

Valley Care Direct Limited

Valley Care Direct

Inspection report

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Date of inspection visit:
06 August 2019

Date of publication:
11 September 2019

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Valley Care Direct is a domiciliary care provider who was providing personal care to 40 people at the time of the inspection. The service provides personal care for people living in their own homes, so they can live as independently as possible. 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

People were placed at the heart of the service, a strong person centred, and local community-based approach demonstrated their core values. Staff and the service's management told us how important it was to be able to provide quality, person centred care across the rural area they covered. Many people being supported by the provider, told us they thought of their care staff as being more like family or friends, they found the staff were caring, compassionate and demonstrated commitment to the role. We heard many examples of staff speaking and dealing with people with affection, compassion and respect.

People's needs were met by staff who knew them well. We saw and were told, of staff who went 'above and beyond' normal duties, to help and support the people they cared for. There were examples of staff supporting people with additional home cooked meals and birthday cakes.

The providers organised community activities and supported people to avoid the risk of social isolation in the rural community areas. Efforts were made to have the same care staff visiting people. People's care and support plans were detailed for care provision preferences and updated as required.

The management team were praised by people and staff for their commitment to driving the service. The organisation treated staff well and this has led to a positive workplace culture. Staff told us they were happy working as part of the team. Regular audits were carried out and people were asked their views in person and by questionnaire's, this helped identify any changes that were required.

Staff were safely recruited, trained and had 24-hour support by managers on a rota. Staff were aware of how to report any concerns about neglect or abuse and were confident if they raised a concern, it would be addressed. Staff told us they felt part of an organisation who cared for them, as well as the people who they were supporting.

People were supported safely and any risks regarding their care were assessed. Where medicines were included as part of a care package; these were administered safely and in accordance with the prescribing instructions, they were also monitored as part of overall auditing.

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

Rating at last inspection

The last rating for this service was Good (26 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

The details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

The details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

The details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Valley Care Direct

Detailed findings

Background to this 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 a single inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and Service Type

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

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

This inspection was announced. We gave the service 2 weeks notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 17 July 2019 and ended on 06 August 2019. We visited the office location on 06 August 2019.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and two relatives on the telephone and visited four people with three relatives in their home. At the registered office we spoke with three staff, the registered manager and three other members of the management team.

We reviewed a range of records which included people's risk assessments and care plans, medicine records and daily log sheets. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with further professionals who also had knowledge of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. People told us, " No issues with safety when they are here" and, "They always lock the door, so no issues with security."
- Staff knew people well and understood what action to take to protect people and we saw examples of where they had raised concerns which were acted on quickly. Staff received training in how to raise concerns and told us they were confident to do so, knowing the provider would act by reporting concerns to the relevant authorities.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and the staff supported people's safety and welfare when care was provided. Assessments included information on actions to take during care provision to minimise any risks for people or staff.
- Environmental risk assessments were carried out in people's homes to ensure people and staff were safe. This included access to properties in isolated areas, poor street lighting and other hazards in the home environment which may pose an issue for staff working there.
- A new call monitoring system was in place to monitor call times and length, one person told us this meant they were informed by the office that the carer was delayed by a previous call and they appreciated being kept informed.

Using medicines safely

- Where people received medicines as part of their care support this was done safely. Where people were being supported to do this independently, risk assessments were in place to support this.
- Staff had received medicines training and competency assessments recorded to confirm staff understood their responsibilities. Medicine administration records were completed by staff for each administration, these were also 'spot checked' and audited by managers. One staff confirmed to us, "I have been checked twice, they come out to monitor you - they just say I'll meet with you today."

Preventing and controlling infection

- People were protected from infections. People told us, and we saw there was provision for staff to wear personal protective equipment (PPE) such as aprons and gloves when delivering personal care. Care plans indicated any hygiene, or infection control measures which needed to be taken. Staff told us they had a plentiful supply of equipment.

