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Valued Living Home Care Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 28 June 2018. This service is a domiciliary care agency. It provides personal care to older adults living in their own houses. At the time of our inspection, eight people were provided with personal care by Valued Living Home Care Services.

People felt safe with staff and the service had a robust system in place to safeguard people from abuse. Risks to people's health and safety had been identified, assessed and kept under regular review. Staff followed clear guidance in care plans to keep people safe. There were sufficient numbers of staff to ensure people received a reliable and consistent service which met their needs. Systems were in place to ensure that people received their medicines as required from trained and competent staff. People were protected by the prevention and control of the spread of infection and action was taken in response to any accidents or incidents which occurred when the service was being delivered.

People were supported by staff who had appropriate skills and knowledge to deliver effective care and support. Staff supported people in line with their requirements to ensure they ate and drank a sufficient amount to maintain their health. Care plans contained clear information for staff about people's health needs and the support they required to keep well. Records showed that people's health was monitored and any changes or concerns were responded to. 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 described a friendly and collaborative approach to delivering care. People were able to exercise choice and control over how their care was delivered. Staff told us they had a sufficient amount of time during care calls to ensure people's needs were met and were knowledgeable about people's preferences. People were treated respectfully and staff ensured their dignity whilst providing care. The provider was aware of support available for people to help them express their views and wishes and told us this would be considered if a person needed this support.

People's needs were assessed before they started using the service. People and their relatives were involved in care planning and regular reviews of their support needs. Care and support was provided at the time and in the way it was needed. People were supported to maintain their independence as much as possible. Information was provided to people about how to make a complaint and people told us they were confident that any concerns or issues would be responded to appropriately.

The provider had a clear aim to deliver person centred care. People and their relatives were very complimentary of the service and described the positive impact on their well-being. Staff were provided with leadership, supervision and support. Systems were in place to monitor and improve the quality of the service. The provider regularly sought people's feedback in relation to the support they received and took action if improvements were identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe with staff and the service had a robust system in place to safeguard people from abuse.

Risks to people's health and safety had been identified, assessed and kept under regular review.

There were sufficient numbers of staff to ensure people received a reliable and consistent service which met their needs.

Systems were in place to ensure that people received their medicines as required from trained and competent staff.

Is the service effective?

Good

The service was effective.

People were supported by staff who had appropriate skills and knowledge to deliver effective care and support.

Staff supported people in line with their requirements to ensure they ate and drank a sufficient amount to maintain their health.

Care plans contained clear information for staff about people's health needs and the support they required to keep well.

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.

Is the service caring?

Good

The service was caring.

People described a friendly and collaborative approach to delivering care.

People were able to exercise choice and control over how their care was delivered.

People were treated respectfully and staff ensured their dignity whilst providing care.

The provider was aware of support available for people to help them express their views and wishes and told us this would be considered if a person needed this support.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service.

People and their relatives were involved in care planning and regular reviews of their support needs.

People were supported to maintain their independence as much as possible.

Information was provided to people about how to make a complaint and people told us they were confident that any concerns or issues would be responded to appropriately.

Is the service well-led?

Good

The service was well led.

People and their relatives were very complimentary of the service and described the positive impact on their well-being.

Staff were provided with leadership, supervision and support.

Systems were in place to monitor and improve the quality of the service.

The provider regularly sought people's feedback in relation to the support they received and took action if improvements were identified.

Valued Living Home Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection site visit took place on 28 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the provider would be in. We made telephone calls on 26 and 27 June 2018 to people who used the service, and their relatives. On 28 June 2018 we visited the office location to meet with the provider, speak with care staff and to review records. The inspection team consisted of two inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who used the service and two relatives over the telephone. We also spoke with the provider and two care workers.

We looked at all or some of the care records of five people who used the service, staff training records and the recruitment records of two members of staff. We also looked at policies and procedures, records of accidents and incidents and returned satisfaction surveys.

Good

Is the service safe?

Our findings

People felt safe with the support they received from staff and knew what action to take if they were concerned about abuse. One person said, "Absolutely (feel safe)," whilst another person told us "I feel safe, if I wasn't I would contact social services." People's relatives also felt their relation was safe from harm. One relative told us, "Without a doubt (relation is safe). If I were worried about safety, I would speak to [provider] who would respond straight away. I have never had any need to raise concerns." Records showed that people who used the service were provided with information about the action they should take if they were concerned about their safety.

