

FIVE VALLEYS CARE LTD

Five Valleys Care LTD

Inspection report

Suite 11, Westend Courtyard
Grove Lane, Westend
Stonehouse
GL10 3SL

Tel: 01453368036

Date of inspection visit:
26 September 2022

Date of publication:
25 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Five Valley Care LTD is a domiciliary care service providing personal care for people in their own home. At the time of the inspection, fifteen people were receiving support from the service with 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.

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

Improvements were needed to ensure safe recruitment practices were followed. The provider's audits were not fully effective in identifying and addressing quality and safety concerns in areas of staff recruitment.

People's individual risks were assessed and staff were given information on how to protect people from the risks associated with their care. However, the care documentation related to the risk management of people's health needs was not always comprehensive. We have made recommendations about risk management plans related to people's health needs and the quality assurance systems related to this area.

We did not find that these shortfalls had impacted on people's care.

The provider responded to our inspection feedback and was open to making improvements to the service. The provider began reviewing people's care documentation and their quality assurance systems during the inspection.

People who used the service and their relatives were positive about the caring nature of staff and managers and told us they felt safe.

Care staff had the training and experience they needed to meet people's needs.

People received care and support from a consistent staffing team. Staff spoke positively about the support they received and how this promoted person centred care.

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.

Systems were in place for people to raise concerns and for the registered manager to receive feedback from people who used the service. This enabled them to monitor the quality of the service being provided to people.

Rating at last inspection

This service was registered with us in April 2021 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to safe recruitment practices.

We have made recommendations about risk management plans related to people's health needs and the quality assurance systems.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an 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 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 ●

Five Valleys Care 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

This inspection was carried by two inspectors 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 26 September 2022 and ended on 29 September 2022. We visited the location's office/service on 26 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 all this information to plan our inspection.

During the inspection

We spoke to a representative of the provider, the registered manager and the recruitment manager. We spoke by phone to one senior carer and three care staff. We reviewed a range of care documentation and medicines records. We also spoke by phone to five people who use the service and three relatives of people who use the service. We looked at three staff files in relation to recruitment and staff development and support. A variety of records relating to the management of the service, including policies and procedures and staff training and quality assurance records.

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 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.

Staffing and recruitment

- Safe procedures were not followed when new staff were recruited, to ensure they were suitable to provide care to people. All pre-employment checks had not always been completed in line with the required standards. For example, evidence of conduct and reasons for leaving previous care roles had not always been requested and verified. Although the provider told us they had made attempts to gather this information, this was not evident in some staff recruitment records.
- The provider's recruitment policy was not reflective of the safe recruitment requirements in health and social care.
- When required pre-employment checks did not provide sufficient information to determine whether candidates were of good character, records did not show the action the provider told us they took to mitigate risks to people whilst staff completed their induction.

We found no evidence that people had been harmed, however, safe recruitment practices had not always been followed. This 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.

Following our inspection feedback, the service confirmed they were making improvements to the service's safer recruitment practices.

- People were supported by a consistent staff team who knew them. The service had enough staff to support people. Staff worked flexibly to cover any additional calls or staff absence.
- Staff told us they had enough time to support people and to travel between their care calls.
- The provider's model of care guaranteed that people received a minimum of one hour of care per visit. This ensured people's support and emotional needs were met without feeling rushed.
- People and their relatives were positive about staff availability and punctuality Comments included: "They are on time usually and will let me know if there is a delay. They have been very reliable." and "Most of the time they come when they are supposed to and they let me know if they are going to be late."

Assessing risk, safety monitoring and management

- Environmental risks were assessed and where staff were working on their own in people's homes, measures were put in place to ensure personal safety.
- People's risks associated with their health and well-being had been assessed and were regularly reviewed or reviewed earlier if there was a change in people's support needs.

- The service had assessed people's personal risks as part of their initial assessment and recorded the actions needed to help reduce these risks. This included risks related to keeping people's skin healthy and intact and the use of moving and handling equipment.
- However, people's records did not always have robust guidance for staff to assist them in managing people's specific health risks safely. For example, in relation to risks associated with health appliances and eating and drinking. Staff had received specific training in supporting people with health appliances and could describe how to support people safely.

We recommend that the provider review the comprehensiveness of risk management plans related to people's health related needs.