Staffing and recruitment

- People told us staff were punctual and stayed the allotted time. They told us they usually had regular and familiar staff to support them. One person told us how impressed they had been when they had received quick emergency cover for a call with very short notice. Another person commenting about their carers said, "Familiar carers notice deterioration and pick up on things before I do actually."
- Safe and effective recruitment processes were followed to help ensure staff were of good character and able to do their job. Necessary checks were completed which included references and background checks with the Disclosure and Barring Service (DBS).
- Rota planning was well managed with travel time built in to ensure people were not put at risk due to the large rural areas covered, or staff being late. Several people were able to tell us that if their care worker were late, they had apologised and explained why, whilst keeping the confidentiality of others.
- Out of hours arrangements were in place should people or staff need additional support. Staff told us there was always a manager on call they could contact for advice and they appreciated this.

Learning lessons when things go wrong

- The provider took suitable actions following any incidents and shared these with the staff. We saw risk assessments were updated and changes were made to care plans if required.
- Contingency plans were in place to ensure that the service kept running during adverse weather conditions or during any staff sickness. People whose care needs were time critical had been identified to ensure calls to them would be prioritised.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 and their relatives confirmed their needs were assessed before services commenced. Several people told us they were involved in their assessment and in developing their plan of care.
- The provider developed the care plan with the person and their relatives, as well as using information from professionals, hospital discharge plans or plans from social workers, in order for the staff to provide suitable, safe care.

Staff support: induction, training, skills and experience

- New staff completed an induction period at the start of their employment, this remained in place until their competencies in given tasks were assessed. This included how to provide safe care and support as well as the necessary health and safety training.
- Staff spoke positively about joining the team at Valley Care Direct, and one staff told us how they benefitted by being introduced to the person they would provide care for and supported to deliver the care package until they felt confident to continue by themselves. They told us they, "Shadowed another person for a week - they taught me well, I like to be a 'hands on' learner."

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

- People were supported to eat and drink enough if this was part of their agreed care. Care plans included information about people's dietary requirements and their likes and dislikes.
- Staff were knowledgeable about people's nutritional needs and helped people prepare meals if this was part of their plan. Food and drinks which were left for the person to have later were recorded, this was so other members of the team could monitor and report back if there were concerns in this area.

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

- People were encouraged to be as independent as possible. However, where staff support was required – we found staff knew enough about the persons health needs to monitor and recognise any changes in behaviours.
- Staff supported people to access healthcare services. One person said, "When I needed a nurse, they spotted it and they rang to get them for me quickly."

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 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 for their care was sought and recorded in their care plan. We saw examples of people being offered choices before delivery of their support. People told us staff were very willing and always asked them what they wanted them to do. One person said, "They know how I want things doing, but always check in case and ask if there is anything else." Another person said, "I like how they offer me choices, do I want to do this, or that – they know it depends on how I am feeling."
- Where concerns were raised, the registered manager knew further action was required. and assessments were needed to establish the persons level of capacity and understanding, and to decide whether a best interest decision was required.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People appreciated the providers role in helping them to remain independent and valued the relationship they had formed with the staff. One relative told us, "When they are here, I can hear laughter and know that they have raised her spirits, this gives me reassurance that all is well." Another person gave an example of when their carer had come back to them after their scheduled call was cut short due to having visitors, just to ensure that all was well.
- We were told by a professional they felt the staff from Valley Care Direct offered, "Excellent support for the client and their families at a time when they are at their most vulnerable."

Ensuring people are well treated and supported; respecting equality and diversity

- People's feedback reflected they received a high quality, compassionate and personalised care. One person told us how they really valued the support given to them, "The staff don't get as much recognition as they deserve." Two relatives told us how important it was, and how reassured they are by the caring attitude demonstrated between the staff and their relative.
- Staff were highly motivated and keen to support people to the best of their ability, treating them with dignity and respect. Staff talked about people like members of their extended family and all those we asked said they would be happy for one of their family members to receive care from Valley Care Direct due to the high standards of care provided.
- The provider told us how they made efforts to ensure staff spend quality time with people, not just completing the tasks which were allotted. Staff spoke in a caring manner about the people they supported, demonstrating they had a genuine interest and compassion in their role.

