

Valland Care and Support Ltd

Valland Care and Support - Leicestershire & Warwickshire

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

Valland Care and Support - Leicestershire & Warwickshire provides care to people living in their own homes and in supported living settings. 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. At the time of our inspection, 42 people were receiving personal care.

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

Staff recruitment checks had not been fully robust. Not all expected checks on staff's employment history and references had been completed. Action was being taken by the provider to address this.

The provider's governance systems and procedures in how quality and safety were assessed, monitored, and managed found inconsistencies. Improvements were required with staff support. Audits and checks had not been consistently completed at regular intervals the provider had identified as required. Guidance for staff about how to meet people's individual care needs found some information was insufficiently detailed or contradictory.

People and relatives spoke positively about their experience of the service. Staff provided consistent care that was largely provided on time and staff were unrushed. Staff were described as caring, compassionate and provided safe care that was dignified and respectful.

Local authority commissioners reported the provider was working with them to make improvements, further time was required for these to become fully embedded and sustained. The provider had an action plan and was developing their management team to support the service to drive improvements.

Improvements were being made to staff training. Incidents, accidents and complaints were investigated. Action was taken to learn and make improvements and risks mitigated.

People were involved in their assessment, development and ongoing reviews of their care. The management team completed spot checks, monthly welfare calls and invited people to complete feedback surveys to share their experience.

People were provided with support with their dietary needs and to keep hydrated. 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.

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

This service was registered with us on 3 November 2021 and changed office address on 6 July 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff behaviour. A decision was made for us to inspect and examine those risks.

Where we found some shortfalls, the provider was taking some action to make improvements.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

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

We have identified one breach in relation to governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Valland Care and Support - Leicestershire & Warwickshire

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 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. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in three individual 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to a few people living in individual 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with three people who use the service and seven relatives for their experience. We spoke with the registered manager, operations director and twelve care staff, this included two senior care staff and the deputy manager. Following the site visit we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the compliance head of care manager.

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

- Recruitment systems and processes were not sufficiently robust. Staff who had previously worked for the service via a care agency, were now employed by the service. Employment history and reference checks were outstanding for some staff. Evidence of staff interviews was inconsistent as were staff induction and probation procedures. This put people at potential risk of harm. However, we saw the provider was taking action to make improvements and we were sufficiently assured by these.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. These checks had been completed.
- People were positive about the care they received. Positive comments were made about staff's competency and how they were introduced to staff before receiving care.

Using medicines safely

- Systems and processes to support people with prescribed medicines were not robust and put people at potential risk. The provider had already identified this and was making improvements. This included staff competency observations and assessments.
- From reviewing a sample of medication administration records (MAR) we identified a person required their prescribed medicine at specific times. This was important in the treatment of their health condition. However, their MAR for July 2022 showed the prescribed times when the medicines should be taken were regularly not being met. We raised this with the management team who agreed to follow this up.
- People who required support with their medicines told us they had no concerns. One relative said, "No difficulties with medication. [Relation] is on a lot of medication and it is all recorded and given on time."

Assessing risk, safety monitoring and management

- Risk assessments associated with people's individual safety and wellbeing needs had been completed. Overall, staff had detailed risk management guidance to support people to remain safe. However, we identified two risk assessments where guidance for staff was limited or contradictory. This was in relation to a person's catheter care and a person's eating and drinking care needs. Feedback from people and staff assured us was a recording issue. We raised this with the management team who agreed to follow this up.
- Staff told us how they accessed electronic care records to view people's care plans and risk assessments. They also reviewed previous care notes, to support them to provide safe care. Staff also told us how they reported any safety concerns to the management team who then took action.
- People told us how staff supported them to manage known risk. A person said, "I use an oxygen machine and the carers make sure the cables are under the carpet. They make sure any tubes are cleaned and tidied

out the way to avoid trip risks. All is left accessible for me." A relative said, "[Relation] is hoisted from bed to chair and every care is taken."

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to protect people from abuse and avoidable harm. A staff member said, "I have received safeguarding training. I would report any concerns to the management team such as medication problems. Also, any concerns about the way a person is being cared for, poor standards of care, how the person is acting with others."
- Feedback from people and relatives was given about how staff provided safe care and support. A person said, "I feel the care is safe, the carers all wear uniforms. I know some of them quite well and they lock up when they leave." A relative said, "I feel safe, because if [relation] wasn't they would tell me. I would know!" Another relative said, "All are very good carers. We have had five agencies over five years and this is the best one we have had."
- The provider had safeguarding systems and processes. Any safeguarding incidents, issues or concerns were reported as required to external agencies.

Preventing and controlling infection

- Infection prevention and control best practice guidance was followed. Staff had received relevant training and followed the providers COVID-19 procedures to reduce risks to people.
- Staff took part in weekly tests for COVID-19 and understood the arrangements for self-isolation and shielding.
- People confirmed how staff wore personal protective equipment (PPE) to reduce the risk of cross contamination. A person said, "Staff all wear PPE and it's worn correctly. New PPE is used each time."

