

Severn Valley Home Care Ltd

Severn Valley Home Care Offices

Inspection report

2 Cann Hall Drive
Bridgnorth
WV15 5BG

Tel: 07805605798
Website: www.severnvalleyhomecare.co.uk

Date of inspection visit:
04 July 2022
05 July 2022

Date of publication:
21 July 2022

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

Severn Valley Home Care Office is a Domiciliary Care Agency (DCA) registered to provide personal care. People were supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 19 people with personal care.

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 protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse.

The provider had assessed the risks associated with people's care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm.

When required, people received safe support with their medicines from staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice.

The provider supported staff in providing effective care to people through person-centred care planning, training and one-to-one supervision. People were supported to refer themselves to additional healthcare services, and staff supported them if required.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, religion, gender and disability.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them. The provider, and management team, had good links with the local communities within which people lived.

The provider had effective systems in place to identify improvements and drive good care.

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 22 January 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Severn Valley Home Care Offices

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. A registered manager was in post and they were also the provider. This means they, as the provider and registered manager, were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care provider and the provider is often out of the office supporting staff or providing care. We needed to be sure they would be in.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring it's quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. Additionally, we spoke with five staff members including two carers, two administrators and the registered manager.

We reviewed a range of records. This included five people's care plans and records of medicines administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We confirmed the safe recruitment of four staff members.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. One person told us, "I have no concerns at all about my safety. I feel safe and happy."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to share information about any concerns with the appropriate agency. For example, the local authority, in order to keep people safe.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- We saw assessments of risks associated with people's care had been completed. These included risks related to people's mobility, diet and nutrition.
- When people were living with specific medical conditions the potential risks associated with those conditions had been assessed and recorded to minimise the potential for harm.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe whilst providing personal care in their own homes.
- The physical environment, where people lived, was assessed by staff members to ensure it was safe for people to receive support. When improvements were needed staff advised people on how to safely make changes. One person told us their smoke alarm had stopped working and the provider had arranged for a replacement to be installed.

Staffing and recruitment

- People were supported by staff who arrived when expected and who stayed for the agreed length of time.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- Not everyone receiving assistance had support with their medicines. However, those that did were safely supported by a trained and competent staff team.
- One staff member told us they had completed online training and they had shadowed another staff member on several occasions to learn how to safely support people. They were then assessed as competent before supporting people.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- Guidelines were in place for staff to safely support people with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID-19 pandemic.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were reviewed to ensure appropriate action had been taken.

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 of 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 physical and social needs had been holistically assessed in line with recognised best practice. People, and where needed their relatives, were involved in the assessment of their needs and wants. These assessments included, but were not limited to, mobility, skin integrity, diet and nutrition.
- Staff members told us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members told us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, gender identification, disability and personal preferences.

Staff support: induction, training, skills and experience

- People were assisted by a trained staff team who felt supported by the provider and the management team. One person told us, "They [staff] are very skilled. You can tell they have all been trained to a good standard." A staff member told us, "The one thing that impresses me so much is the level of support we receive. If we feel we need more training on a specific subject it's provided."
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, safeguarding, health and safety.
- Staff members new to care completed training that was in line with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member told us, "It's a long training package but I have thoroughly enjoyed it. I have learnt so much."
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. One staff member said, "I did several shadow shifts but wanted to do a few more as I didn't feel that confident. This wasn't a problem at all and [registered manager] kept checking to see if I was OK. I found it very supporting."