Following our inspection feedback, the service said they had reviewed and updated people's care documentation.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse. Staff had been suitably trained in safeguarding.
- Staff had access to the provider's safeguarding and whistleblowing policies to guide them in the actions they should take if there were concerns or an allegation of abuse.
- People told us they feel safe when supported by the staff. One person told us: "I do feel very safe with the carers [staff], they make sure I am safe and the house is locked up before they leave me."
- The provider had systems in place for when people did not answer their door, or refused care, to ensure the person's safety.

Using medicines safely

- The service had a suitable medicines policy, staff had been trained in medicines management and their competency was assessed.
- Information about medicines was available for staff in people's care plans. Medicines administration records (MAR) were completed and reflected people's medicines support requirements.
- The provider's electronic care management system prompted staff to administer medicines when they supported people who needed assistance with their medicines. Managers were alerted and took immediate action if staff did not record the administration of people's medicines.
- Medicine audits were undertaken to ensure people received their medicines as prescribed.

Preventing and controlling infection

- Staff had been trained in safe infection control practices and had access to personal protective equipment (PPE).
- Staff were able to describe how they put PPE on and take this off correctly.
- People and their relatives confirmed staff wore PPE and maintained good infection control practices while giving care.

Learning lessons when things go wrong

Systems were in place for staff to report concerns or accidents to the registered manager. Staff confirmed they had access to managers via an on-call system, if they needed to raise concerns or seek advice outside of office hours. This meant any concerns or new risks could be managed in a timely manner.

- Accidents and incidents were recorded and actions were identified to help minimise the risk of further accidents for people.
- Staff were positive about information sharing and communication within the team which supported them

to keep up to date regarding people's support.

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;

- People's support needs were assessed to ensure their care was delivered in a person-centred manner and in line with best practice and current guidance. One person told us: "I did have an interview at the beginning, they asked me if I minded male or female carers [staff], what I wanted or needed help with."
- Care documentation covered people's needs and where necessary, guidance was set out by healthcare professionals. However, we recommended that the service reviewed the comprehensiveness of risk assessments related to people's health. Reviews of people's needs were carried out on a regular basis.
- Where necessary, support, such as training was provided by healthcare professionals to the care team.

Staff support: induction, training, skills and experience

- New staff were provided with an effective induction period. They were supported to complete 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 had received a mixture of eLearning and face-to-face training to assist them to carry out their role. New staff worked alongside an experienced existing staff member which gave them the opportunity to learn their role.
- Staff received regular support from the management team to enable them to develop their practices and share any concerns.
- One person's relative told us, "We have found the carers [staff] to very good and we are very pleased with them. I have found them to be very professional and [person] is very comfortable with them."

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

- Where required, staff supported people with their dietary needs.
- Staff had received training in food hygiene to ensure the safety of any meals they prepared for people.
- People's care plans detailed the support they required to eat and drink safely, and their preferences in snacks, meals and drinks.
- People's care plans contained information about the support they required to eat and drink safely, and their preferences in snacks, meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked in partnership with people and their families to help them to maintain a healthy lifestyle and access appropriate health care services as needed such as district nurses.
- The registered manager recognised the importance of networking with health care professionals to ensure staff remained current in good care practices and to further develop their knowledge and understanding of people's personal needs and risks.

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.

- People's consent to care and treatment was sought as part of their initial assessment. Where appropriate people's representatives (including power of attorneys) were involved in making significant decisions.
- Staff were aware of principles of the MCA and knew where to find information related to people's decision-making abilities and preferences.
- People's care documentation included information about how to support people to retain their independence and people's care notes included information about how staff sought consent from people to deliver the support.

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

- Staff were receiving equality and diversity training.
- People who received support from the service were positive about the support they received. Comments from people included, "It's nice having them, it's like having friends come, I know them all by name and they are polite and friendly" and "I have found the carers [staff] to be careful, respectful, polite and friendly."
- The registered manager and staff were passionate about delivering good quality care which focused on people's individual support requirements. They all spoke about people with genuine kindness and respect.

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

- Consent was gained from people at the start of their care package.
- One relative told us: "They are happy to fit in with me and with our requirements. I asked them to make a few adjustments to our requirements. They have been very accommodating."

Respecting and promoting people's privacy, dignity and independence

- The service had a privacy, dignity and human rights policy in place. Staff received specific training and were given examples on how they promote dignity and privacy and encourage independence.
- People's support plans included information about how to promote their dignity and privacy.
- Staff worked in collaboration with people and their families to ensure good and consistent outcomes for people.