Learning lessons when things go wrong

- Systems and processes were in place for staff to report any accident or incident. Any reported incidents were reviewed by the management team and any required action and immediate support was provided. Any learning to reduce further risks were also considered and shared with staff.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The procedures to support staff were not robust. Staff told us and records confirmed, staff had not received opportunities to discuss their work, training and development needs. The provider told us they had not provided staff with supervision meetings, but action was being taken to address this. This put people at risk of receiving ineffective care and support.
- The provider told us staff were expected 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 confirmed they were completing this training.
- The provider's training plan confirmed staff had received training the provider had identified as required. We saw some examples of training certificates. The provider told us training had been on-line. They had recruited an internal trainer, due to commence in September 2022, who would provide additional face to face training.
- Feedback from people and relatives about staff competency was positive. One person said, 'Staff are well trained, I can rely on them.' Another person said, "I have a health condition and the carers always ask if I am in pain and will help me into bed if I need them to. Quite well trained and nice people."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider's pre- assessment was detailed and included people's protected characteristics under the Equality Act 2010. This included, age, disability, gender reassignment, marriage, civil partnership and religion. People's choices, preferences and routines were reflected in their assessment.
- People, and in some instances their relative had been involved in the assessment process. A relative said, "We were involved from the start."
- People's needs and choices were met in line with national guidance and best practice. An example of this was in relation to moving and handling and falls management. The provider's policy and procedures reflected relevant legislation.

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

- People were supported with their dietary needs. Care plans provided staff with guidance of the care and support required. However, we were concerned a person's care records provided staff with contradictory guidance about their dietary needs and level of support required. We raised this with the management team who agreed to follow up.
- Feedback from people and relatives were positive about the support from staff. One family member said,

"The carers leave [relation] drinks and snacks. They need to drink a lot and the staff encourage them to." Another relative said, "[Relation] will sit at the table to eat and the carer sits next to them for the duration of the meal."

- Staff told us how they supported people. A staff member said, "Any problems a person had with swallowing I would report to the office or I would contact the GP. We leave drinks and snacks within reach and always give the person a choice of what they want to eat and drink."

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

- The provider used a hospital passport document to share information with external agencies such as emergency departments and the ambulance service. This supported people to receive consistent care and support.
- Local authority commissioners told us how the provider had worked with them, to make required improvements to ensure people received effective care.
- Records showed how staff had made referrals to external health and social care professionals for assessment and support.

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.

- At the time of the inspection, no person using the service had any restrictions placed on their liberty.
- Care records confirmed a person's mental capacity to consent to their care and support had been considered.
- Staff understood the principles of the MCA. A staff member said, "I understand people can make unwise decisions, it depends if the person has the mental capacity to understand the risks. We involve people as fully as possible in the 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

- People received care and support from staff who were kind, caring and respected them. Staff had developed positive relationships with people and knew them well.
- Feedback from people and relatives were positive about the caring approach of staff. A person said, "The staff are caring, helpful and gentle. Absolutely excellent. If I run out of something such as milk, they will get me some or will collect a prescription for me." Another person said, "Definitely dedicated. They work long hours, but they don't rush me." A relative said, "I would describe staff as fantastic. They are good at picking up any changes [in relative]. They seem very observant, very caring and friendly, like members of the family."
- Staff had received training on equality and diversity and showed compassion and awareness of people's diverse needs.

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

- People were included in the planning of their care and able to make changes to support their needs.
- People and relatives confirmed they were fully involved in how they received their care and support. A person told us how they felt in control of their care. They said, "If I cancel a visit, for a hospital appointment for example, and I am back early, I have a number to call the agency and the carers will still come if I contact them in time."

Respecting and promoting people's privacy, dignity and independence

- People received care and support that promoted their independence. Care plans provided staff with guidance about how to maintain and or develop a person's independence. Staff gave examples of how they enabled people to be as independent as possible, by having an encouraging, patient and supportive approach.
- People received care and support that respected their privacy and dignity. Staff spoke respectfully about how they maintained a person's dignity when providing personal care.
- Feedback from people and relatives was positive. A relative said, "The carers will make sure [relative's] drinking and eating utensils are near so they can use them themselves. They will make sure they are ready to go out when they have any trips arranged." Another relative said, "[Relation] has a specific health condition and this agency is by far the most compassionate and caring agency we have had. They treat [relation] with dignity and as an individual."

Is the service responsive?

Our findings

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans that provided staff with detailed guidance of how the person wished to receive their care and support. Staff confirmed they had the required information to provide person centred care.
- Care plans included people's preferences, routines and their social and life history if they had shared this information. This enabled staff to get to know the person and engage in conversations important to them.
- Care plans had been reviewed to ensure staff had up to date information. This was confirmed by people and relatives we spoke with. A relative said, "The care plan was reviewed two months ago. The carers log everything electronically." Regular welfare calls were also completed, this consisted of a telephone call to ask about the person's experience of the care they received.

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 individual communication needs had been assessed and planned for. This enabled staff to provide effective and responsive care and support.
- The provider told us how information about the service had been provided in large print for a person with a sight impairment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records had information about people's hobbies and interests and when we spoke to staff, we could see they knew people well.
- Some people received 24 hour care and support and staff gave examples of how they supported people to lead an active and fulfilling life. This included supporting a person with their interest and hobbies and accessing community and social activities and opportunities.
- Feedback from people and relatives was positive about how staff protected them from the risk of loneliness.

