

Worth Valley Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Worth Valley Care Services is a domiciliary care service that provides care and support for people in their own homes. At the time of our inspection 58 people received personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service supported adults including people living with dementia, physical disabilities, mental health conditions, learning disabilities and autistic people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support: Risks to people were not always well managed. People's care records needed to be more detailed and accurate to ensure staff provided the right support. People were happy with the care and support they received. People were supported by a regular team of staff who knew them well. This promoted continuity of care. Staff worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.

Right Care: Staff were not always recruited safely. People's needs and preferences were not always thoroughly assessed. People's care records did not contain the information staff required to deliver safe and personalised care. People told us they felt safe with staff and were complimentary of the care they received. People received consistent care from staff who knew them well. People and those important to them were involved in planning their care. Staff understood how to protect people from abuse. There were enough staff to meet people's needs and deliver consistent care.

Right Culture: Quality assurance and monitoring systems needed to be improved. The provider needed to improve their audit processes to learn lessons, reduce risk and improve the quality of care people received. Improvements were required to ensure medicines and risks to people's health and wellbeing were safely managed. The registered manager was passionate about the service and promoted an inclusive, open and person-centred culture. The care team listened and responded to people's views.

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

Rating at last inspection

The last rating for this service was good (published 31 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

We saw no evidence that people using the service were harmed as a result of the risks identified. Following the inspection the provider sent us an action plan and assured us they would take action to mitigate the risks to people and ensure appropriate improvements were made. They also confirmed they were not taking new care packages to enable staff to focus on making the required improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Worth Valley Care Services on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, good governance and staff recruitment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an updated action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Worth Valley Care Services Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors, an assistant inspector, and an 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 April and ended on 20 April 2023. We visited the location's office on 13 April 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 18 January 2023 to help plan the inspection and inform our judgements. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 9 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, office manager and care staff. We reviewed a range of records. This included 6 people's care records and medication records. We looked at 3 staff files in relation to recruitment. 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always identified, assessed and managed to ensure their safety. Risk assessments were not always in place. Where risk assessments were in place they had not always been fully completed. This included risks relating to moving and handling, skin integrity, choking, continence care and nutrition.
- Incidents were not consistently identified, recorded or acted on to ensure people's safety. Daily notes showed multiple occasions where staff had not reported incidents to the management team or recorded how they had reduced risk. Incidents were not consistently analysed to ensure lessons were learned. This meant we were not assured action was being taken to mitigate risks and protect people from further incidents occurring.

We saw no evidence people using the service had been harmed. However, the lack of robust risk management processes put people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans were not always accurate and did not reflect the care and support required to meet their needs and keep them safe. This included gaps in how to support people with essential care practices, such as moving and handling and continence care. Some care records were not dated so it was not clear which version should be followed. We identified areas for improvement across all of the care records we reviewed.
- Staff training was not always effective. The system for monitoring and recording staff training was not robust. It did not enable management to monitor which training staff had received. Some staff had not had training in key subjects and training was not consistently refreshed. For example, 2 staff had not received training in dignity and basic life support and 1 staff member had not received updates to their medication or safeguarding training since 2019. The registered manager's training was not up to date in areas such as safeguarding.

We saw no evidence people using the service had been harmed. However, the lack of accurate, complete and up to date care records and ineffective monitoring systems put people at risk of receiving unsafe care. This was a breach of regulation 17 (Good of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the provider and registered manager sent us an action plan to detail the immediate actions they would take to address our concerns in relation to care records and risk management.

Staffing and recruitment

- Recruitment processes were not robust as appropriate checks had not always been completed before staff started employment.
- No interview records were completed. This meant there was no evidence to show gaps and anomalies on application forms had been explored.
- References had not always been obtained or verified. Two staff had only 1 reference and 1 of these was dated 2 months after the staff member had started employment. Another staff member's reference was dated 16 days after they had started employment.
- One staff member's Disclosure and Barring Service (DBS) check was completed a month after their start date. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We saw no evidence people using the service had been harmed. However, the failure to follow robust recruitment procedures placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Overall people told us the quality of care they received was good. However, some people told us the knowledge and skills of staff was not always consistent. One person said, "The good ones are well trained but others are not."
- There were sufficient staff employed to ensure people received consistent care. People told us staff usually arrived on time and if they needed two staff to safely support them this was always provided. One relative told us, "They arrive on time and complete all tasks. We are totally happy with everything. Dad is well looked after, fabulous. They have never let us down." Another relative said, "Very happy with the carers: they are really nice, friendly and chatty. They always arrive on time and stay the full call time." Staff told us they were able to build strong relationships with the people they supported. One staff member told us, "The staffing levels are very good, they are doing very well, we work as a team they are marvellous."
- Following our inspection the provider and registered manager sent us an action plan to detail the immediate actions they would take to address our concerns in relation to staff recruitment and training.

