

Southvale Care Ltd

Southvale Care

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Southvale Care is a domiciliary care agency providing personal care to people in their own home. The service provides support to people with a variety of needs, including people living with dementia, mental health diagnosis and learning disabilities. At the time of our inspection there were 48 people using the service. The service supported people living in the Southampton area.

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

There were areas of the provider's governance systems that needed to be improved. For example, we found records relating to aspects of people's medicines management and moving and handling plans were not always consistently detailed or complete. We also noted two examples where the provider had not made notifications to CQC that were required.

We received positive feedback about the registered manager's professionalism and passion for supporting both people and staff and that they were easily accessible and approachable when needed.

The provider ensured there were appropriate levels of staff to meet people's needs, however, we have recommended the provider review their recruitment practices to ensure these are consistently robust. Where required, people were supported to receive their medicines by staff who had been assessed as competent in safe medicines administration, and systems were in place to support people to have their medicines when required. There were clear safeguarding systems in place to ensure people were protected from the risk of abuse.

People were supported to manage their dietary needs and people's nutritional intake was monitored where this was appropriate. People were supported by staff who were trained for their role and the registered manager sought additional training to meet people's individual needs where this was required. Staff told us they felt supported in their role by the registered manager and senior team and knew how to seek additional advice and guidance if this was needed.

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.

We received consistently positive feedback from people and their relatives that staff treated people with kindness and compassion. People's care was delivered with dignity and respect and the registered manager regularly sought feedback from people to ensure they were happy with the service they received.

People's care plans included information on their histories, medical diagnosis and relationships that were important to them. People told us they knew how to raise concerns, and the registered manager was diligent in acting on people's feedback to promote positive outcomes for people. We received feedback from the local authority that the provider worked flexibly with people to ensure their care was tailored to

meet their individual needs.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The model of care maximises people's choice, control and independence. People's care calls were tailored to meet their specific needs.

Right Care: Care promoted people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection

This service was registered with us on 04 January 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have recommended the provider proactively reviews their recruitment practices and governance and oversight to identify and embed the required improvements identified at this inspection.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Southvale Care

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

This inspection was completed by two inspectors 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

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

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 a short period notice of the inspection so people using the service could provide consent to take part in the inspection by giving us feedback by telephone.

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 also sought feedback from the local authority. We used all this

information to plan our inspection.

Inspection activity started on 4 October 2022 and ended on 1 November 2022. We visited the location's office on 4 October 2022.

During the inspection

We spoke with 14 people and relatives by phone to gain feedback on their experience of the care provided. We spoke with the registered manager, 1 care co-ordinator and 4 care staff and received feedback from the local authority.

We reviewed a range of records relating to peoples care including four people's care plans and risk assessments, a range of medicines administration records, quality assurance records relating to the running of the service and three staff recruitment files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There was a recruitment process in place and an appropriate policy to support this. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed. Some improvements were required for international recruitment to ensure processes were robust. This was raised with the registered manager who addressed this during the inspection.

We recommend the provider review their recruitment processes and records relating to staff recruitment and have provided signposting to relevant resources to support this.

- People were extremely positive about the care they received from staff and told us they were cared for by a consistent team of staff who were scheduled at regular times. Comments included, "[The registered manager] is trying hard to keep the same people, as it helps [relative] to see the same people. [Relative] loves [care staff]! She has dementia so the same faces do help" and, "There a pool of [staff], [relative] is very comfortable with them all. I call one of the [staff] Mrs Happy, as she's always smiling."
- The provider used an electronic system to manage staff rotas and monitor people's care calls. This system supported office staff to monitor staff's attendance at people's homes, the duration of care provided, and oversight of what care tasks were completed and take action to address any incomplete or overdue alerts they received.

