Mrs Joanna Claire Thorpe

Goyt Valley Carers

Inspection report

10 Greggs Avenue
Chapel En Le Frith
High Peak
Derbyshire
SK23 9TU

Date of inspection visit:
04 April 2016

Date of publication:
18 July 2016

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 4 April 2016 and the provider was given 48 hours' notice. This was because the service is a community based service and we needed to make sure the registered manager was available.

Goyt Valley Carers is registered to provide personal care to people in their own homes. They operate in the High Peak and surrounding areas of North Derbyshire. It is a small service with eleven people receiving personal care and nine staff including the registered manager. 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 told us they received care from kind and friendly staff who promoted their rights and independence. Staff told us they enjoyed their work and were well supported by the registered manager. Medicines were managed safely and staff received appropriate training to give them the skills and knowledge to support people competently and keep appropriate records. People were supported to access other healthcare services in order to ensure all their healthcare needs were identified and met.

The registered manager had a structured recruitment process in place however they had not always followed safe recruitment practice and staff did not always have an appropriate Disclosure and Barring Service (DBS) check in place when they started lone working. The registered manager assessed staff members as suitable to work with people following a period of supported induction.

Staff had access to on-going training that was arranged to meet the needs of the people they cared for. For example staff received training in 'managing medications', 'dementia care' and 'safeguarding adults'. People received care from staff members who were sufficiently trained to meet their individual needs effectively and keep them safe. Staff understood the principles of consent and the Mental Capacity Act 2005 (MCA) and they made sure people were happy to receive care and consented before care was given.

Staff cared about the people who used the service and developed positive, compassionate relationships with people. People looked forward to the carer's visits and enjoyed time spent with them. People's dignity and privacy was promoted. People were supported to maintain their independence.

Staff understood the wishes, preferences and needs of people and responded appropriately to changing needs or behaviour. Care plans were reviewed if care needs changed or periodically to ensure they remained relevant and up-to-date. The registered manager conducted an annual satisfaction audit and responded to any suggestions or concerns raised through this process.

The registered manager had an open and inclusive style of management and staff felt supported and motivated to develop themselves and the service. People who used the service knew how to complain or make suggestions and were happy to do so. Most people felt the registered manager understood their needs

and had a positive relationship with them.

There were quality audits in place however, they were not always effective in identifying areas for development. For example, staff supervisions were not always recorded in such a way as to promote personal development or manage performance. The registered manager advised us that they would review their recording systems.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Pre-employment checks were not always completed prior to staff lone working.

People were protected from the risks of harm or abuse as staff received training on safeguarding and understood their responsibility to report any concerns.

Medicines were administered safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

People received care from skilled and knowledgeable staff who understood their individual needs.

People were asked for their consent before care or support began.

People were supported to access healthcare services and maintain good health.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind and compassionate.

People were supported to maintain independence and their rights were promoted.

Staff respected people's privacy and dignity when they cared for them.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised to their needs and took account of individual choice and preferences.

The service encouraged feedback from people and responded to changing need or suggestions.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a quality assurance system in place, however it was not always effective at identifying areas for concern or development.

The registered manager adopted an open and inclusive style of management and demonstrated positive leadership to the team.

The staff team were supported by the registered manager and were motivated to improve and develop their skills and their practice.

Goyt Valley Carers

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.

The inspection took place on 4 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service where the registered manager is often out all day; and we needed to be sure that someone would be available.

The inspection team consisted of one inspector who spoke with three carers, four people who used the service, four relatives of people using the service and the registered manager.

We reviewed the care records for four people; we looked at four staff files and other records relating to the management and delivery of the service. For example: policies and procedures, rotas, training records and minutes of meetings. We contacted external agencies who worked with Goyt Valley Carer's, to gather feedback on the service. We also reviewed notifications and other information that had been sent to us by the registered manager or people who used the service, through questionnaires or share your experience forms. A notification is information that providers are obliged to tell us, about incidents and changes that have occurred within the service.

Requires Improvement

Is the service safe?

Our findings

When we viewed staff files we found all staff had an application form and two references in them. However, we found two staff files did not confirm that a DBS check had been completed. There was a copy of a recent DBS from a previous employer in one of the files. As this was not a transferable DBS, there should have been a new one in respect of Goyt Valley Carer's, to confirm this person's suitability to work alone with people. When this was discussed with the registered manager they confirmed that they were waiting for one to be returned, but could not provide a tracking number. They said the other one was, "Done just before [staff member] started working for us". They also told us that they had no recorded risk assessment in place for either of these staff, as the registered manager had deemed them suitable to work with people following their induction, which had included shadowing other staff. This meant the registered manager had not taken all appropriate precautions to ensure that all staff were safe and suitable to work with people, which could potentially put people at risk of harm or abuse. We discussed this with the registered manager who advised us that they would follow this up immediately and ensure that all relevant checks were completed.

