

Value Health Care and Cleaning Services Limited

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Inspection report

6 Petworth Gardens
London
SW20 0UH

Tel: 07415584600
Website: www.value.healthcarecs.co.uk

Date of inspection visit:
26 November 2021

Date of publication:
29 December 2021

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

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection, nine people were receiving personal care.

People's experience of using this service

People told us they were happy with the service. Comments from relatives included, "We are happy with the care team" and "It's really a lovely care agency." Staff provided care that met the needs of people using the service. People were protected from the risk of abuse. Staff knew how to identify and report abuse.

Risks to people were assessed and managed. Staff followed guidance to provide care safely. The provider undertook recruitment checks to ensure staff were suitable to work with vulnerable people. Staff were trained in infection prevention and control and followed guidance when providing care to reduce the risk of cross contamination.

People received the supported they required to eat and drink healthily. Staff were trained, received supervision and felt supported in their roles.

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.

People told us staff were kind and caring. Staff respected people's privacy and dignity.

People's care records contained details how people preferred to receive support. People were supported to remain independent where they were able to be. People knew how to make a complaint.

The registered manager responded to people's needs as they arose. Quality assurance systems were used to identify shortfalls in the quality of care and make improvements when needed.

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

Rating at last inspection:

This service was registered with us on 30 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. 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 the registered manager. We reviewed five care records for people using the service and three staff files. We also looked at a range of other documents in relation to the management of the service, including quality assurance documents.

After the inspection

We spoke with one person and six relatives of people using the service to seek their views and experiences of the care provided. We also spoke with a care coordinator and four care workers.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People using the services and their relatives commented, "[Person] is safe with the [carers]" and "[Carers] do know what they do."
- Staff were trained in safeguarding of vulnerable adults and knew how to identify and report abuse. Staff followed guidance in place to deliver care in a safe manner.
- There had not been any safeguarding concerns raised since registration of the service with the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People were protected against the risk of avoidable harm.
- People's records identified risks to their health and well-being such as their ability to manage their medicines, finances, nutrition, mobility and home environment. Staff followed guidance in place to reduce the risk of harm and provide safe care. For example, staff ensured the person's environment was free of clutter and they had easy access to their mobility aids.

Staffing and recruitment

- People received care when needed. Sufficient numbers of staff were deployed to meet people's needs. A regular team of care staff were assigned to each person which helped them understand the level of support required. People were happy staff were punctual to their calls and were familiar with their needs.
- Safe recruitment practices were followed which ensured only staff suitable to provide care were employed.

Using medicines safely

- People received their medicines when required. Staff were trained to support people to manage their medicines safely. Care records showed where care staff or family was responsible for supporting the person to manage their medicines to reduce the risk of errors.
- Medicine administration records (MAR) and records were completed fully with no gaps. Audits were carried out to ensure people received their medicines.

Preventing and controlling infection

- People received care in a way that minimised the risk of infection. We were assured the provider and staff were following current infection prevention and control (IPC) procedures, including those associated with COVID-19 and in line with national guidance..
- Staff were trained in IPC including COVID-19 and were able to describe how they were currently

minimising the spread of infection. Staff told us they had access to adequate Personal Protective Equipment (PPE) and used it effectively, for example, they wore aprons and gloves when preparing food or carrying out personal care.

Learning lessons when things go wrong

- Staff understood the provider's policy and procedures on reporting and recording accidents and incidents. There had not been any accident or incidents since the service registered with CQC.

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 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 and met. People and their relatives where appropriate were involved in the assessments and regular reviews and of the support the person required. Care plans were updated and showed the level of support people required.
- Staff followed the provider's guidance to ensure they supported people in line with best practice.

Staff support: induction, training, skills and experience

- People were supported effectively because staff underwent induction, training and supervision to undertake their roles. Comments from relatives about staff included, "Helpful and supportive" and "Can't fault them. Absolutely brilliant".
- Staff received regular supervision to discuss their performance and any support they may require.
- Staff told us and records confirmed they were trained in first aid, Mental Capacity Act, infection control and manual handling.

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

- People received support to eat and drink sufficiently and healthily, for example by including fresh food, vegetables and fruit in their diets.
- Staff knew people's preferences for food and drink and the support they required with eating and drinking such as to prepare or warm meals.

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

- People were supported to access healthcare services and to maintain good health, for example booking appointments and escorts to the hospital or GP. Relatives told us, "I get a phone call from the carers if a doctor is needed" and "The carer would call the doctor".
- Staff worked closely with the person and their relatives to review their needs. This ensured people received effective support appropriate to their care needs.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People received care in a manner that respected their human rights.
- Staff sought consent from people before providing care. They had attended MCA training to inform the way they provided care.
- Care plans showed what decisions people could make for themselves and where they may require more support, for example to make decisions about their personal care, finances and medicines. Records showed staff respected people's choices on how they wished to receive their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported in a kind, respectful and compassionate manner. Comments from people and their relatives included, "No task is too difficult and [carers] are flexible"; "They greet [person] and don't rush" and "Polite and efficient."
- People received support from a consistent team assigned to care for them. Comments received included, "Understanding personalities" and "A good dependable team. I have peace of mind". This enabled nurturing of positive caring relationships with people using the service.
- Staff promoted people's equality and diversity. People told us staff were respectful of their individuality and did not feel discriminated. Staff knew information about what mattered to people's identity such as their history, cultural heritage, spiritual needs and wishes.

