

Miss Valerie Cupitt

Valley Care & Support

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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 8 November 2016 and was unannounced. Valley Care and Support provides personal care and support to older people who live their own homes. There were 12 people receiving support with personal care.

This was the first inspection of the service since it was registered with us.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's risk assessments were not regularly reviewed. Staff were not properly trained and this also included the important training updates. Staff had not received regular support to help them understand how to deliver good care in line with the provider's policy.

Staff were not always recruited safely. All the relevant safety checks had not been completed before staff started work. Some files did not contain appropriate references and important safety checks to make sure they were safe to work at the agency. This put people at risk from unsuitable staff.

There was a risk that people may not have their medicines as prescribed due to lack of detail when recording administration.

Staff were not being regularly supported and developed. This meant that staff may not have the knowledge and skills to care and support people effectively.

The provider had no quality assurance systems in place to monitor and improve the quality of the service provided. Audit systems were not in place to monitor the quality of care and support.

There were systems in place to keep people safe through risk assessment and the management of risk to people. However, some areas of potential risk to people had not been assessed or recorded.

There were policies and procedures in place in relation to the Mental Capacity Act 2005. People's consent was always sought when offering care and support. However staff showed a lack of understanding of how to ensure their practice was in line with the Act.

People were satisfied with care and support provided by the service. People told us they felt safe with staff who supported them. Relatives felt confident that staff responded to people's needs and ensured they lived in a safe place.

Staff had good knowledge of the needs of each person and the procedures they should follow to deliver care

and support they needed. There were suitable arrangements in place to ensure that staff rotas were covered and people were visited as recorded in their care plans in the event of an emergency. Staff completed an induction when they started work.

People and their relatives told us staff were kind, friendly and caring. They told us staff ensured their privacy and dignity. Staff arrived on time and completed tasks before leaving. People and their relatives knew how to make a complaint if they were not happy about any aspect of the service.

We identified that the provider was not meeting regulatory requirements and was in breach of four Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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.

Medicine administration records lacked details around what medicine had been given.

Staff were not always recruited safely. All the relevant safety checks had not been completed before staff started work.

People's risk assessments were not regularly reviewed. This could mean that people's needs may not be met.

Staff had knowledge about safeguarding and the action needed to be taken to ensure people were protected from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not properly trained and this also included the important training updates.

Staff sought consent from people, in line with the requirements of the Mental Capacity Act 2005 (MCA), before providing care and support. However, staff showed a lack of understanding of how to ensure their practice was in line with the Act.

Staff were not being regularly supported and developed. This meant that staff may not have the knowledge and skills to care and support people effectively.

People had access to medical care. Staff supported people to make and attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

People received care from kind, caring staff and were able to form positive relationships with people. Relatives told us staff listened to their loved ones and ensured their needs were met.

People told us staff respected their privacy and dignity.

Staff gave people a choice of how and when to be supported

Is the service responsive?

Good ●

The service was responsive

The service had a person centred planning system in place which gave guidance to staff on how to deliver personalised care which they followed.

Each person had a care plan which was based on their assessed needs.

The service had a complaints procedure and people knew how to make a complaint if they had a concern.

Is the service well-led?

Requires Improvement ●

The service was not as well-led as should be.

The provider had not maintained a quality assurance and monitoring procedures in order to keep the service safe. This meant that they had could not act on the findings to bring about improved services

People and their relatives were positive about the management of the service. They told us that the service was well-led and the registered manager was approachable.

The registered manager ensured that requirements of the service's registration with the Care Quality Commission were fulfilled. This included submitting a provider information return (PIR) when requested and notifications of serious incidents and accidents.

Valley Care & Support

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 November 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law. The provider also submitted a Provider Information Return (PIR) which is required and provides further information about the service.

We used a range of different methods to help us understand people's experience. We visited the provider's office and spoke with one care staff and the registered manager. We received feedback from three social care professionals. We looked at two care plans, medication records, three staff files, audits, policies and records relating to the management of the service. We spoke with three people, two relatives and two care staff on the phone. We also spoke with one social care professional on the telephone after the inspection to ascertain their views about the service.

