

Whell Care Ltd

# Valhallah

## Inspection report

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### Ratings

Overall rating for this service

Good 

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?

**Good** 

# Summary of findings

## Overall summary

### About the service

Valhalla is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of inspection, 10 people were receiving regulated activity.

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

There were issues around the safe recruitment of staff. Some pre-recruitment checks were not made in the four files we considered and, in one case, the service could not be satisfied that a member of staff had been safely employed. After the inspection, additional checks were made to support that the person was safe to work with vulnerable people. We found no evidence people were at risk of harm from this concern. This has resulted in making a recommendation that can be seen in the 'safe' section of this report.

Although we were satisfied people received their medicines as prescribed, some aspects of medicines administration and recording were not always safe. We have made a recommendation about this in the 'safe' section of this report.

People told us they felt safe. Staff understood their responsibilities about keeping people safe. Risks were identified and managed. Incidents and accidents were recorded so that they could be considered and reflected upon to make improvements to the service. Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes.

People told us staff were kind and caring. People said staff, including the registered manager, had met their expectations of a care service. People and relatives had a high level of trust in staff which had a positive impact on their wellbeing. Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept confidentially.

Staff had completed training in key areas and were supported to carry out their roles. People and relatives had confidence in staff and were content with the care they received. People were supported to access health services if needed. People's dietary needs were assessed and, where required, they were supported with their meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans were up to date about their individual needs and preferences. People and their relatives knew how to complain, although none we spoke with had any complaints.

The service was managed by a registered manager who had a clear vision about the quality of care they

wanted to provide. Staff were aware of their roles and responsibilities. There were quality assurance systems in place to monitor the quality and safety of the service. There was a focus on continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 15/11/2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date the agency first registered with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led.

Details are in our well-led findings below.

Good 

# Valhallah

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### 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 registered manager would be in the office to support the inspection.

Inspection activity started and concluded on 5 November 2019. We visited the office location on 5 November 2019.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We also sought

feedback from local authority professionals who work with the service.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with one member of staff and the registered manager. We reviewed a range of records which included four people's care records and four staff files. We looked at a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also received written feedback from a social care professional.

# 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 for 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 recruitment procedures were not always followed. We found some checks into staff members' histories had not been thorough enough. Some checks with previous employers in health and social care had not always been made. In one case, we saw that an issue of concern had not been addressed before the new employee started work. All other checks such as those into identity and criminal records had been made and there was no evidence that anyone had been harmed as a result of the omissions. We raised this with the registered manager who ensured that further enquiries were made to ensure the employee was safe to work with vulnerable people.

We recommend that the provider thoroughly reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed. People and their relatives told us staff arrived on time, stayed for the right amount of time and staff did not rush them.

### Using medicines safely

- Medicines were not always managed safely. The recording of the administration of medicines was inconsistent. It did not always follow best practice and could lead to staff and healthcare professionals being uncertain about whether people had taken all of their medicines.
- These issues were immediately brought to the attention of the registered manager who took action to improve record keeping.

Although we found no evidence that people had been harmed as a result of these issues, we recommend that the provider reviews practices in relation to medicines management to incorporate best practice and guidance.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I'm safe and feel very comfortable with the staff." A relative told us, "I'm happy that my relative is in safe hands."
- There were effective safeguarding processes in place and staff and the registered manager had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.

### Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were set out for staff to refer to.
- Although assessments of specific risks within people's homes had been completed, these needed to be expanded and documented. This was so staff members were provided with guidance on how to manage any environmental risks.

#### Preventing and controlling infection

- Actions were taken to reduce the risks of cross infection. Personal protective equipment (PPE) such as gloves were available to staff to reduce the risks of infections spreading. People told us staff wore PPE.

#### Learning lessons when things go wrong

- The registered manager communicated openly with people if improvements to care were needed. A log of incidents was kept and analysed to prevent further incidents occurring.
- The registered manager told us they felt they were continually learning lessons since opening the service.

# 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 needs were assessed before the service began to provide support. Where people lived and the impact on staffing capacity were considered before a decision was reached about whether the provider could meet a person's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their relative where appropriate. These were planned and reviewed regularly to ensure people received support that met their changing needs.

Staff support: induction, training, skills and experience

- People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed. One person said, "Staff are good at knowing how to care for me."
- Staff training in key areas was up-to-date. The staff member we spoke with felt they had received enough training for their role. They said, "I get plenty of training. The support we all receive is great." Records supported that staff members' training was comprehensive and up to date.
- New staff had completed an appropriate induction to the service. They also participated in the 'Care Certificate'. This is a recognised programme of quality training and supervision that covers essential elements of the provision of social care
- Staff received regular supervisions and an annual appraisal. All staff had completed or were working towards additional external qualifications in health and social care.