Assessing risk, safety monitoring and management

- We found where people required the use of equipment to aid safe moving and handling the providers manual handling tool was not always consistently completed or detailed. We spoke with staff and were assured they were confident in meeting people's moving and handling needs safely and demonstrated a good understanding of how to manage risks to people. We raised this with the registered manager who was proactive to our feedback and was taking action to address this. We have not been able to test the effectiveness of this action and we will review this at our next inspection.
- Other risks to people were identified, assessed and plans were in place which detailed actions staff should take to keep people safe. This included risks related to people's skin integrity, the use of bed rails, and where people were at an increased risk of falling.
- Plans were in place where people had individual risks such as requiring support with the use of percutaneous endoscopic gastrostomy (PEG). Staff had received appropriate training to ensure this was managed safely in accordance with the person's needs.
- Environmental risks regarding people's home and property were completed. This identified if there were additional hazards staff needed to be aware of in people's home or the surrounding vicinity.

- In the event of an emergency, such as a fire, people had a personal emergency evacuation plan (PEEP) in place for staff should they be providing care at that time.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments included, "I feel so comfortable with the care. I've just had some respite care, and the [staff] who came in was brilliant, it was so nice to know that [relative] was being looked after well when I was on holiday", and, "Oh yes [I feel safe], they are absolutely brilliant, we're very content with the carers."
- Staff we spoke with knew how to raise concerns. They received safeguarding training to support them to identify types of abuse and the steps they should take to keep people safe.
- There were systems in place to respond and report safeguarding concerns. This included maintaining records of concerns and sharing information where necessary to organisations such as the local authority to ensure people were safe.

Using medicines safely

- Information around people's medicines included their allergies, dose, route of administration and time medicines were required. However, where people had medicines administered via a patch, records relating to their application did not include the full instructions for rotation. We raised this with the registered manager who took immediate action to address this.
- Where people required medicines to be administered 'as required' (PRN), individual protocols were not in place. We reviewed people's medicines administration records which identified people were supported to have PRN medicines, such as laxatives, and staff monitored people's bowel charts and sought feedback from people as to when these were needed. The registered manager was responsive to our feedback and PRN protocols were put in place by the end of the inspection.
- People were supported to receive their medicines by staff who were appropriately trained and had been assessed as competent to undertake medicines administrations safely.
- People's medicines needs were assessed as part of their care planning. Agreements for staff responsibilities in relation to administration, ordering and prescription management were clearly identified. Where people had support from relatives, this was clearly recorded. This helped to ensure staff had a clear understanding of the care tasks required.
- The provider used electronic medicines administrations records. This system generated automatic alerts which were overseen by office staff if records did not show staff had completed required medicines related tasks as part of the care call.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had procedures in place to learn from accidents and incidents. Accidents and incidents that occurred were recorded and information included what actions had been taken in response to keep people safe. The registered manager was able to demonstrate how they would investigate incidents to look for causes, trends and put strategies in place to reduce the risk of reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager visited people to assess their needs before offering to provide a service. Where available they used information provided by commissioners to support them to identify people's needs and explore how these needs could best be met.
- People's assessments included their emotional and physical needs as well as information on how people would like their care to be provided.

Staff support: induction, training, skills and experience

- There was an expectation that staff completed a range of training relevant to their role. For new staff this included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff spoke positively about the training provided and how this supported them in their role. Comments included, "My favourite training was moving and handling as I now feel confident", and, "I have done a lot of training from different aspects. All training put across has been lovely. Training 100% has been good, being in a new country it needed to be as there's vulnerable people [we care for] and the training has been perfect."
- New staff received an induction which helped them to understand the key requirements of their role. This included training on the use of the provider's electronic care planning system, time to read policies and shadow experienced care staff when completing care calls. Staff were positive about their experience of training and induction.

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

- People's dietary needs were considered. People's care plans included information on their food preferences, health conditions such as diabetes and what support staff were required to provide at each care call.
- Where required staff recorded people's nutritional intake during each care call. The registered manager discussed how this information was monitored to ensure any changes in people's dietary needs could be quickly identified and actions taken such as referring to people's GP if there were any concerns.
- Where people required support to manage their fluid intake, care plans included information for staff on the risks of dehydration, including what signs and symptoms to look for and the importance of ensuring people maintained an appropriate fluid intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- We received positive feedback from the local commissioning authority that the service was effective in meeting people's needs. They told us the service was flexible when providing care to meet people's changing needs and working closely with commissioners.
- People told us they could access support to ensure their healthcare needs were met. Comments included, "I had problems getting through to the doctor, and [the registered manager] managed to get straight through and organised for me to go into hospital", and, "The [staff] have prompted for us to call a doctor [when loved one] had a recent infection."
- The registered manager made appropriate referrals to ensure people received the correct support. For example, they supported a person to arrange a home fire safety check with the local fire and rescue service where they had identified risks to the person's safety.

