

## Valued Lives

# Valued Lives Hub

### Inspection report

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Date of inspection visit:  
29 July 2019  
30 July 2019

Date of publication:  
30 August 2019

### 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

### About the service

Valued lives is a domiciliary care service providing personal care to people with mental health needs, learning disabilities or autistic spectrum disorder and dementia.

The service operated 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. The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

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.

The service had suitable safeguarding systems in place, and staff had received training about recognising abuse.

Appropriate risk assessment procedures were in place so any risks to people, staff or visitors were minimised.

Staff were recruited appropriately. Staffing levels were satisfactory, and people received timely support from staff when this was required.

The medicines system was well organised and staff received suitable training. People received their

medicines on time.

The service had suitable assessment and care planning systems to assist in ensuring people received effective and responsive care.

Staff received induction, training and supervision to assist them to carry out their work.

People received enough to eat and drink. Some people were involved in food shopping and cooking.

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 received support from external health professionals and were encouraged to live healthier lives.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People had the opportunity to participate in activities and to spend time with the wider community.

People felt confident raising any concerns or complaints. Records showed these had been responded to appropriately.

The service was managed effectively. People and staff had confidence in the registered manager.

The manager was able to demonstrate the service learned from mistakes to minimise them happening again.

The service had suitable systems to monitor service delivery and bring about improvement when necessary.

The team worked well together and had the shared goal of providing a good service to people who used the service.

The service worked well with external professionals, and other organisations to provide good quality care.

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

Rating at last inspection

The service was registered with us on 28/09/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Valued Lives Hub

## 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 completed by one inspector.

#### Service and service type

Valued Lives is a domiciliary care agency. It provides personal care to people living in their own homes and specialist housing.

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

This inspection was announced. Inspection activity started on 29 July 2019 and ended on 30 July 2019. We visited the office location on both dates.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, and care workers.

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 this inspection this key question was rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- The provider had appropriately used multi agency safeguarding procedures if they have had a safeguarding concern and CQC was informed by the provider as necessary.
- People told us that if they didn't feel safe they would speak with a member of the care staff or the registered manager and felt sure they would help them solve the problem.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people and guidance was provided. Risk assessment processes were also used to assist staff to help people learn new skills such as cooking or learning to use public transport.
- The provider completed risk assessments to check equipment, and people's homes were safe and well maintained.

Staffing and recruitment

- There were enough staff to support people's needs. People told us staff always arrived to help them at the specified time and stayed the correct amount of time that was allocated. People said staff always attended visits, and they had not experienced any 'missed visits'.
- On the days of our visit, when people needed assistance staff responded promptly. People described staff as "Friendly," and "Nice people."
- Staff were recruited safely to ensure they were suitable to work with people. For example, in respect of staff who started to work at the service since the last inspection, a suitable recruitment procedure (including obtaining a Disclosure and Barring check and obtaining references) was completed. Some people were involved in assisting managers with the recruitment of staff.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe.
- Staff were trained and deemed competent before they administered medicines. Medicines were kept secure.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- When medicines were prescribed for use 'when required' there was sufficient information for staff to administer these medicines effectively.

### Preventing and controlling infection

- People's homes were clean and risks of infection were minimised.
- Staff received suitable training about infection control and food hygiene. Throughout the inspection we observed staff carrying out suitable infection control measures for example wearing aprons and washing hands.

### Learning lessons when things go wrong

- The registered persons said the service learned from mistakes. For example, the registered persons said, through the process of the service growing they had learned to improve their skills of managing change.



# 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 this inspection this key question was rated as Good. 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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support were reviewed when required.
- The registered manager said she always went to meet the person to complete an assessment before the person moved to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.

Staff support: induction, training, skills and experience

- Staff had records to demonstrate they had received an appropriate induction. The registered provider was aware of the Care Certificate (a set of industry approved induction standards, recommended for use by the Care Quality Commission.)
- Staff we spoke with said they had received appropriate training to carry out their roles so they could support people to a good standard. Records demonstrated staff had received training required according to legal and industry standards. Staff received a range of training about the needs of people with mental health problems. A staff member said, "There are constant training opportunities," and said training received was to a good standard.
- Staff told us they had received positive support through supervision. This enabled them to maintain their skills, knowledge and ongoing development. Staff told us they could speak with the registered manager and other managers if they had any concerns.

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

- People received support to go shopping and to cook their meals. Where appropriate staff helped people to learn how to budget and prepare food to assist them to become more independent.

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

- Staff responded to people's health care needs. People told us, where necessary, staff supported them to call medical professionals if they felt unwell.
- People said staff supported them to see health professionals such as dentists, opticians and chiropodists where necessary. Where necessary this support was recorded in people's files.
- The registered manager said the service received suitable support from the learning disabilities, and mental health teams, such as community nurses.
- Referrals had been made to a range of health care professionals when that area of support was required. For example, occupational therapists, epilepsy nurses, district nurses, speech and language therapists and dieticians.

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

- People were encouraged to eat healthy diets.
- People were encouraged to take regular exercise for example to go for walks.
- The service had good links with mental health and substance misuse professionals.
- People could either contact health professionals independently or received suitable support to do so.

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

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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.

- The registered manager had taken suitable action when DoLS applications were necessary. Clear records of applications and authorisations, as well as any records when authorisations were needed were kept.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Where necessary 'best interest meetings' were held and a record of these were kept.
- Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.