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

- People were enabled to make their views known about the support they wished to receive. Relatives told us, "Carers do ask about the help [person] needs" and "We are involved in [person's] care". Records confirmed people and their relatives where appropriate were involved in making decisions about the care and support needs.
- Staff delivered care and support to people in line with their preferences and any changes requested.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy respected. Comments from relatives included, "[Carers] treat [person] with respect"; "Carers are respectful" and "They keep the curtains closed when she gets dressed". Staff knew how to promote the privacy and dignity of people for example closing bathroom doors when providing personal care and calling them by their preferred names."
- People's records were kept secure and confidential. Staff understood their responsibility to keep information about people confidential and to share with others on a need to know basis.
- People were encouraged and supported to carry out tasks for themselves so they could develop or maintain existing skills. Care plans had information about what people were able to do independently such as cooking for themselves, warming up their food or making a cup of tea.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care that met their needs. Care plans detailed person's needs, life history, preferences and how they wished their support to be provided.
- Staff had built positive relationships with people using the service and knew how to support them. Staff told us they were informed of changes to people's needs and the support they required.
- Care plans reflected changes in people's needs and the manner they wished to be cared for

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.

- People's communication needs were assessed and met. Staff knew people's communication preferences and records showed they followed provider's guidance on how best to communicate with them.
- People were provided with information about their care in line with AIS.

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 supported to maintain contact with those that mattered to them to ensure their social contact and wellbeing needs were met. Staff worked closely with people's relatives who encouraged them to engage in various activities for stimulation and to access the local community.
- Care records contained information about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern if they were unhappy with any aspect of the service. Their comments included, "I am very happy with the service but if I did have a complaint, I would phone the [registered manager] and she would sort out things"; "I would speak to the care coordinator but have not needed to" and "Some minor issues which had been solved straight away". People had access to the provider's complaints policy and procedure which outlined the process of how their concerns would be addressed.
- The service had not received any complaints since they registered with CQC.

End of life care and support

- People were supported to have a comfortable and dignified passing. Relatives commented, "The carers

knew [person] well, and cared for him beautifully until the end" and "[Carers] did their best for him". People and their relatives where appropriate were involved in discussing their end of their lives wishes. Staff respected people's wishes of their end of life care.

- The registered manager understood their responsibility to ensure people received appropriate care at the end of their lives. Staff worked closely with other health and social care professionals such as GPs, district nurses and the palliative care team when needed.

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 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

- People benefitted from a person-centred approach which was open and inclusive. Staff shared in the provider's vision of an empowering culture which placed people at the centre of the service.
- People and their relatives made positive comments about the registered manager and staff. Their comments, "[Registered manager] is passionate and very supportive, just a phone call away" and "Yes, they are always good and well managed".
- Staff said the registered manager was proactive, hands-on approachable and open to ideas to develop the service. Comments included, "She wants us to learn and do better all the time", "She does a good job and encourages us to develop ourselves", "Fantastic and manages the company well".
- Staff felt supported in their roles and able to approach the registered manager with any concerns. They said the registered manager involved them in decisions that affected the way they worked and provided care to people.
- Care records were accurate and reflected the support people received. People's records were stored safely and securely in accordance with data protection 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

- The provider was aware of their responsibility to be open and honest with people using the service when things went wrong. People said the registered manager engaged them to discuss any issues that may affect care delivery.
- Staff understood their responsibility to report incidents to help the provider to take actions to improve their practice and to ensure continuous learning took place.

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

- People received care provided in line with CQC's regulatory requirements.
- The registered manager notified the CQC and the local authority safeguarding teams of significant events in line with their legal responsibilities.
- Regular audits were undertaken on care planning, medicines management, records keeping and staff training to identify any shortfalls and make improvements when needed.
- The systems in place to assess and monitor the quality of the service were used effectively.
- Staff had meetings and regular catch up calls with the registered manager on issues affecting the service

and the care they provided.

- The provider maintained up to date policies and procedures. For example, the infection policy procedure had been broadened to be in line with the COVID-19 pandemic to ensure staff had sufficient guidance to meet regulatory functions.

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

- People who used the service and their relatives were involved in how the service was run. They had regular opportunities to provide feedback about the support they received.
- Records confirmed the discussions that took place to gather people's views about the support they received and if they needed any changes such as being flexible to times they received care.
- The registered manager contacted people regularly and maintained daily interaction with staff about the management of the service. Staff used the conversations as learning opportunities to prevent problems before they arose and felt happy their views were valued and considered.

Working in partnership with others

- The provider had systems in place to ensure effective partnership working with the local authority and health and social care professionals.
- The provider had links with other agencies around the local community which they worked with closely such as GPs and pharmacies which enabled people to receive services appropriate for their health needs.