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

- People confirmed they were involved in making decisions about how they wanted their care to be provided. One person told us, "I had a questionnaire to fill - gathering my views and opinions and an idea of what I think." We saw the responses to the recent questionnaire and they were in the majority, very positive. Care plans were written with people and where appropriate, relatives were involved. People were offered the opportunity to choose their preference for care staff and wherever possible, the choice for having male or female care support was provided.
- Staff supported people to express their views and be actively involved in making decisions about their care. People were encouraged to regularly feedback about staff.
- The management team told us they would always signpost people to other organisations who could provide advocates if they needed, to help support them in making decisions (an advocate is someone who

can support to help express people's views and wishes).

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's care was delivered consistently and responsively, after having their individual needs agreed at assessment. This ensured people remained at the centre of the care, with all aspects of their care being detailed in the care plan. People and relatives without exception, were extremely positive about how staff had gone above and beyond to enable and empower them. One person told us how they appreciated the fact that the staff supported them in ways they may not previously have considered. They said staff, "Don't tell me what to do – they respect me and offer suggestions of how things might make my life easier."
- Staff were innovative in involving people and their family in determining precisely what care they needed and what outcomes they wanted to achieve. Staff successfully did this by using regular face to face meetings, conversations over the telephone, or by e-mail contact.
- The service was extremely responsive, to enable people to receive their care at a time of their choosing. Staff always stayed the agreed time to complete the tasks required and ensure they created a sense of independence for the person. People told us staff did all they wanted them to do, and more and were flexible to meet their needs. One person said, "My carers go the extra mile for me – they will fetch things if I can't get to the shop, I only have to mention something, and they do it." People were integral to the decision making about their care. Although many people had their care at set times, on occasions they requested an earlier call, or a different call time was required. This was arranged by the provider, so the person was able to remain in control of their care.
- Staff used innovative and individual ways to provide care. Staff provided hot, home cooked meals to people who needed more encouragement to eat. The outcome of this had meant these people enjoyed the social aspect of the meal and were supported with their nutritional needs. Other staff enjoyed baking and had made cakes for people who did not have close support. This included special birthdays, ensuring these occasions were not missed.
- Organised social gatherings were in addition to the normal care provided, and this thoughtful activity was appreciated by the people using the service. Significant calendar events and people's special birthdays were part of how the service was responsive. Involvement in the wider local community included donations to the village committee raffle and Eggs for the Easter Egg Hunt.
- Recently, the provider had offered a free hour to be used for housework or social time after purchasing a certain number of hours - this offered value for money for people using the service and was certainly appreciated.
- Some funds had been donated by a previous client. These funds had been used in an innovative way, in an area the provider had identified a need. They set up 'home from hospital' packs. These were delivered to people who were discharged from hospital and included the essentials such as soap, shower gel, towels,

toothpaste etc. The provider had provided new bedding when people did not have the funds to buy these. This demonstrates the provider understands the needs of different groups of people, promotes equality and anticipates those times when practical measures, as well as physical support are most helpful.

- People's care plans were regularly reviewed and updated to ensure people's needs were reflective of the care required. This practice ensured people's changing needs were recorded in order to deliver care on an individual basis.

End of life care and support

- People's needs had been considered as part of their end of life planning. Their expressed views or wishes was detailed in their care plan. This included where people did not want to receive active treatment made with healthcare professionals.

- Staff and the provider's management team spoke passionately about this role. They reflected the importance of compassionate care and the need to respond quickly when needed. Staff had received compliments about how they had got 'the care right' for the person and their family at this difficult time. We saw very positive feedback from relatives who appreciated how staff had supported both their family member and themselves during this process.

- The provider had worked in partnership with a local charity which provided support to terminally ill people who wish to be cared for and to die in their own homes. The registered manager understood the value of ensuring people were able to be part of the decision making and told us how important it was for people's specific needs and wishes to be recorded. The charity co-coordinators told us, "Valley Care Direct have always been very responsive to our requests, these often being made at very short notice. They have prevented situations falling into crisis and avoided inappropriate hospital admissions," they added, "The staff are well trained, efficient and competent at their jobs."

- The provider worked closely with health care professionals enabling people to have the most comfortable, dignified, and pain free deaths as possible. This partnership ensured that when required necessary equipment could be accessed quickly, for example pressure mattresses and hospital-type beds. This ensured excellent results for people to remain in their own homes in line with their wishes.