# 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 this inspection this key question was rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated with kindness and were positive about staff attitudes. We received feedback from people which supported this. People told us, "I get on well with everyone," "Staff are very person centred," "and "I give them 10 out of 10." Another person said, "When I am feeling rubbish they are good at motivating me...I have nothing bad to say about Valued Lives."
- We observed positive interactions between staff and people who used the service. One staff member said, "The service is very outcome focussed. It encourages people to live independent and purposeful lives...it helps people to feel valued and cared about."

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

- People told us they felt listened to about their day to day support. Each person was allocated a key worker, and this member of staff regularly worked with the person, to get to know them, find out their needs, and the goals the person wished to pursue to be more independent. This information was incorporated in the person's care plan.
- People and /or their representatives said they had been involved in care planning and decisions about their future. For example, people were involved in a four weekly review of their support plan. A review meeting of people's support occurred every six months, and people were fully involved in this. Where appropriate any family members and external professionals were also involved. One person said they appreciated that reviews were always carried out in their home, "They always do them here, not in the office. They (the meetings) are really chilled."

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people. People's dignity and privacy was respected.
- People were supported to maintain and develop relationships with those close to them for example to regularly visit elderly parents or meet friends.

# Is the service responsive?

## Our findings

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

At this inspection this key question was rated as 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

- All the people who used the service had a care plan. Care plans contained relevant and up to date information about people's needs. For example, the person's diagnosis and what support staff needed to provide them with. Some records within people's homes were untidy and not always comprehensive, although it was recognised the service was currently developing an electronic care planning system. Staff we met demonstrated they were knowledgeable about people and their needs.
- Staff knew how to communicate with people and ensured they used their knowledge about people when supporting people to make choices.

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.

- When people had difficulty with literacy or had sensory impairments, we were told staff would read out, or verbally inform people, of relevant information, (for example personal correspondence, menus, service information). The service also used video, pictures and photographs to help people to communicate and make choices.

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 use the community. People were supported to be involved in activities such as attending day centres, colleges, clubs and societies. People were involved in numerous other activities such as art, baking, glass making, visiting the pub, going out on walks and attending church.
- People told us the service had assisted them considerably. One person said they had lived on the street and had been in and out of hospital. They now maintained their flat tenancy, received good emotional support from staff, and had a part time job. Another person said they had previously not ever gone out, and now lived a varied life. We were told, "It is so nice to go out and do the things I enjoy."

Improving care quality in response to complaints or concerns

- People who we spoke with said they all felt confident that if they did make a complaint it would be dealt with quickly.
- We saw that any written complaints had been investigated and addressed providing the complainant with a formal response.

- The complaints procedure was issued as part of the service user guide to everyone who used the service.

#### End of life care and support

- None of the people who used the service currently required end of life care. The registered manager said if any required this support the service would assist the person to develop suitable links with appropriate external professionals so the person could remain in their home.
- Where appropriate staff had developed 'advance care plans' with people to find out their wishes about how they wanted to be cared for, and so on, if they became terminally ill or passed away.

# 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 this inspection this key question was rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered persons said the objectives of the service was to provide person centred care, and to empower people to live more independent lives.
- Staff told us they felt listened to and that the registered persons were approachable, open and honest. A staff member told us managers were, "Helpful, guiding and supportive." Another staff member said, " I have learned a lot here. Management are very approachable."
- Staff said the team worked well together. We were told the team was, "Really supportive, with each other. You can go to anyone if you have a problem."
- Staff told us, and we saw records to show, they had regular team meetings. Records showed managers also had regular meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong.

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

- The service had a registered manager. The registered manager displayed suitable skills and knowledge to manage the service effectively.
- Staff were divided into teams in different localities across Cornwall. People received support from the same group of staff to ensure consistency, and so they always knew the staff members who worked with them.
- Staff felt involved in the running and improvement of the service. For example, staff members said there were regular meetings where they were consulted about people's care.
- The majority of records were kept electronically. Currently it was very difficult to find specific records without the assistance of a manager. The registered persons explained they were developing a new system for the storage of records and this would result in records being kept in a more user friendly manner.
- The service had satisfactory quality assurance procedures. There were effective systems in place to identify concerns with the quality and safety of care. The nominated individual was actively involved in the running of the service, and worked alongside the registered manager.
- The registered persons were aware of their regulatory responsibilities for example to notify the commission about events which were required by the regulations.

- The service had a suitable system of audits, as well as observations and spot checks on staff practice.
- The service had an electronic call monitoring system which checked that staff arrived on time, and stayed the correct amount of time to assist people with their care and support.

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

- The care and support we observed was carried out in a calm and positive manner. Staff worked with people in a friendly and professional way. Relationships between staff and people who used the service seemed to a high standard. One person said, "I see them like friends, they are laid back, and it is not regimented."
- Staff were also able to raise concerns and suggestions about the service. Staff said they had regular one to one supervision and staff meetings. All the staff we spoke with had confidence that the registered manager would take action on any issues raised.

Continuous learning and improving care

- The service had some audit systems in place for example in respect of staff training and care planning. The organisation also had suitable business planning processes in place.
- The registered manager encouraged feedback and acted on it to continuously improve the service, for example the day to day care received by people at the service.
- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had good links with statutory bodies such as the local authority, the mental health and learning disabilities teams.
- People had opportunities to maintain positive links with their community, families and friends.