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 and their relatives were consulted as part of their initial assessment and during ongoing reviews.
- Staff had access to people's digital care plans on their mobile devices. The care documentation described people's risks, preferences and how they should be supported.
- Staff completed care notes to record the care provided to people and any concerns they identified. These records were regularly reviewed by the registered manager. People and their approved relatives could access their digital care records which gave them real time information about people's well-being.
- People received care which met their individual needs and preferences. "One relative told us, [person] is used to them [staff] now, [person] has [their] moments and they [staff] are very understanding and patient with [person]."

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 communication needs were assessed and recorded. Care records contained information about people's speech, visual and hearing impairments which assisted staff to support people's preferred methods of communication.
- The service made use of a robotic 'therapeutic pet' to support people with specific communication needs. The provider's representative told us how this device had helped one person who did not previously use words, develop their speech. They said the person was now engaging in conversation and answering questions as well as making eye contact, laughing and smiling.

Improving care quality in response to complaints or concerns

- People had access to information on how to raise concerns in line with the provider's policy and client handbook.
- The provider had a complaints policy. The registered manager responded to any concerns or complaints in line with the policy and used these to make changes and improvements to the service people received.

End of life care and support

- No one was receiving end of life care at the time of our inspection.

- Some staff members had a special interest in end of life care and had completed additional training in this area. The registered manager spoke passionately about involving people, their relatives and health care professionals to enable good end of life care.'
- The service had received thanks and complements from relatives for the end of life care and support previously provided to people.

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

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

- The provider's recruitment policy did not reflect safe recruitment processes as required in health and social care. The registered manager and provider had not ensured all required checks were completed before employing new staff. Quality and governance checks had also not identified the shortfalls we found with employment checks
- The provider's audits of care documentation were not always effective in identifying gaps in risk assessments related to people's health.

We recommend that the provider strengthen their quality assurance systems in the areas of safer recruitment and care documentation auditing.

Following our feedback, the registered manager took immediate action to improve specific risk management plans.

- The service had systems to monitor and improve the quality of care people received. The registered manager carried out a range of audits in relation to people's medicines and daily care records. Actions identified from audits were followed up by the management team.
- The service had an electronic care management system which enabled the registered manager to monitor activities such as staff punctuality, medicines administration and specific aspects of delivery of care. The managers were alerted to any concerns or unmet tasks so they could take prompt action.
- The provider carried out weekly visits to the service and followed an auditing schedule based on the service action plan. A yearly quality assurance visit was also being carried out by a representative of the provider.

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 their responsibilities to be open and honest and to apologise if things went wrong. Records showed relatives or representatives were contacted appropriately to inform them of incidents affecting the person.
- The registered manager made sure CQC received notifications about important events so we could monitor that appropriate action had been taken.

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

- The registered manager had a clear vision about the service which prioritised people's safety and person-centred care. They told us they were keen on upskilling staff and taking them on a development journey.
- Staff spoke positively about the support offered by the management team and their values. Staff considered the manager to be "very good" and talked about the support they have been receiving.
- Staff shared the registered manager's vision about the service. One staff member told us that the values of the service were: "making clients comfortable in their own home, making sure they are happy and safe."
- People and their relatives spoke positively about the support received from the staff and management. Comments included, "I have found the carers [staff] to be marvellous, the help they have been giving me has been brilliant" and "I have found them to be thoughtful, I am happier and feel more secure."

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

- The service carried out regular surveys to gain feedback from people, their relatives and staff. The answers were quantified and actions established. Following the latest surveys, action was being taken to ensure people were informed of any changes in their care call times.
- People and their relatives were positive about communication with the service. Comments included, "The office stay in contact to make sure everything is ok and to make sure the carers [staff] have arrived" and "I do speak to the office and have found communication good."
- Staff were kept updated through regular staff meetings and ongoing communications from the management team.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us that the provider was a member of the Homecare Association. The registered manager told us they kept themselves up to date with CQC updates and that the provider sent out weekly correspondence with information, organised webinars and conferences.
- The registered manager talked to us about involving staff in additional training such specialist dementia training, which gave staff an insight into what life is like for people living with dementia.
- The service worked in partnership with people, their families, friends and community health and social care professionals to maintain people's health and well-being and to achieve positive outcomes for them.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices had not always been followed. This put people at potential risk of harm. Regulation 19 (2)(3)