Is the service safe?

Our findings

People's care needs and risk assessments were not regularly reviewed. People using the service had risk assessments which identified possible risks to people and guidance for staff regarding what they needed to do to manage the risks. However we noted that one risk assessment was last reviewed in July 2012 in regards to the person's condition to ensure that they received appropriate care. This meant the person could potentially be receiving unsafe care.

The service had a staff recruitment system to ensure that all new staff were appropriately checked before they started work but these had not been consistently followed. This potentially put people at risk of receiving care and support from unsuitable staff. All the relevant safety checks had not been completed before staff started work. Of the files reviewed, two had some required information missing; however, it was not the same information for all staff members. One file did not have appropriate references to demonstrate evidence of conduct in previous employment in health and social care. Another file did not contain a Disclosure and Barring Service (DBS) check to check the person's suitability for working with vulnerable people. The DBS checks assist employers in making safer recruitment decisions by checking that prospective staff members are not barred from working with vulnerable people. There was no risk assessment in place to enable the provider to supervise and monitor the staff concerned before these documents were obtained. This showed staff were not vetted enough to ensure that people using the service were safe.

This was a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks seen in the files included completed job application forms, evidence of checks of identity that new staff submitted as part of the staff recruitment process.

We looked at medication records for people who used the service. There was a medicines policy in place. This included a guidance on the use of 'as and when required' (PRN) medication. The service used a Medication Administration Record (MAR).

The medicines policy stated that "A risk assessment will be completed indicating the extent of support and/ assistance the service user needs". Records showed that no risk assessments of people were undertaken regarding the support they needed with medicines. This information would have been then transferred into the support plan to give staff the guidance they needed. For example, we noted in one care file that instructions provided to staff in regards to administration of medication could potentially cause unnecessary harm to the person.

We found that when staff gave people their medicines they signed the (MAR). However they did not give any details of the medicines that had been given instead staff recorded 'Patch and Meds, Dossett, 'AM Meds. PM Meds, 'Proshield on the MARs. This meant it was not always clear which specific medicines staff had administered on any particular day. We discussed our concerns with the registered manager who said they

would review their MAR to enable staff to record the medicines properly and safely on the MARs sheets.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The MARs were used to record the administration of creams and ointment and the daily notes on the care files confirmed that creams were applied. However, these had no information about how often cream was to be applied and no body maps in the file to guide staff on where the cream needed to be applied. This meant that people may not be receiving all their medicines as prescribed.

The registered manager told us that MARs were returned to the office each month and checked for accuracy and completeness. We saw that the registered manager had written to staff on 5 February 2016 reminding them of the importance of reporting of medication incidents. Staff told us they were encouraged to report any concerns regarding medication.

Staff said they felt confident and trained to deal with emergencies such as bad weather. They said they would have no hesitation in calling a GP or 999 if they thought this was needed.

Accidents and incidents were recorded in people care files and action was taken where necessary to reduce further occurrences. For example, we saw that a person who was prone to frequent falls had been referred to their GP and awaiting consultation with the falls clinic. Staff told us they were aware of how to report accidents. They told us they would inform the registered manager and record it in care file.

People told us that they felt safe using the service. One person said they felt safe "Because staff arrived on time so I don't have to wait. They always do what need to do and check the door is locked before they leave". Another person said they felt safe "because when the girls do my shopping they give me the receipt and if there is any change left they give it back also they make sure they put the shopping away. They keep everything clear. I have had agencies in the past but Valley Care and Support is very good". People told us staff advised them to make their home secure. One said relative said their family member always felt safe because care staff made sure the door shut before they let the house. They said this also made them feel safe at night. Another comment was "Yes my family member feels safe with the girls. We have no concerns at all".