People were supported by care workers who understood their responsibilities to keep people safe and protect them from harm. Staff told us they received training in safeguarding adults and training records we saw confirmed this to be the case. Staff were able to demonstrate their knowledge of the signs and symptoms of different types of abuse and told us they would report any allegation or suspicion of abuse to the provider. Although staff were confident the provider would take the appropriate action to keep people safe, they were also confident to raise concerns to external agencies if required. A safeguarding policy was in place. This policy supported staff in ensuring people were protected from abuse and neglect. The provider told us they had not needed to refer to external agencies to ensure people were safe but would do so if required. This meant that systems to keep people safe were robust.

People told us that staff were aware of risks to their health and safety and provided support to reduce the risk of harm. One person told us that staff supported them to use a piece of mobility equipment and did so competently and safely. They told us, "I don't get rushed. They (staff) know if I go too fast it could bring on a seizure." Another person described the care taken to ensure they did not fall. They said, "They (staff) don't want me to fall over. They are aware of risks and help me." Risks to people's health and safety were identified through initial assessment with the person and their family if appropriate. We found that if risks were identified during initial assessment a specific risk assessment was in place and care plans contained information about how risks should be monitored and managed. Staff gave examples of risks to people's safety arising from their care needs and told us about how they reduced risks to people.

We found the provider's process for identifying, assessing and responding to risks was effective. For example, we looked at the care records of a person who was at risk of developing a pressure sore. The person's care plan stated that staff should monitor the person's skin when providing personal care and report any concerns to the provider. Care workers had noted a red area on the person's skin and records showed a referral had been made to an external health professional. Records showed that care workers followed the advice of the health professional and the person's care plan was updated to reflect the support needed.

The provider told us they considered any risks of injury, which may arise due to the living environment, during the initial assessment. Whilst this was not always clearly documented, people's care plans did record who was responsible for the maintenance of their home and equipment. Staff told us they had received training to use equipment and would report any concerns in relation to the safety of the environment to the

provider.

People were supported by enough competent staff to provide the support they required. One person said, "They (care workers) arrive when expected. I usually have the same care worker. I met everyone (staff) when I first started." A relative told us, "[Relation] has three care workers who are embedded. [Provider] is very careful about introducing new people and will come with them and show them what needs to be done." Another relative said, "Carers turn up on time. [Relative] knows who is coming which is important to them."

Staff told us they were always introduced to people by the provider before they provided support on their own. They told us that there was a sufficient amount of staff to cover care calls if people were off work sick or on holiday. The provider confirmed they also carried out care calls and were in the process of recruiting another member of staff. Staff told us they had a sufficient amount of travel time allocated between calls and they endeavoured to contact people if they were running late due to unforeseen circumstances. This meant that people received a consistent and reliable service.

People could be assured recruitment checks were carried out to ensure that staff were suitable to work with them. The provider told us criminal record checks were carried out through the Disclosure and Barring Service (DBS) prior to staff commencing employment and that appropriate references were sought. Records showed robust recruitment checks had been carried out.

People received consistent and safe support with medicines. A relative told us, "They (care workers) are careful to make sure [relation] has their medicines. They have never missed anything, they are very competent." Another relative said, "They will remind [relation] to take medicines." Staff told us they received training in medicines administration and told us how they ensured people received medicines safely. This including checking people's medicines administration records (MARs), prompting people to take their medicines and signing the MAR once they had taken them. Records showed the provider checked staff competency to ensure they were supporting people to take their medicines safely.

People's MARs contained information to aid safe medicines administration, such as details of their GP, any allergies or special instructions about how people took their medicines. People's MAR charts had been completed appropriately and monthly checks were made by the provider to ensure that MAR charts were being completed and medicines were managed safely.

People were supported by staff who understood their responsibility to protect people against the spread of infection. People told us that care workers washed their hands before preparing food and a relative said, "They (care workers) are absolutely perfect. They always wear (disposable) gloves and wash bedding if needed." Staff told us they sought to minimise the risk of the spread of infection within people's homes by frequent handwashing and by using gloves and aprons. Records showed that staff had completed relevant training and were supported in their role by an infection control policy.

People were confident that appropriate action would be taken if any accidents or incidents occurred when support was being provided. A relative told us, "They (care workers) came in the morning and [relative] had fallen. They called for an ambulance and waited till it arrived." Staff described the action they would take in the event of an accident or incident to ensure the person's safety and seek appropriate support from emergency services, medical professionals and inform provider and the person's family.