People told us they felt safe using the service. One person said, "One hundred percent safe," another said, "Very safe, a lovely bunch of girls." Another told us their relative was, "Safe in their hands [staff]." One person said, "Absolutely, there is no question that they are safe and well looked after."

Staff told us they knew how to recognise and report any concerns they might have regarding people being at risk of harm or abuse. They told us they were confident the registered manager would respond appropriately. However, if the registered manager did not respond appropriately they knew how and where to escalate any concerns in order to keep people safe. One carer said, "I understand I have a duty of care to people". This meant people were kept safe from the risk of harm as staff knew how to report any concerns.

Potential risks to people were identified at the initial assessment and were reviewed annually with the registered manager or more frequently if care needs or personal circumstances change. We saw risk assessments in people's files which were personalised and specific to individual people. People told us they were involved in discussions about the risks relating to their care and felt that staff knew how to manage any identified risks. Staff told us they checked equipment before they used it and did not use equipment they were not familiar with. They told us they were shown how to use equipment by the occupational therapist or the supplier of the equipment. They told us this meant that they knew how to assist people to move safely and keep themselves free from injuries associated with poor moving and handling. This meant people were protected from identified risks.

People told us they were prompted to take their medicines on time. Staff said they had received training on medicines and understood the importance of accurate record keeping. One carer said, "If it's not in there we haven't done it". They said they took advice and direction from the district nurses regarding medicines and did not administer anything that was not on the medicines administration records (MAR). The MAR sheets were kept in people's homes and were brought to the office each month for auditing by the registered manager. The registered manager said she also did 'spot checks' on people's records and staff observations, to make sure that medicine was administered safely. This meant that people received the medicine they

were prescribed safely.

The staff told us they were provided with sufficient personal protective equipment (PPE) for use when providing personal care and they disposed of this hygienically in people's dustbins when leaving the property. People confirmed that staff used disposable gloves and aprons during personal care and these were disposed of "outside in the bin". This meant people were safe from cross infection or contamination.

Staff said they felt there were enough staff and the rota was, "Well thought out" and, "Calls are close together with enough travelling time in-between calls". Staff said the registered manager was very considerate when planning rotas. They ensured that staff had enough travelling time and that they arrived on time for appointments. One staff member told us, "We're not rushing people to get to the next appointment like they do in some places – people get their allocated time here". People confirmed this was usually the case but some people said, "Sometimes they are a bit late, but that's because they are so busy". One staff member said, "Sometimes we run over a bit, but that's because sometimes people need a bit more time or something extra doing and we wouldn't leave them if we hadn't finished; but usually we're on time", another staff member said, "If we felt people needed more time regularly, we would tell the manager and she would review their package with them". This indicated that people's needs were met by sufficient numbers of staff.

Staff told us they had a good supportive team and would do extra hours if someone was off sick or on holiday. One staff member told us, "This is a brilliant team, everyone pulls together". The registered manager said she would also do, "some shifts" if needed as she did not use agency staff. Staff told us that because they were a small service with a small staff team, "Everyone knew everyone" and they were happy to help each other out where they could. This meant people received care from people who knew their needs and how to keep them safe.

Good

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and skills to meet their needs. One person told us they were, "Very happy with the service", and a relative said, "The staff know what they are doing; I'm quite happy to leave them to it". One relative said, "They are very good and do what is required, they are very helpful", another relative said, "Very good, they know how to look after [family member], we're very happy".

The registered manager took responsibility for the recruitment and induction of new staff to the service and the supervision of all staff. Staff told us they had a, "really good," induction with, "loads of support from the manager". They said they shadowed staff for as long as they needed, until they felt confident in working alone. They said the induction also included training and spending time with the registered manager going through policies and procedures.

Staff told us they received, "loads of training" and they are "always learning something". Staff told us they had training as a team from specialists and from the registered manager who had recently 'qualified as a trainer'. They said training was aligned with the specific needs of people using the service. For example staff received training in 'managing medications', 'dementia care' and 'safeguarding adults'. During the inspection we looked at the training matrix and saw that staff had received relevant training and where they had not, there were plans in place for this to be completed within the next 12 months. Staff also had certificates in their files for completed training. The registered manager confirmed that they had a generic training qualification and this meant they could provide more specific training to the team based on the individual needs of people who used the service.

One staff member said, "I love the training, especially moving and handling; it's amazing how much things change, we need to keep up-to-date", another said, "Things change all the time, you need to be a person who doesn't mind change". This indicated that staff had access to relevant and up-to-date training that ensured they improve their skills and knowledge and maintain good practice in their care of people.