- The provider recognised the need for staff to receive bespoke end of life training with regards to death and bereavement, (this was funded by a donation from a previous client). Staff were able to reflect how the training enabled them to provide exceptional care to be responsive to people's needs when needed.

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 (AIS). 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.

- Care plans contained important information about people's communication needs. The provider ensured people had access to the information they needed in a format they could understand, we saw these could also be offered in larger print, or easy read format if required.

- We saw evidence of how technology was being used directly for one person who when anxious, would text or call on their mobile telephone, this was dealt directly by the management team, or the on-call person for support.

- The registered manager was knowledgeable about their responsibilities to ensure information provided to people was in an appropriate format to enable them to read and review it. At the time of our inspection there was no one using the service for whom any adaptation was required, for example due to a sensory impairment, disability, or through not speaking English as a first language. Where people needed third party support to access and understand information, for example when a decision was needed, the provider had ensured this was arranged.

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

- People were encouraged to be part of the community, to support their sense of belonging. One person had been supported to return to their previous interests in the local community after years of isolation. The person had been lacking in confidence and reluctant to accept help. The provider matched up the person with a staff member who had similar interests to the person's previous life. This provided a shared understanding and enabled the person's confidence to grow in re-joining the community.
- The provider had organised a Christmas party for people who used the service to attend. The provider used the strong links with the local school children, who attended the party to share in the celebration and sing carols. This reflected the provider's understanding of the importance of activities which were value based. The registered manager told us, "When people have something to look forward to, as part of the normal routine, they feel more included in the wider community."

Improving care quality in response to complaints or concerns

- The provider demonstrated a responsive, timely approach to accept new packages of care, without putting their existing services at risk. One social care professional advised, "I have always found the team to be very accommodating - endeavouring to accept new referrals whilst ensuring they provide a good service." This ensured people were able to remain in their own homes or return home from a hospital stay quickly with the support they required.
- People told us they would feel happy to raise a concern if they had to, however people reflected positive comments about the caring nature of the service and the quality of staff employed. Information about how to raise a concern was detailed in people's information file in a format to help aid people with their understanding.
- Investigations were comprehensive and there were systems in place to address any concerns raised. We reviewed the recent response raised to a complaint, this reflected a thorough investigation, noting the provider had acted swiftly to investigate and respond accordingly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 provider had a clear, positive and open culture that was shared amongst the management team, and the staff. Everyone we met told us how passionate they were about providing a high-quality service. The registered manager told us, "People's expectations of the service are high, and we always want to achieve this."
- People and staff we spoke with, told us they would and did, recommend the service to others needing care.
- The management team had a very visible presence and led by example. They told us how they supported both the staff and people who used the service daily and ensured continuity by utilising a rota system for weekend cover. Staff told us they appreciated the hands-on approach of the management, one staff said, "They know how hard it can be because they have done the job themselves and they still do, regularly."
- The management team spoke about the priorities of ensuring a strong, committed, stable staff team, they try to promote this by acknowledging the importance of treating their staff well, with good pay and conditions. They have provided financial support to some staff when they have needed it, as well as gifting at special times, such as important birthdays, or life events.

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

- There was a registered manager in post. We saw open and honest leadership from the entire management team. Staff we spoke with said the team was very approachable and there was an open-door policy, they always felt their views and opinions were listened to.
- The registered manager was aware of the responsibility of reporting significant events to us and other outside agencies.
- Organisational arrangements, quality audits and assessment of risks were regularly completed, and a system was in place to ensure people, relatives and staff were able to feedback their views and experiences. In order to ensure consistency of care across the packages; these were analysed and reviewed by different members of the management team.
- The registered manager was clear about the role of Duty of Candour in improving the sharing of information and development of high-quality services.

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

characteristics; Continuous learning and improving care

- All the people we spoke with and their relatives praised the communication from the office staff. One person said, "It doesn't matter whether I ring, or call in. They are so pleasant and sort out whatever my query is."

Working in partnership with others

- The provider continues to work well with external health and social care professionals to ensure people receive joined up care. Health and social care professionals we spoke with told us, "The management team worked closely and communicated well with them." "The staff team were professional", and "Valley Care Direct provided an excellent service for the people they supported."