Staff had sufficient knowledge about adult safeguarding and how to raise alerts if there was a concern of abuse. Staff told us, and training records confirmed that staff had attended training on adult safeguarding. When we asked them their understanding of adult safeguarding, they listed the different forms of abuse such as financial, sexual, emotional and physical, and explained how to record and report any incidents of abuse. Staff were aware of the provider's whistle blowing policy and knew who to contact if they needed to report a concern about the safety of people or quality of the service.

We noted staff did food and toiletries shopping for some people. We asked one person about shopping and were informed that they wrote their own shopping list and gave money to staff to buy them the items. They told us staff brought back the items with the receipts and the change. Staff confirmed this and we saw that records of the dates and the items bought together with amount of money received from the person, change given and the receipts were kept. This showed that there was an accounting system in place for all the financial transactions staff carried out on behalf of people.

People and relatives told us the service had enough staff. One person said staff arrived on time and completed tasks before leaving. A relative told us staff were available to provide care on time and "If they are

stuck in the traffic they always ring to let them know." They told us, "We have confidence in them". We looked at the staff rota and noted that staff were assigned to support people according to their care plans. The staff told us they were given breaks between the visits they made to people and that they recorded the tasks they had undertaken. This ensured the support people needed were attended to by staff.

Is the service effective?

Our findings

People did not have the benefit of being cared for by staff who had the appropriate training and support to meet their needs. The training files showed that there were gaps in training for staff and this included important updates. Staff also told us they received some training but they were not kept up to date. For example medicines and safeguarding adults. We found two staff members had safeguarding adult training in 2009 and 2010 and medicines training in 2012 and also moving and handling training in 2011. One staff member told us "I have attended training on first aid, food hygiene and medication but that was a while ago. No updates yet". The providers training policy stated "The courses will be refreshed at the recommended timescale". This meant that people were at risk of receiving unsafe care as staff had not received up to date training in order to keep people safe. Another staff member told us they had recently completed diploma in health and social care at level 3.

We found that staff had not received adequate training on the application and awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Only one staff member had received this training in 2011. This would have enabled staff to understand issues around MCA and consent issues. However, the registered manager and some staff demonstrated they had an understanding of the Mental Capacity Act 2005 (MCA). 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

The registered manager told us they had attended training on MCA. One staff member told us "It is about not assuming that somebody has no capacity to make their own decisions unless the person is assessed by their GP. In our service we make sure we don't do anything without getting consent first". The registered manager told us that the GP undertook the Mental capacity assessments, however, no one using the service was deemed to lack the capacity to make their own decisions.

Staff were not supported through individual one to one supervision meetings and appraisals in line with the provider's policy. This would have provided opportunities for staff to discuss their performance, development and training needs, which the registered manager would have been able to monitor. The registered manager told us that staff had received regular supervision and appraisals but that these were not regularly recorded. The provider's supervision policy stated that 'regular supervision, observation and appraisals will be held every 12 weeks and staff will attend two supervisions a year'. We saw that in two staff files there were only 'spot' checks undertaken on 8 January 2014.

Records sent to us after the inspection confirmed that staff had conversation with the registered manager between August and October 2016. For example, in the record sent us, one staff member had conversation on 25 August and 28 August 2016 in relation to medicines with a person using the service and concerns with recording hours worked. Another staff member had conversation with the registered manager on 28 October concerning change in rota and 29 October 2016 concerning 'client' falls. The record also stated that the staff

member had observation of work on 30 September 2016, supervision 19 October 2016 and a spot check on 18 October 2016. This showed that staff had not had the opportunity to discuss their work with management in a consistent manner as stated in the policy. It was acknowledged by the registered manager staff that supervisions had not happened regularly and consistently. There were no records of staff appraisals.

Staff we spoke with told us they were well supported by the registered manager. However they told us they had not received one to one supervision and annual appraisal on a regular basis. One staff member told us "The last supervision I had was in 2014".