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had appropriate systems in place to gain consent from people to provide care. Where there were concerns that people might lack capacity to consent to their care, the registered manager understood the principles of the MCA and sought input from appropriate people and professionals to review this in accordance with the Act.
- People's care plans encouraged staff to ensure they sought consent from people before completing care tasks. Staff we spoke with told us they always sought consent for people before providing their care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 received consistently positive feedback from people and relatives that staff treated people with kindness and respect. One person said, "Yes they are [kind], one of the [staff] comforted me and it helped me, it was nice. She asked me 'I hope you're looking after yourself.', It felt good for her to say that to me." Other comments included, "Yes, the [staff] are very sweet. They are very respectful" and "[Relative] is very happy with [staff], and they're very good with [relative]."
- The provider had policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- The registered manager regularly sought feedback from people and their relatives. This included making planned visits and calls to people to review the care they received.
- As part of people's planned reviews, they were given an opportunity to complete a questionnaire to reflect their views on the experience provided which the registered manager reviewed. Where people made suggestions for improvements, records demonstrated the registered manager acted upon this.
- The service had received multiple positive comments from people and their relatives about the care they received. For example, one compliment received from a relative commended that "[Staff] have managed to do what other carers before them have failed to do, especially around the compassionate care [relative] is getting."

Respecting and promoting people's privacy, dignity and independence

- People's care plans directed staff to support people in ways which promoted their dignity and independence.
- Where people used assistive technology to maintain their independence and safety at home staff supported this. For example, care plans directed staff to ensure people were encouraged to wear their lifeline pendants which can be used by people to call for assistance when needed in an emergency.
- People told us they were informed about any changes in their care, including staff care call times and if staff were running late. Comments included, "If [staff] are going to be late they always ring me. In fact, [the registered manager] rang me this week, as one of the [staff's] phones weren't working", and "We've actually changed the times recently, and [the registered manager] was very accommodating."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care plans included information about their likes, dislikes, life history, and important relationships and people in their life.
- Where people had a medical diagnosis, there was information for staff on how this might affect the person's abilities.
- We noted for one person where they required support to manage changes in their presentation and behaviour as a result of their mental health diagnosis, information on steps staff should take to support the person during a crisis was limited. We discussed this with the registered manager who told us they would address this. The registered manager provided evidence where they had sought additional support for staff through a reflective learning session with an external professional to promote positive outcomes for the person.
- People and their relatives told us they were supported by staff who understood their needs. Comments included, "They know [relative] very well. She's got dementia and they know that", and "[relative] has high anxiety and the [staff] know not to rush things with her. They take their time."
- To promote continuity and quality in the care provided the registered manager made responsible decisions around taking on additional care packages. This included consideration of new referrals' geographical location to ensure care calls were accessible for staff and visits could be scheduled in line with people's preferred call times.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included information on their communication needs and any sensory impairments that staff should consider.
- The provider was able to tailor how they presented information to ensure people's communication needs were met. For example, where a person was identified as having a sight impairment, they ensured all paperwork was printed in a larger and more accessible font so the person was able read and sign their documents more easily.

Improving care quality in response to complaints or concerns

- People we spoke with knew who they could share any concerns with and felt they would be listened to.

For example, a relative told us, "Yes [I know who I can contact], in fact, it wasn't a complaint, but I did phone [the registered manager] when I saw the [staff] do something that I wouldn't have done, to tell her that I would have done it in a different way and she told the [staff] to do it in a way that I preferred."

- The provider had systems in place to record, respond to, follow up and close complaints. The registered manager maintained oversight of all feedback about the service and valued people's input.

