentiality.
- People were supported to maintain relationships that were important to them. For example, two people within the supported living service were supported to meet up at home or to go out for dinner on a regular basis. Other people regularly visited their families.

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 good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's needs were met in a personalised way and people had choices about the way their care was provided. One person told us "I was fully involved" in the development of their care plan.
- Staff were knowledgeable about people's support needs and we saw examples where support had a positive impact on their lives. For example, staff had slowly built trust with one person, resulting in them feeling comfortable enough to attend a social event for the first time.
- There had been a notable improvement in care plans which had been re-written onto new documentation and better reflected people's personalised care needs. The care records were comprehensive and included people's preferred daily routines and support requirements.
- Care plans were reviewed with people and their relatives on a regular basis and any changes to their care needs were fully reflected.
- Records were regularly completed of people's support requirements such as assistance with medicines or their finances. The daily records were audited to identify any issues or trends.

Meeting people's communication needs

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

- People's communication needs had been assessed and their needs were included within their care plans.
- Staff understood people's different communication needs, in some cases picture boards were used to support effective communication.
- Information was available in alternative formats where required. For example, service user guides and activity programmes were available in an easy to read format.

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

- People were supported to take part in meaningful activities and follow their interests. A relative told us, "(Name) has a fantastic social life."
- Within the supported living service, managers had recently focused on staff taking a more person-centred approach towards activities.
- People had applied for bus passes or had other means of transport to enable them to get out and about in the community. People had activity programmes in place which included a range of activities. Some were supported with days out and holidays.

Improving care quality in response to complaints or concerns

- People felt able to raise any concerns or make a complaint if necessary.
- There was a complaints procedure in place. Each person was given a service user guide which advised them how they could complain, and this was also discussed with people at the start of the service.
- The provider had introduced a new system to ensure any low-level concerns or complaints were recorded and action had been taken in response.
- Where complaints had been received records demonstrated they had been dealt with appropriately, following the provider's procedures and used to improve practice.

End of life care and support

- The service provided end of life care and worked alongside healthcare professionals such as health commissioners and district nurses to provide this care.
- Care and support plans demonstrated people were given the opportunity to discuss end of life wishes if they chose to. This information would be used to develop future care and support for people when required.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we reported on an offence under Regulation 18 (1) (e) and (f) of the Care Quality Commission (Registration) Regulations 2009 in that, the registered person had failed to notify the CQC without delay of any incidents of abuse or allegations of abuse in relation to a service user or incidents reported to or investigated by the police.

At this inspection we found that improvements had been made.

- The provider had notified CQC of incidents and events, as legally required to do so. The provider had their latest CQC rating on display in the office and on their website.
- Since the last inspection action had been taken to address the areas identified for improvement. There had been a focus on the development of care plans and ensuring full compliance with the MCA.
- There was a registered manager in place however, there were plans to change the management structure and responsibilities. The provider had recruited a new manager within the supported living service to help develop the service further. The provider was aware of areas within the service which needed further improvement and was acting to address this.
- There had been increased monitoring of staff performance. There was a focus on ensuring staff were clear about their responsibilities and were accountable for these.
- Staff meetings had been held and staff had been given clear expectations about their roles.
- Improvements had been made by the provider to ensure that incidents, complaints and safeguarding concerns were appropriately reported and there was a full record of any follow up action taken.
- Quality checks and audits were in place to monitor the quality of the care, including staff spot checks, audits of finances, daily charts and MARs.

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

- Staff within the domiciliary setting were positive about the management team and felt well supported. Within the supported living service we had received some varied feedback about aspects of the management of the service. Whilst most people felt well supported, others felt areas could be better managed.

- Overall staff told us there had been an improvement in the way things were organised. They had benefited from more regular staff meetings and supervision sessions. They understood the need to provide person-centred care and support.
- All staff told us the provider was approachable and they felt they could raise any concerns or issues which would be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were positive about the management of the service and felt it was well-led. They knew the management team well and told us they could contact them at any time, to discuss any issues.
- People's and their relatives' views about the service were sought. The management team undertook telephone reviews to seek feedback. A new, more easily accessible quality questionnaire was being developed for people to complete.
- Staff had developed links and worked in partnerships with external agencies, including social workers, district nurses and other health care professionals.

Continuous learning and improving care

- The provider used an external agency to ensure their quality systems, policies and procedures were kept under review and up to date.
- The management team had identified the need to focus on more specialised training for certain roles and would be addressing the timeliness of all staff inductions.
- A new system had been implemented to ensure informal complaints or concerns were logged and action was taken to improve the care.