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

- People received support with eating and drinking, where they had needs in this area. Eating and drinking care plans were personalised and included details of people's preferred way of being supported, such as what food they liked and how they liked to eat it. One relative said, "They [the staff] support my relative and always make sure they have enough 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

- People received ongoing health care support. Where appropriate, referrals were made to health care services when people's needs changed. One person's relative told us the service contacted health professionals when their relative's health had declined.
- Records showed the service worked with a range of external professionals to maintain and promote people's health.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

- At the time of the inspection, no one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- The registered manager had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised and they understood the importance of gaining a person's consent before providing any care and support. One person told us, "Staff members always ask for permission before they do anything."

# 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 as 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 and their relatives told us staff members and the registered manager were kind and compassionate. They told us their experiences of receiving care from staff had a positive impact on their wellbeing.
- One person said, "They [staff] are lovely and kind and I really get on with them." A person's relative said, "My relative looks forward to the carers coming and can have a chat and a laugh with them." Staff also spoke with affection and understanding of working with people and their relatives.
- Staff understood the importance of treating people as individuals with rights. They were also aware of the importance of treating people equally, taking account of the diversity of the people they cared for. These values were promoted by the service and were covered during staff members' induction.

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

- Staff helped people to express their views so staff and the registered manager understood them around their preferences and choices. A person said, "I have no issue in raising anything and when I have, I have always been well received."
- When people could not make day-to-day decisions, if required, the service could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were good at upholding their dignity. This meant people felt respected and were comfortable with staff entering their homes.
- People were promoted to be as independent as they were able and wished to be, without compromising safety. A member of staff said, "We all try our best to promote people's independence. The manager is keen on this and involves people and family to make sure we get the balance right."
- Staff could describe to us in detail people's likes and dislikes. They knew people well.

# 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; 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 plans were person centred, up-to-date and regularly reviewed. They were well written and contained information about people's daily routines and specific care and support needs.
- The staff member we spoke with knew people's needs and preferences and said they would be responsive to people's changing needs.
- People were supported by staff to participate in activities which were meaningful to them. In one case, we noted that staff regularly supported a person in the community in shopping and community centre activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. The registered manager assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. They gave us examples of how information could be provided to people in different formats to enable them to engage with staff. They said, "When there are communication challenges, we work with family members and can provide any of our essential documents and guides in any accessible format. Recently we assisted a person and provided a guide in large font to assist with reading."

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff directly.
- People who used the service were given a copy of the provider's complaints policy when they started using the service. This contained clear information about how to raise any concerns and how they would be managed. The service had not received a formal complaint since registration in November 2018.
- People and relatives told us when they had raised concerns about anything, this was dealt with quickly. One person said, "They tackle things straight away. There's no need to complain."

End of life care and support

- The service had an end of life care and support policy. At the time of the inspection, no one was receiving end of life support.

- The registered manager said that the service had supported people who required end of life support. They had worked with the person, their relatives and health care professionals to ensure their needs and wishes were met. They said that basic end of life training was provided to all staff and would arrange for specialised training for staff who provided this care and support.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff members were committed to providing high-quality care which reflected people's preferences.
- The registered manager had developed a clear vision and strategy for the service. They said this was as a result of prior professional involvement and experience in the adult social care sector. Staff also said they understood the primary aim of the service was to deliver the best possible care.
- We observed interaction between the registered manager and the staff member we spoke with and noted it was positive, respectful of each other's position and centred around doing the best for the people they supported.

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 told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team.
- There was a policy to inform staff of the action to take if something went wrong or changes were required to support a person.

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

- The registered manager was clear about their roles and responsibilities and led the service well. They accepted by providing the service, without experience in running a similar service, mistakes had been made and this had led to the issues seen in the 'safe' section of this report. They also said that they had learned from the inspection experience and would be in a better place to deal with essential safety issues to ensure that best practice was always followed.
- The registered manager understood their regulatory responsibilities to inform CQC about significant events at the service.
- There were systems to monitor the quality and safety of the service. The registered manager provided care and support to people in addition to management responsibilities. They said this allowed them review care plans and support documents on a regular basis.

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

- People's feedback was sought regularly and acted upon. Formal feedback surveys had been sent out to people and relatives. At the time of the inspection, they were in the process of being analysed. We looked at a sample and noted feedback was overwhelmingly positive.
- Staff had opportunities to provide feedback via supervisions and at meetings. A staff member told us they were able to raise issues at any time and the registered manager was receptive to suggestions about how to improve the service.

#### Working in partnership with others

- The service was developing good links with health and social care professionals. We also noted how the service was working well with relatives in support of a person with complex needs. The relative said, "They worked well with us and the community nurses after my relative's condition declined."