Staff told us they received, "Lots of support" from the registered manager who had an, "open-house" so staff can call on them at any time. Staff also confirmed they received regular supervision which they found useful, one staff member said, "We get good feedback and we can discuss things and look at training options". Another staff member told us, "The [registered] manager checks we are OK or if we have any problems"; "It's nice and relaxed; an informal chat so we can open up more". One staff member said the registered manager passes on feedback from care reviews and questionnaires which they find helpful as, "I can't improve if I don't know".

Staff told us they asked people for consent before starting to assist them with personal care. One staff member told us, "I always make sure people are happy with what I am doing, it's their choice". Another staff member told us, "I regularly check they are OK with what I am doing". Staff explained that if care was refused they accepted this decision and would provide alternative support before offering again. They told us, "Sometimes people are not ready, so we give them time while we do something else". This meant people were asked for their consent for their care and support.

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.

We checked whether the service was working within the principles of the MCA. We found that where people lacked the capacity to make decisions for themselves, staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and referred to 'best interest decisions' that had been made by other professionals in consultation with the person or their family. Records in people's files confirmed that such decisions were recorded.

Not all of the people cared for required support with their meals, but those that did told us they made their own choices about what to eat; and were happy with the support they received from carers during meal times. Staff told us they knew people's preferences for meal times and if anyone had any dietary needs. Records we viewed confirmed people's preferences for mealtimes had been discussed and recorded, along with how much support (if any) was required with meal preparation.

The staff used daily logs in people's files to record all their activity and support with people. They also had a communication log in the files where staff shared any particular changes or areas of concern with each other. This meant all staff had quick and easy access to any changes they needed to be aware of, in order to provide up-to-date and relevant care to people.

Staff told us they had a good relationship with the district nurses and asked for advice if they needed it. We saw evidence in people's files of liaison with the district nurses regarding appropriate care for people with changing needs. People told us they are involved in discussions about their health care. This demonstrated that people were supported to maintain good health through access to other healthcare services.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind, compassionate and enjoyed their work. People told us they were happy with the care they received from Goyt Valley Carers. One person told us, "Brilliant, these carers go above and beyond whatever needs to be done, couldn't fault them". Another person told us, "[The carers] are definitely the best around here and I've had a few; can't say anything against them". A relative told us, "I've met a lot of them and they are all very caring, very nice; I am reassured they are going in every day".

People confirmed they knew most of the carers who visited them and they liked that it was a small team. One person said, "I'm very happy with my care, it's usually the same ones who come and they know me". A relative told us, "My [relative] looks forward to them coming". This demonstrated that people were cared for by kind and caring staff.

Staff told us that because they were a small team, "Everyone gets to know all the clients" and, "Some of them have been using us for years, we're part of the family, they are pleased to see us". They said this also helped to ensure people received continuity of care from people they knew and had built a relationship with. Staff spoke kindly and with respect for the people they cared for.

People told us they were involved in their care planning and felt that staff listened to them. Staff told us they enjoyed their jobs and felt they had to time to get to know people and their different ways and looked forward to seeing them again. Many people who used the service lived with their partners or families and one carer said, "I look after both of them in a way, because when I'm there the other one has a break [from caring] and I always make sure they are OK too".

Staff told us they encouraged people to maintain their independence where possible. One staff member told us, "[Our job is] to enable people to carry on doing the bits they can do and we help out with the rest". Another staff member explained how important it was for people to maintain some control and independence about their daily living and how this was good for individual wellbeing, "It's important that they keep doing things".

People confirmed that staff were respectful and discreet when providing care, "They know how to look after me", and, "They know what I want". Another said they felt "relaxed" with the carers and "They use humour to relax us all", they are very "friendly and flexible". Staff explained how they respected people's privacy and dignity by taking time to listen to them, promoting choice and encouraging independence.

Good

Is the service responsive?

Our findings

People were cared for by staff who understood and responded to their individual needs. People and their families told us they contributed to the planning of their care. A relative told us, "[their family member] was consulted about their care plan". Staff told us they consulted with people, families and other health professionals if care needs changed; "We are here for them; people can ask us or tell us what they want". Staff told us the manager reviewed care plans with people and staff let the manager know if they felt care plans needed updating due to changing need. This meant that people received care that was responsive to their changing needs.

People told us they were supported to follow their interests and staff were flexible to enable this to happen. One person explained how staff accompanied them to activities so they were able to maintain their interests and relationships with friends and the community. A family member told us their relative was, "Well looked after". Another relative told us, "[the staff] responded to any requests and "They deal with [my relative] very well". A family member also told us, "If asked, I'm sure they [the staff] would do more, I wouldn't want to change them". A staff member told us, "It's really nice, lots of people want to talk, so we make time to talk with them" and "Even though we're busy we make time to talk; if you care about people, you make time for them", "I love it, they expect one hundred percent, so we've got to remain focused".