This is a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that the service had an induction programme in place for new staff. The registered manager said the induction programme enabled new staff to have understanding and knowledge about the service's policies and procedures. The induction training included all essential training, such as health and safety, safeguarding, first aid and food hygiene. Staff told us they received induction training when they started work. They said they received an induction which had prepared them well for their role. Staff told us they had 'shadowed' experienced staff as part of their induction training. One staff member said, "I enjoyed the training. The registered manager is really good I had to work with them to check what I am doing before I can work on my own".

Records looked at showed some staff had received spot checks' to assess staff's performance while carrying out their role. Staff confirmed some spot checks took place but not regularly. Staff said they received feedback from spot checks. They said it was encouraging.

The registered manager told us they had installed a new computer software. This would enable the agency to manage staff training, staff supervision and appraisals. They also told us that the new system would be used scheduling of clients, rostering, time sheets and care planning. The system was shown to us but it was not fully functional at the time of our visit.

People and relatives told us staff were knowledgeable and had the skills needed to support people. One person told us "The girls are all very good". One relative told us "Yes the girls know what they are doing I believe they are well trained "Another relative said that they believed staff had appropriate training and skills to meet people's needs.

People told us that they could choose and decide how to be supported. One person told us "They won't do anything I don't want. I can choose what I want to do". Staff gained people's consent before undertaking care tasks. For example, staff told us they asked people how they would like to be supported with personal care and ensured they respected their choice. One member of staff said, "Yes we let our clients decide what they want to do when providing them with personal care. People can choose and we have to respect it." We saw that the service had obtained consent from people in relation to their personal care, medicine administration and other aspects of their daily life.

People told us they chose their food and drink with staff support. One person said that they would sometimes write their own shopping list and gave it to staff to get them what they wanted and sometimes staff took them to the supermarket so they could do the shopping themselves. We also looked at records which showed that people prepared their shopping list for food and drink. The registered manager and staff told us some people decided to have their meals prepared for them. Staff supported people if this was needed.

People told us they had regular healthcare appointments. One person told us they attended their GP

appointment independently. They said they were confident staff could help them if they needed assistance with attending or making healthcare appointments. Staff told us they took people to hospital appointments whenever needed. One social care professional told us "Valley Care and Support has worked flexibly to support service users to attend hospital appointments". This showed people were supported to receive appropriate and timely healthcare.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "They are very caring and kind. They are very good. I can't fault them. I am happy with them" Another person said, "They treat me very well. They give a bath daily and most times they sit and chat to me before they go. They are really wonderful and helpful too." Other comments included "They treat me very well. They are very kind and well mannered". A relative told us, "Staff are very kind and caring to them. They make mum a cup of tea and chat to her always. They are always good to her and very patient too".

People told us staff arrived and left on time. They said staff "chatted" with them and made sure that "everything was done" before they left. Relatives told us staff listened to their loved ones and asked them if there was anything that needed doing. "They are so good. They always make sure that those who go to her are the people she likes".

.People told us staff knew their needs because they had been visiting them for many years. The registered manager said that staff were assigned to support the same person most of the time to ensure continuity and consistency of care. The staff rota showed that each member of staff was allocated to support the same person most of the time.

Discussion with people and care plans showed that staff encouraged people to be as independent as possible. For example, one person told us "Staff only do things I am not able to do for myself". The care plans were detailed and contained information about people's likes and dislikes. There was guidance for staff on how to treat people with respect and dignity. We noted that the care plans were reviewed and daily records of the care provided were kept. These ensured that the service people received or did not receive were recorded and followed up by the service.

People told us staff respected their privacy. One person said staff knocked on the door before entering their house. Another person told us "Yes they give me a lot of respect, for example, If they want to go upstairs they say just want to go upstairs and get something. Is that ok?" Staff also described how they respected people's privacy and dignity. One staff member said they always knocked on the door and waited for permission to enter .Another staff member said" I will always close the door and I ask them to do their private areas if they can and I do the rest for them". A relative said staff always ensured their family member's privacy was respected.

Is the service responsive?