Records showed that appropriate action had been taken in response to accidents and incidents, which had occurred. These had been reported to the provider who ensured that sufficient action had been taken to prevent a reoccurrence, such as referral to an occupational therapist or guidance for staff to monitor for the

signs of a urine infection.

Good

Is the service effective?

Our findings

People were supported by staff with the right competence, knowledge and skills to carry out their roles effectively. People and their relatives told us that staff appeared competent and skilled at their jobs. For example, one relative told us that care workers were good at encouraging their relation to do as much as they could for themselves. Staff told us they received an induction when they started working for the service, which fully prepared them for their role. One member of staff told us, "We went through everything thoroughly. Provider did a full week with me and I met every client." Staff files showed that an induction checklist had been completed with each member of staff, which ensured they were familiar with policies and procedures.

Staff were complimentary of the training provided. Each member of staff had an annual training plan. This included training courses the provider had identified as being necessary, such as fire safety, moving and handling and first aid. In addition, staff told us they were supported to develop their understanding and competence through professional development. This included enrolment on nationally recognised vocational qualifications such as the Care Certificate and Diploma in Health and Social Care. This meant that staff were supported with their professional development.

The competency of staff was kept under review by the provider who carried out regular spot checks. We found these to be comprehensive and included observations of whether people were supported safely with medicines and their mobility. Records showed that staff received regular supervision. This included discussions about different aspects of care provision such as mental capacity, medicines and identified any further training needs. This meant that supervision was used to develop staff knowledge and review their work practice.

People were provided with the support they needed to eat and drink enough to maintain a balanced diet. The level of support people required with this aspect of care varied according to their needs and independence. One person told us, "They (staff) inform me what I have in the freezer and I chose what to eat and drink. When they arrive they always make me a cup of tea." A relative told us, "Staff get [relation] food that they want. If they have run out, they will go to the shops and buy something (on behalf of the person)." Care plans included information about people's food and drink preferences and any risk factors specific to them, such as the risk of urine infections or the need for thickened fluids to reduce the risk of choking. This meant people were protected from the risks of poor nutrition, dehydration and choking.

The provider assessed people's needs before they started using the service. We found assessments to be comprehensive and identified any risks to the person. Care plans and risk assessments were regularly reviewed and updated. Records showed that best practice guidance was followed when people's health needs changed and referrals made to healthcare professionals when needed.

People were supported to maintain their health and receive appropriate health care support. People told us they were supported to attend medical appointments and action was taken by the provider in relation to issues which could affect their health and wellbeing. People gave examples of care workers contacting the

doctor on their behalf if they were unwell. Relatives were complimentary of the support the service provided in relation to healthcare needs and told us that they were kept informed of any changes to their relations health.

Staff were knowledgeable about people's health conditions and guidance was available in care plans about how people should be supported. We found this was clear and sufficiently detailed and records showed people were receiving the support they required. For example, one person had diabetes and required staff support to monitor their blood sugar levels. These were recorded and the provider informed us they had recently liaised with the person's doctor regarding their levels to check whether a medicines review was needed. This meant that staff supported people to monitor their health and responded to any changes.

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.

The provider had a mental capacity policy in place and staff were aware of the principles of the MCA and the need to ask for people's consent before providing support. If there was doubt about people's capacity a mental capacity assessment had been completed. If required a best interest decision had been made and recorded which clearly reflected the principles of the MCA, such as the person's past wishes. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The provider told us people receiving support from the service at the time of our inspection were not deprived of their liberty.

Good

Is the service caring?

Our findings

People were consistently positive about the caring attitude of staff. People described a friendly and collaborative approach to delivering care. One person told us, "They (Staff) are very nice. It is the first time I have had care and did not know what to expect. It's been helpful and works very well." Another person said, "They (Staff) are just like friends." A relative told us, "They (staff) are definitely kind and caring. They know [relation] as a person. [Provider] is very good at listening to [relation]."

People felt that the provider and care workers really cared about them and made time to provide additional support if needed. One relative described the provider meeting with their relation to discuss concerns about their health and wellbeing. They told us the provider did this in their own time, discussed the issue sensitively and this had a positive impact on their relation. Another person described care workers staying with them and talking to them when they had a seizure. They told us they could hear the care workers during this time and this provided them with reassurance. They told us, "They are always there when I need them and they stay with me."