People told us that if they were unhappy with the care or the service they would not hesitate in contacting the registered manager. However almost all the people we spoke to said they were, "Very happy", with the service and said they did not have anything to complain about. The staff and the manager gave examples of changes they had made to accommodate peoples changing needs or personal preferences; and records we saw confirmed this. This demonstrated that the registered manager and staff team aimed to make sure care was relevant and responsive.

A relative said of the care staff, "Ninety percent are very good, the others don't listen to what we say", and, "Some of them rush [my relative]". This relative also said, "The others are very good, they supervise [my relative] in the shower and make sure they are safe, encouraging [them] to do things themselves; they are very, very good; they do a good job". This shows that most people said they received responsive and personalised care; but there were occasions when some staff did not always respect individual preferences.

The registered manager encouraged feedback from people who used the service as well as staff; and we saw a recent satisfaction survey that indicated that 85% of people felt the service was either excellent or good. The registered manager had identified areas for development from the survey and had put plans in place to address these. For example some people felt that it was not easy to contact or approach the office, so the registered manager was in the process of opening a new town centre based office that was more accessible to people and would have a staff presence during office hours, making it easier for people to contact them.

The registered manager kept a record of complaints and showed us how they had responded to comments or complaints. Where possible they had changed care packages or timings to accommodate people's individual preferences. They also advised us that there was an on-going complaint which they were trying to

resolve with the family and had sought further advice before following up. This demonstrated that people felt able to complain or make suggestions to the manager and were satisfied that they would take the appropriate action.

Requires Improvement

Is the service well-led?

Our findings

The registered manager adopted an open and inclusive style of management where staff felt supported and motivated to do the best they could. The quality assurance system in place did not always identify areas for improvement. However, the registered manager was responsive to feedback and made a commitment to make the changes necessary to improve the system.

People told us they were very happy with the management of the service. One person told us, "The [registered] manager is excellent, very good, they are better than all the rest. We need more [services] like Goyt Valley Carers". Another person said, "If anything was wrong, I would not hesitate to contact the [registered] manager; very approachable" and "I've not had a bad worker, they're all good" and "[the registered manager] has got a good team, keeps them on track".

Staff told us they were very happy with the management of the service. One staff member said, "Nicest manager I've ever had, will go out of their way to help anyone". Another said the registered manager was, "Very approachable, no matter what goes wrong they are always there" and "[The registered manager] promotes a positive atmosphere and won't allow any negativity". This indicated the registered manager adopted an open and approachable management style.

The staff team said they attended regular team meetings and we saw records that confirmed this. The registered manager said they used team meetings as a learning opportunity to update staff on new guidelines and practice, as well as discuss case management, so everyone is up-to-date with the changing needs of people. Staff told us that they knew what was expected of them in their role and that new staff were supported and shadowed until they were confident in working alone with people.

The registered manager told us how they had recently completed a "Train the Trainer" programme so they could now deliver in-house training that was more relevant and personalised to the needs of staff and people who used the service. For example, they were planning to deliver training in infection control and end of life care to staff in future, rather than source this externally. The registered manager felt that by sharing their own learning with the team, they were promoting continuous learning and development within the team. They hoped this was seen as a positive thing within the staff team and would make sure, "We don't stand still - we can't; we are dealing with people; people change and we need to change with them". Staff told us they were motivated to improve by the positivity and support of the registered manager, "I want to be the best I can". This demonstrates positive leadership from the registered manager.

When we read management records we found that the quality assurance system used by the registered manager was not always effective at identifying all areas for improvement. For example, when we viewed staff records we noted that supervision meetings were not always recorded effectively. This meant that the registered manager did not have access to information that would help them identify and promote good practice within the staff team. Nor did they always have the evidence to support any performance management or disciplinary action needed to address poor quality care.

The quality assurance system had also not highlighted the need for lone working risk assessments to be in place whilst staff were waiting for DBS checks to be completed. This meant the systems in place were not always effective at identifying risks to people; or providing the data to make the improvements necessary to maintain a high quality and safe service.

However, the registered manager had complied with CQC registration requirements and notified us of any changes or incidents they were obliged to as a condition of their registration. The quality assurance system did ensure the registered manager completed annual audits and reviews of care plans, records, policies and procedures. They showed us examples of forms and record keeping that had been changed as a response to weaknesses highlighted by the quality assurance system. This meant the registered manager had assessed records for quality and consistency and made improvements where necessary, which demonstrated good management.