Our findings

The service had a care planning system in place which gave guidance to staff on how to deliver personalised care. Staff were knowledgeable about how to deliver personalised care and described how it was enabling a person to receive their care how they preferred. Each care plan was specific to a person and reflected their assessed needs and guidance for staff on how to meet them. For example how to support a people whose behaviours may be challenging. This ensured that the care and support provided was appropriate to people's needs.

People and their relatives told us they were involved in the review of their care plans. One person said staff explained to them about their care plans and they knew when they would come and what tasks they were expected to do for them. Comments included "Yes they sat down with us and our family member and went through it all together". One social care professional told us "The care agency are always good and flexible to accommodate people's needs".

People told us they knew how to make a complaint if they were not happy about any aspect of the service. One person said they would "speak to care staff or the manager" if they had a concern. One relative told us "Never had to make a complaint. They have been upfront to sort things out before it becomes a complaint". Staff were knowledgeable about the complaints policy and were able to describe the actions they would take if a person or their representative approached them with a complaint. There was a complaints policy which gave clear guidance and timescales to people on how to make a complaint and how to deal with people's concerns.

We looked at how the provider obtained people's views about the service and saw that they issued feedback surveys to people or their representatives. We saw that surveys were undertaken in January 2016 and 97% of the responses were positive. The registered manager told us they had taken action in regards to one negative response about the service provided". We saw the registered manager had resolved the issue through a personal telephone contact. Some people and relatives told us that they received these surveys but others could not recall them.

We saw that the service had also received compliments from the people who used the service and their relatives. Some of the compliments included "Thank you for all the care and support you gave to mum. For over a year Valley Care provided care for my mum. At all times the manager and her team were friendly, helpful and provided an excellent standard of care. I would recommend Valley Care",

Is the service well-led?

Our findings

Audit systems were not in place to monitor the quality of care and support. There were no documentary evidence of audits of calls times carried out to ensure that people were getting the care and support they were assessed for. There were no comparisons of planned and actual delivered hours of care had been made. Visit log books had never been audited in line with call times. There was no process in place to identify this and provide assurance that visits were being made as planned. Staff files and risk assessments were not being audited and therefore the shortfalls evidenced through this inspection had not been identified by the provider.

We spoke with the registered manager about this and they told us that this was being implemented. Because they were a small service and they engage with both staff and people they provided service to, it was felt that they did not need this. This meant that there was a risk people were receiving unsafe or unsuitable care as it was not being properly checked and monitored.

The provider has failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided.

This is a breach of Regulation 17 (1) (2) (a) (b) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. The registered manager said, "We record all accidents in people's files and I investigate and work with the GP put any action plan in place".

People and their relatives were positive about the management of the service. One person told us that the service was run well and told us "I am very happy with the service they provide." Another person told us, "I Yes. I am happy with the service I know the manager. She will always sort things out if I am not happy. Another comment was "Yes I know [Name of manager] and the girls that visit me. They are all very good. They would listen if I have any concerns. A relative told us, "I find [the registered manager] professional and approachable. The service is well run."

We noted that staff knew their roles and what they were required to do to meet people's needs. New staff had an induction and support from senior staff so they were clear about their roles. The day to day planning of staff tasks was carried out by the office staff who was supervised and supported by the registered manager. This was because the registered manager was also registered provider. Staff told us the registered manager was always available whenever they were needed.

The registered manager told us that the values and visions of the organisation included to 'provide good working practices with the client and support staff with their development'. Staff members we spoke with

told us this was communicated to them through staff meetings, newsletters and working with them as the registered manager was also hands on.

The registered manager ensured that requirements of the service's registration with the Care Quality Commission were fulfilled, including submitting a PIR when requested and notifications of serious incidents and accidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider has not ensured proper and safe management of medicines to keep people safe.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider has failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not ensured that all the information was available as required by Schedule 3 of the Regulations before new members of staff started work.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff have not been supported to receive training, supervision and appraisals to carry out their role and responsibilities.