Staff told us they had enough time on care calls to provide support which was not rushed. One care worker told us, "We have time to get to know people and sit and talk." People confirmed this, one person told us, "They (staff) do everything I need them to and always ask if there is anything else they can do before they go. They have time to chat and we sit down and have a cup of tea." Records showed that care workers stayed for the required amount of time. Care records contained detailed information about people's backgrounds, families, religious needs or activities, hobbies and memories. This included information such as where photos we kept and what they liked to watch on TV. The staff we spoke with were knowledgeable about people's interests and backgrounds.

People had choice and control over the support provided to them. All of the people we spoke with told us that care workers asked for their consent before providing support and were asked their preferences about how support was delivered. One person told us, "I make my own decisions." A relative told us, "What [relation] wants they (staff) provide." Records showed that people or their relative had signed a consent form in relation to the service they received. Most people had signed the form themselves but on other occasions, a relative had signed on their behalf. The provider told us that people had capacity but often nominated a relative to be involved in care planning and review. They told us they would ensure this was clearly recorded on the consent form in future.

The provider was aware of independent advocacy provision. They told us if they identified people who did not have support available to help them to make important decisions, they would consider whether the person required the support of an independent person to speak on their behalf or represent their best interests. These people are called advocates. The provider told us that no one who used the service required the support of an advocate at present.

People were treated with dignity and respect by care workers. One person told us, "They (staff) preserve my dignity (when having a shower). They wait outside but are 'on call' if I need them." A relative told us, "As far

as I am aware [relations] privacy and dignity are respected, for example when they are supporting [relation] to have a shower."

The provider and staff spoke respectfully and knowledgably about the people they provided support for. One staff member described how they supported a person to have a wash in the way they preferred and ensuring they wore their dressing gown when moving around their home. Another staff member told us they gave people privacy when dressing if they did not need support and provided explanations and gave choices in the event people required their support. Training records showed that staff received training in dignity and spot checks included information about whether the care worker treated the person with dignity and respect during the care call. This meant that the values of dignity and respect were embedded and reviewed within the service.

Good

Is the service responsive?

Our findings

The provider was proactive in developing care plans and carrying out regular reviews in collaboration with people who used the service. People or their relatives had signed their consent to receiving support and other aspects of care provision, such as sharing information with healthcare professionals. Regular reviews of care plans had been carried out with people or their nominated relative. A relative told us, "We have monthly one to one reviews (of care plans)." Another relative told us, "I was involved in setting up the care plan."

People told us they received personalised care, which was responsive to their needs. People said that times of care calls suited them, that care workers stayed for the required amount of time and provided all of the support they needed. In addition, people and relatives told us the service was responsive if changes to support were needed. One person told us, "If I need to be ready (to leave the house) at a certain time they always come before hand so I can get dressed easily and without rushing." A relative told us, "They are very flexible, they always turn up on time and go over and beyond what is needed. The timetable is suitable and [provider] always keeps in touch by text."

People told us they were supported to maintain and develop their independence. One person told us they needed limited support with washing and dressing but staff helped them if needed. They said, "They (staff) do the things I can't do." Another person said, "They (Staff) help me to prepare meals if needed but encourage me to do my own. They are there watching so I don't fall." Care plans contained guidance for staff about how much people could do themselves and what support they needed. This was sufficiently detailed, for example, '[Person] able to wash hands and face and brushes hair.' Staff were able to give additional examples of encouraging people to maintain their independence such as encouraging people to brush their hair and to hold the dog's lead when they took it for a walk.

Each person had a personalised care plan which contained sufficient detail to provide guidance to care workers. Staff told us that they found care plans useful. One staff member commented, "Each care plan says what support is needed on each call. Each step is detailed about what needs to be done. If there are changes [provider] will contact and let us know." We found care plans had been regularly reviewed and updated when people's needs had changed. For example, one person's care plan had been updated to include advice provided by a healthcare professional. This meant that staff were supported to provide person centred care.

People's care plans contained information about whether they had needs in relation to their sexuality, spirituality or culture. People also told us staff were aware of their interests and important relationships. One person told us about their interests and the support provided by care workers to visit craft shops. Another person told us, "We talk about our families. They (Staff) know me as a person. If I needed to go to the village they (Staff) would take me." This meant that people were supported with their interests and to maintain important relationships.

The provider told us that people's communication needs were considered during the initial assessment and

records confirmed this to be the case. The assessment considered whether people had needs in relation to language, speech, hearing and sight. The provider told us that all of the people who currently used the service were able to access the service user guidance, which was produced in large print. They told us that if additional needs were identified they would consider alternative formats.