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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 were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

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

- Not everyone required support with eating and drinking. When they did, they were supported to identify what they wanted to eat and drink. One person told us, "They [staff] make sure I have all the drinks I need throughout the day and in-between visits. If I haven't drunk enough, they give me a little prompt and sit with me to make sure I am OK." When it was needed the provider monitored people's food and drink intake and any weight gain or loss. Any concerns or unplanned fluctuations in weight were passed to supporting healthcare professionals for their assessment.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people. One relative said, "We are immediately told if there are any changes or if we need to do anything. It's very open and communication is spot on."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to refer themselves to additional healthcare professionals including GP's and district nurses when it was needed.
- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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 of 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 told us they were treated with care by a kind, engaging and compassionate staff team. One person said, "They [Staff] are lovely, every one of them. They make me feel valued and never a burden which was what I was worried about in the beginning. They have completely put me at ease, and I am very grateful for that."
- All staff members talked about those they supported with fondness, compassion and genuine positive regard. One staff member said, "I love working with people and hopefully bringing some joy into their day. We have our ups and downs but it's good to go through this with people and support them how they like."

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

- People confirmed they were supported to make decisions about their care and support. One person told us they were fully involved on deciding what support they wanted on a daily basis, what to eat, drink and what to wear.
- People were involved in the development of their support plans which directed how staff assisted them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was supported by staff members. One person told us they never felt their dignity had been compromised by staff. They went on to say, "I feel fully respected at all times. If I didn't, I would say something."
- People were supported to maintain their independence. One person said, "[Staff] always prompt me to do things for myself. They don't take over but encourage and make it easy for me. This can be something as simple as putting coffee into a cup so I can make a drink later in the day. It's the little things which make the difference."
- Information which was confidential to the person was kept securely and only accessed by those with authority to do so.

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 of 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, and if needed those close to them, were involved in the development and review of their care and support plans. One person said they were involved right from the beginning. The registered manager met with them and went through exactly what support they wanted. Staff members knew the people they supported well. This included people's care needs and their personal likes, dislikes and interests.
- Care records were clear and helped staff provide a personalised care. One staff member told us, "All the information is there in the care plans. They are very clear and let us know all about the person. If there was something, we didn't know we would talk with the person or their family. Anything new we pass to (registered manager's name) and this is then recorded for everyone."
- When it was appropriate relatives were kept informed about changes to people's health and needs.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

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 had information presented in a way that they found accessible and, in a format, they could easily comprehend. For example, one person had a visual impairment and important phone numbers were recorded in large print so they could see them. When people had other sensory needs, these were recorded for staff to respond to them in a way they wanted. For example, there was instruction on who wore hearing aids or glasses.

Improving care quality in response to complaints or concerns

- People told us they had been provided with information on how to raise a complaint or a concern if they needed to do so. However, everyone we spoke with told us they had never needed to raise a concern.
- People and relatives felt the registered manager was approachable, and they felt confident if they ever needed to raise a concern it would be addressed appropriately.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them.

End of life care and support

- At the time of this inspection, Severn Valley Home Care Office was not supporting anyone who was at the

end of life. However, processes and procedures were in place to capture what was important to the person to ensure they received the support they wanted.

- The provider had developed good working relationships with other healthcare professionals which would support a multi-agency approach towards end of life care if it was 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 is the first inspection of 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.

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

- A registered manager was in post and was present throughout this inspection. The registered manager had not needed to submit any notifications to the CQC however, knew what to do if required. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The registered manager had effective quality monitoring systems. These included checks of people's care plans and medicines. These checks ensured people received the care they needed and had agreed to.
- Staff members received regular spot checks of their practice. This was where the registered manager attended the care call and checked the performance of the staff member against a set of standards including, but not limited to, timeliness, safe use of equipment and engagement with the person. People were asked for their opinion about the staff members practice during these checks. Everyone we spoke with told us they found this a positive experience and an opportunity to improve.

Continuous learning and improving care

- The registered manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from local authorities and regular engagement with a local provider representation forum.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had positive relationships with the registered manager who they found to be accessible and engaging. Everyone we spoke with was complementary about them and felt supported by them.
- The registered manager regularly asked for people's feedback on their experiences of care. This was either face to face during a spot check or from regular feedback questionnaires. Everyone felt able and empowered to contact any of the staff or the registered manager at any time if they wanted to raise anything with them. Everyone felt assured their views would be valued and acted on.
- Staff members told us they found the registered manager supportive and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need

to raise such a concern.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurse teams.