End of life care and support

- There were no people receiving end of life care at the time of the inspection. The registered manager told us how they had previously supported people with end of life care and were aware of local networks and support available to people and their families.

- To support staff skills and knowledge in this area the registered manager had planned for staff to access training in end of life care. They told us this was due to be completed by November 2022.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and oversight of service delivery was inconsistent.

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

- The registered manager and delegated staff completed a range of audits; however, these were not always effective. For example, audits of people's care records failed to identify our findings where records relating to people's moving and handling risks were incomplete or there were inconsistencies in completion of the provider's assessment tools. Medicines audits did not identify our findings in relation to PRN protocols, consistency in MAR recordings or records relating to the application of transdermal patches. We found no evidence people had been harmed. The registered manager was extremely responsive to our feedback and acted with urgency to address our feedback. However, some aspects of the provider's governance systems required improvement to ensure processes in place were robust to identify and drive improvement.
- We reviewed audits completed to monitor accidents and incidents that had occurred at the service. Records demonstrated that concerns and feedback had been clearly recorded, and where appropriate the local authority or relevant professionals had been informed to ensure people were safe.
- The registered manager completed investigations of all concerns raised, and where there was value in sharing outcomes with staff and people this was completed. However, we found two of the examples of unexplained bruising that had been recorded and reported to the local authority, but information had not been shared with CQC, where this was notifiable. We discussed this with the registered manager who acted on our feedback to make retrospective notifications during the inspection period.

We recommend the provider review their governance systems to identify and embed the required improvements identified at this inspection.

- There was a clear management structure in place. The registered manager was supported in the running of the service by a team of senior staff. Each senior staff member had a clear set of roles and responsibilities, which contributed to the effective running of the service.
- The quality of care provided to people were regularly reviewed. Senior staff undertook spot checks of staff performance in people's homes to ensure they met people's care needs in line with the person's wishes and the provider's expectation. Where points for improvement were identified, these were shared with staff in a supportive manner.

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

- Where staff were recruited through an international sponsorship programme the registered manager was passionate in ensuring the induction pathway supported staff both personally and professionally. They

valued staff wellbeing and ensured support was in place through a buddy system. They offered support for staff to become orientated to their local community, health resources and social networks as part of this process.

- Staff consistently told us they felt supported by the registered manager and office staff. Staff were confident they could seek advice and guidance from the senior team. One staff said, "If you need help, [the registered manager] is there to support you. if you're on a visit you can even call, and they are always there."

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 understood the importance of being open and transparent when things go wrong. This included ensuring information was appropriately shared with people, their families and relevant organisations.
- There was an appropriate policy in place to support the provider to fulfil their responsibilities and their duty of candour requirements.

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

- The provider ensured people and their relatives had access to appropriate information about the service they provide. This included information on the provider's values, processes and key contacts for organisations people could access if they had any concerns.
- The registered manager was passionate about people and promoting positive outcomes. They sought opportunities to engage, motivate and develop staff to support the company's values. One senior staff told us, "Our aim is to give our client's the best ability to stay at home, to be enabled and independent. We instil this in our [staff] to support people to do the things they can do and help with what they can't in their own homes."

Continuous learning and improving care

- The registered manager conducted themselves with integrity and transparency throughout the inspection process. Where feedback was provided, they demonstrated a proactive demeanour to improve and develop the service to ensure people received good quality care. These qualities were reflected in feedback we received from people, relatives and professionals.
- The provider had an action plan in place to continuously improve the service. Tasks that were identified were rated in order of priority for completion and progress was discussed between the registered manager and senior team regularly.

Working in partnership with others

- The provider had received positive feedback directly from commissioners, including where a relative had complimented the care that had been provided to their loved one.
- We received positive feedback from the local authority that the provider worked well with the organisation and they praised the provider's ability to meet local need during winter pressures. One comment included, "I felt reassured and confident in the delivery of care, and in the management team's approach. [The registered manager] has been responsive to any emails and phone calls and where I have approached Southvale [to provide care] they were receptive to this and reviewed the logistics to see if this could be managed safely."