People were encouraged to provide feedback on the service they received and to raise any concerns or issues they had. None of the people or relatives we spoke with had needed to make a complaint about the service but felt comfortable that any concerns or complaints raised would be responded to by the provider. One person told us, "I have had no complaints. I would speak to [provider] if I did. I would raise problems if I needed to." A relative told us, I know how to make a complaint. I haven't needed to but [provider] always responds (to communication) and will also take the initiative (to make contact and seek feedback)."

The provider confirmed that no complaints had been received since they registered the service but that people were provided with information about how to make a complaint. A complaints policy was in place, which included details of the action that would be taken in response to a complaint. This included details of who to contact if the person raising the complaint was not happy with the response.

People were provided with opportunities to make decisions about their preferences for end of life care. The provider told us that people's care plans did not routinely include information about the person's wishes at the end of their life unless this was required. We viewed an example of an advanced care plan, which contained information about medicines, food and drink and pain relief. We also found that if people had chosen not to be resuscitated if their heart stopped, this was clearly documented and guidance was provided in care plans as to where the relevant paperwork was kept. This meant that peoples' preferences for end of life care were respected.

Good

Is the service well-led?

Our findings

People were extremely happy with the support they received. One person told us, "I couldn't fault them (staff). Without any hesitation I would recommend them. They are so kind and understanding." Another person told us, "It's absolutely well led. There is always someone to contact and they are always there if you need them." People's relatives were also incredibly complimentary of the support provided to their relative. A relative told us, "[The service] is absolutely well managed. [Provider] has a good overview. I would absolutely recommend. They are friendly and flexible, practical and very client focused."

Valued Living Home Care Services had an identified aim 'To provide services which safeguard and promote the health, welfare and quality of life of vulnerable people living in their own homes. Person centred care forms the core of our service and our staff are committed to meet our aims and objectives.' The staff we spoke with were passionate about their role and the support they provided to people to enable them to live in their own homes. One staff member told us, "I love waking up in the morning to feel like I am helping someone. It's great getting to know people."

A registered manager was not required as the service was managed by the provider. Staff told us that the provider was always available and lead by example. One staff member told us, "She's brilliant. Any help needed, she is always there." Another member of staff said, "It's really well led. I couldn't ask for a better boss." Both members of staff told us the provider ensured they were clear on their role and their values and attitude were monitored as part of regular spot checks carried out by the provider. Staff were provided with opportunities to make suggestions, receive feedback on their performance and discuss training and development needs. We saw records of staff meetings and supervisions which showed the provider and staff had regular discussions about different aspects of care to help ensure people received appropriate support. Staff were supported to develop in their roles and undertake further training and qualifications. This meant the provider provided staff with leadership, supervision and support.

The provider was aware of their responsibility to notify us of specific events which occurred at the service. They were also fully aware of their responsibility to refer to external agencies of they were concerned about people's safety. The provider told us in their Provider Information Return (PIR), 'When things do go wrong I will be open and honest and will inform all involved people and authorities where necessary. I regularly review any lessons learnt from incidents." A clear record of accident and incidents were kept which included immediate action to ensure people were safe. Records showed that action had been taken to prevent a reoccurrence, such as a referral to an external professional and people's care plans had been updated if required.

Effective quality assurance systems were in place. The provider carried out monthly reviews of people's care plans and checked daily records during spot checks. We found that care plans contained accurate and up to date information about people's support needs and daily records were completed appropriately. The provider also carried out a monthly audit of medicines administration records. We found the audit was comprehensive and effective in identifying improvements.

People and their relatives felt confident to contact the provider if they had any concerns, were involved in reviewing support needs and their feedback on the service was sought. One person's relative told us, "Absolutely I am involved. [Provider] is very open and has always responded. She also takes the initiative and I have filled out a [satisfaction] questionnaire." Records showed that regular reviews of people's support needs were carried out with either the person or a nominated relative at the frequency they requested. The provider also carried out a satisfaction survey every six months. We viewed the results from the last satisfaction survey which were positive. One person commented, "The help I have received has enabled me to stay in my home which was my aim." One person commented that they were not sure how to make a complaint if they needed to and we saw that action had been taken to ensure the person had this information if needed. This meant people were encouraged to give their views about the service and that any changes or improvements required were acted upon.