

Hertsmere Valley Care Services Limited

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Inspection report

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21 April 2021

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hertsmere Valley Care Limited is a domiciliary care service which provides personal care and support to people in their own homes. The service was supporting 28 people at the time of our inspection.

People's experience of using this service

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well.

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.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People told us that staff were able to meet their needs and were respectful of their individual preferences.

People confirmed the service did not miss any care calls and that staff were usually on time.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 25 September 2017.

Why we inspected

We carried out a focused inspection of this service on 21 April 2021. This report only covers our findings in relation to the Key Questions Safe, Effective and Well led as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This report only covers our findings in relation to the Key Questions safe, effective and well led.

Follow up

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

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Hertsmere Valley Care Services 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one expert 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

Hertsmere Valley Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a registered manager which means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available on the day of the inspection so we spoke to the deputy manager who was responsible for the day to day running of the service.

Notice of inspection

We carried out the inspection visit on 21 April 2021. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic

What we did

Before our inspection, we reviewed the information we held about the home which included statutory

notifications and safeguarding alerts. During our inspection we went to the service's office and spoke with the deputy manager, the care coordinator and three care staff. We looked at four care records and three staff records; we also looked at various documents relating to the management of the service. After the inspection visit, we spoke to five relatives and six people who used the service.

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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

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

- The agency had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- People we spoke with, told us they felt safe using the service, one person told us "There are very good and I feel absolutely safe with them."
- A member of staff told us "If we see any changes of concern, we report it straight away."

Assessing risk, safety monitoring and management

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised.
- Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- We found risk assessments had been done, specific to the individual, amongst which were falls, diabetes, use of bed rails and pressure sores.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references prior to starting work.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Everyone we spoke with confirmed that they had regular carers which gave them continuity in their care. People also recognised that some changes in staff were unavoidable due to sickness and holidays.
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so
- One person told us "There are always on time, so far. They've never missed. They use the keys properly; there is a key safe."
- People and their relatives told us they knew the staff well and had built good working relationships with them. A person using the service told us "There are very, very nice girls. They are lovely and treat me properly."

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines

training and had their competencies checked regularly.

Preventing and controlling infection

- The agency had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken additional training in relation to COVID-19 and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, masks, gloves and aprons. This helped to minimise the risk of infections spreading. A relative told us "They are wearing all the right PPE; she puts on a special overall and mask."
- This inspection took place during the COVID-19 pandemic. The deputy manager reported that they had taken action to ensure staff followed appropriate infection control practices.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- A relative told us "They did a full care and risk assessment about him; his bed, his needs, the house and everything. It's always been very easy and straightforward to change things when it's been necessary."
- The service considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- The agency employed care workers who spoke a variety of languages in order to facilitate effective communication.
- The management told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported. They had regular supervisions and appraisals and comments included "This agency is good, we are well supported" and "The managers are always willing to help us."
- One person told us "They are well-trained and very, very caring; absolutely. They wouldn't come here unless they treated me with dignity and respect."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink.
- Food and fluid charts were completed where people had issues with not eating or drinking sufficiently and then referred to dieticians and nutritionists for advice where necessary
- Not everyone received support with their meals, relatives managed their meals, or they had 'ready meals' that the care staff heated up.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with a number of other healthcare professionals.
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in

seeking guidance and support from health professionals.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life.
- When concerns were noted regarding people's health and wellbeing, information was shared with GPs, district nurses, occupational therapists and other relevant healthcare professionals.

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

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

- The provider ensured that consent to care and treatment was in line with principles of The MCA 2005.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

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 good. At this inspection this key question has now remained the same. 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.

- The management team and staff were clear about their roles and responsibilities. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- People and relatives expressed confidence that the service was well run. We received comments such as, "There are managed very well with very kind people. "and "They are lovely and treat me properly. I suppose I would recommend the service if I had friends who needed it."
- The registered manager continually monitored the quality of the service provided to people. People said they were regularly asked their opinion on the care and asked to complete questionnaires. Surveys were sent to people as well as discussions with people during reviews and unannounced spot checks on staff. This meant they were continually checking to ensure that people received the best possible care and support.
- One person told us "Yes, they do phone me and ask me if I'm satisfied with the care. The phone about two or three times a month. I'm quite satisfied."
- Records of staff meetings, quality assurance and audits showed that when issues were identified, these were shared appropriately, and action was taken to address any shortfalls. Spot checks were carried out to ensure staff were following their training and meeting people's needs.
- Staff feedback on the service was regularly sought through regular meetings and an annual staff survey. We reviewed this feedback, which was positive about the service.

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

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Quality assurance surveys were sent out to people annually. The most recent survey had been completed in December 2020. The report showed high rates of satisfaction. Telephone monitoring also took place on a regular basis.
- A person commented "Every six months they come and make sure everything is all right. I would definitely recommend them."
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- The number of missed calls were kept to a minimum by regular audits and an electronic call monitoring system, everybody we spoke to told us they had not had any missed calls.
- There was evidence of learning from incidents. Investigations took place and appropriate changes took place and appropriate changes were implemented.