Using medicines safely

- Medicines were not managed safely and poor record keeping put people at risk of harm.
- Care plans did not contain up to date information about the medicines people were taking and why. Where medicines had been stopped or the dose changed, it was not clear who had authorised the changes. Where people's relatives supported with administering medicines, there were no protocols in place to ensure staff knew when and how to give people their medicines.
- Medicine administration records (MARs) were handwritten and did not always provide clear instructions about the dose or frequency of administration. For example, 1 person's MAR showed they had been given a medicine daily for 6 days when it was prescribed to be given weekly. Some people's MARs indicated some medicines had not been administered, however the reason for non-administration was not recorded.
- Where medicines were prescribed to be given 'as required' there was no clear guidance for staff to show when to give the medicine, the maximum dose to be given and gap between doses. No records were kept for the administration of topical medicines such as creams.
- Medicine audits had not identified or resolved the issues we identified.

We saw no evidence of harm to people using the service during our inspection. However, people were placed at risk of harm by the provider's failure to operate safe and robust medicines management systems. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the provider and registered manager sent us an action plan to detail the immediate actions they would take to address our concerns in relation to medicines management.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place and staff received training in how to protect vulnerable people.
- The registered manager told us there had been no safeguarding incidents in the past 12 months. However, our review of records showed there had been one safeguarding incident. The concern had been investigated and reported to the local authority safeguarding team. However, our discussions with the registered manager indicated they would benefit from refreshing their safeguarding training.
- Overall care staff had a good understanding of how to protect people from the risk of abuse. One staff member told us, "Yes, I would feel able to report poor practices if I needed to. I speak to a senior or the head office if I need any support, if there is anything that is concerning they would do something about it."
- People told us they felt safe with staff. One relative told us, "We trust the carers implicitly and cannot fault them."

Preventing and controlling infection

- The provider had infection prevention and control procedures in place and ensured these were regularly reviewed and updated in line with best practice guidance.
- Staff said they had received training in infection control and personal protective equipment (PPE). They confirmed they were provided with adequate supplies of PPE.
- People and relatives told us staff were using personal protective equipment (PPE) effectively and safely.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Areas for improvement identified during our inspection had not been addressed through the provider's own audit systems. For example, audits of care records were not completed. We found care records were not accurate, complete or sufficiently detailed.
- Where audits were completed they were not always effective. For example, checks of daily notes assessed the font type and pen colour staff used but did not check appropriate care had been provided. We saw several examples within daily notes where staff were unable to demonstrate they had taken appropriate action to ensure the safety and quality of care provided.
- The provider did not have oversight of the service and was not proactive in managing organisational risk. Several quality assurance tasks were delegated to senior care staff. The management team did not operate effective systems to ensure quality concerns were identified and addressed. For example, the self-assessment tool being used was not scored correctly or specific to the needs of the service.
- The spot checks of staff practices varied in quality. For example, some checks of medicines administration were not dated or detailed about which people and medicines had been assessed.
- Staff communication needed improvement. Handover records were not kept to record where and how changes to people's care needs had been followed up. Management meetings were held however there were no care staff meetings. Staff told us they would benefit from meetings to keep up to date with key changes and discuss issues as a staff team.
- We saw one safeguarding incident which had been investigated and reported to the local authority but had not been reported to CQC. The provider had also not applied to CQC to add the service user band to include people with a learning disability and autistic people to their registration before supporting a person with these specific needs. The registered manager assured us they would apply to request this change and enhance their knowledge of statutory reporting as an immediate priority.

We saw no evidence people using the service were harmed. However, the provider did not ensure effective systems were operated to assess, monitor and mitigate risks to people or to improve the quality of the service. The provider also did not ensure accurate, complete and contemporaneous records were maintained in relation to the care provided. This was a breach of regulation 17 of the Health and Social Care

- Following our inspection the provider and registered manager sent us an action plan to detail the immediate actions they would take to address our concerns in relation to quality assurance systems, care records and risk management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and office manager were passionate about their job, the service and the people they cared for. The registered manager and provider demonstrated a commitment to make and sustain the required improvements.
- The registered manager had established a positive and inclusive staff culture, which was reflected in staff's commitment to deliver good quality care. Feedback from staff and people using the service about the registered manager was very positive. One staff member told us "The office team are wonderful." Another staff member said, "I think the service is well managed. Yes, I believe the manager is approachable and fair to all staff." Another staff member said, "I absolutely love my job and I love the company – I can't fault them. Staff work well as a team." Another staff member said, "I enjoy getting up coming to work, I love the job. It makes a massive different how they make you feel."
- People had opportunities to feed back about the quality of care they received. No formal complaints had been made to the service in the last year. However, people told us when they raised issues with staff they felt listened to. One person told us, "The company is very well organised and the office is very responsive. I would highly recommend them." Another person told us, "I don't think any improvements are needed. The management are well organised and consistent. I have contacted the office and they are always approachable, available and responsive. Very good communication with all. I would most definitely recommend them."
- Staff worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.

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 Risks to people were not assessed, mitigated or monitored. Staff did not always have appropriate training to care for people safely. Medicines were not managed safely. Regulation 12 (2)(a)(b)(c)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and mitigate risks to people or to improve the quality of the service. Contemporaneous, complete and accurate records were not maintained for each person. Regulation 17 (1)(2)(a)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not operated effectively to ensure staff were safe and suitable to carry out their role. Regulation 19(1)(a)(b)