Improving care quality in response to complaints or concerns

- The provider's complaints policy and procedure had been shared with people. The complaint log recorded complaints received and actions taken. We noted complaints had been responded to in accordance with the providers complaint procedure.
- People confirmed they know how to make a complaint. A relative said, "I've not needed to complain, but we have access to the numbers if we needed to."

- Where people had raised a concern about their care, they told us this had been responded to quickly and resolved to their satisfaction.

End of life care and support

- At the time of our inspection, we were told no person was receiving end of life care.
- The management team told us how they completed end of life care plans when this was required and worked with palliative health care professionals.

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

- Improvements were required to the systems and processes to assess, monitor and manage risks. One person's catheter care plan and risk management plan were insufficiently detailed. This impacted on staff having clear guidance of potential risks and actions required. Another person's eating and drinking care plan and risk management plan was contradictory. This was in relation to swallowing risks and what they could and could not eat. The lack of oversight showed inconsistencies we found had placed people at increased risk of harm.
- Medicine audits and checks had not been reviewed at regular times. The provider told us audits were monthly. However, the last medicines audit we found was completed was in March 2022. From reviewing MAR we were not sufficiently assured people had received their prescribed medicines as instructed by the GP. This put people at potential risk of harm.
- The provider told us staff competency assessments in areas such as medicines and moving and handling were completed by staff with relevant training qualifications. However, when we asked for evidence of these training qualifications, we were only partially provided with the required documents. We were therefore, not sufficiently assured all competency assessments were being completed by appropriately qualified staff.
- Staff competency checks had recently commenced. However, this was eight months after the service was initially registered. This demonstrates a lack of oversight and governance and put people at risk of ineffective and unsafe care.
- Systems were not robust to ensure staff recruitment procedures were followed. The provider's recruitment systems and processes were found to be inconsistent. This was in relation to staff interviews, reference checks and probationary meetings.
- The provider's systems and processes had failed to provide staff with supervision meetings to discuss their work training and development needs. This put people at potential risk of receiving ineffective care.
- We were aware from three different local authority commissioners, how care packages had been returned due to the provider not being able to continue to provide care. The provider had accepted care packages without assessing their capacity and ability to meet requested needs. This demonstrates poor management oversight and planning.

The provider had failed to consistently assess, monitor and mitigate risks. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

outcomes for people

- People, staff and relatives spoke highly of the management team. A person said, "Yes, I would recommend the service because they are carers who do care. They enable people to retain their dignity." Another person said, "Communication is very good with the carers and management team. I can contact them easily. I've never had an agency so good."
- People told us overall staff arrived on time and how they were notified if staff were running late. They also confirmed staff stayed for the duration of the call and they did not feel rushed. The provider told us there had been one missed call and this was due to a communication error.
- The provider's electronic monitoring system monitored care calls and expected care tasks. Any concerns, the system alerted the management team and action was taken.

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 of registration. They ensured we received notifications about important events so that we could check they had taken appropriate action.
- The provider understood their duty of candour responsibility. They spoke with people and their relatives about any concerns in an open and honest manner.
- The management team were open and honest about the shortfalls we identified during this inspection. They recognised they needed to make improvements and showed a commitment in wanting to improve. This was confirmed by the development of the management team and their improvement plan.

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

- The provider enabled people to share their experience about the service. This was via feedback surveys, spot checks and welfare calls to people.
- People and relatives confirmed they received opportunities to share their views. A relative said, "I was sent a survey not long ago. The agency always asks monthly how things are and make sure they ring when the carers are not here. I think they have the balance of care exactly right. They do spot checks too." Another relative said, "The agency appears to be well managed as carers are arriving at the right time and are doing what they should do. (Staff name) is most helpful, excellent and seems very efficient."
- The provider told us feedback surveys had not been sent to staff or external professionals, but they had plans to do this. Staff told us they had regular contact with the management team and how the on-call was managed and this was supportive if assistance was required. The provider told us they had had a staff meeting via a 'Teams' call and how they were planning more meetings.

Continuous learning and improving care

- The provider was open and honest about improvements required at the service. They recognised they had tried to take on more care packages than they could manage safely and effectively. The provider told us of their commitment to provide a safe service and the actions they were taking to achieve this.
- There had been recent changes within the management team and further changes due. The provider told us they were working on developing a strong management team with the "right people in the right positions" to build a strong and successful team. They recognised this would take time to achieve but was positive and committed in making it happen.
- The provider had an action plan to support them to drive forward the required improvements.

Working in partnership with others

- From reviewing care records, we saw examples of partnership working with external agencies to support people to achieve positive outcomes.

- Feedback from commissioners, confirmed how the provider was making improvements to the service. Local authority visits to monitor the quality of care provided and contact with the provider was reported to have recently found improvements and developments.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to fully assess, monitor and mitigate risks and this placed people at potential risk of harm. Regulation 17 (1) (2)