

Valor Care Services, Training and Consultancy Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Valor Care Services, Training and Consultancy Limited is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection 15 older people were using the service.

People's experience of using this service

People told us they remained happy with the way staff treated them, which was always with respect and dignity. People typically described the staff who provided their personal care as "friendly" and "kind".

However, although we continued to rate the agency as good for the key questions caring and responsive, we found it was not always safe, effective or well-led. This was because we received mixed feedback from people about staff not always arriving on time for their scheduled visits; staff not being properly checked during their recruitment, or trained and supported thereafter; and, systems to monitor the safety and quality of the service they provided were not always operated effectively.

These negative comments notwithstanding we saw people were cared for and supported by staff who knew how to manage risk. The service had safeguarding procedures in place and staff had a clear understanding of how to keep people safe from abuse and neglect. People received their medicines as they were prescribed. The services arrangements for controlling infection remained effective.

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. Where staff were responsible for this, people were supported to maintain a nutritionally well-balanced diet. People continued to be supported to stay healthy and well and had access to the relevant health care professionals as required.

People were treated equally and had their human rights and diversity respected, including their spiritual and cultural needs and wishes. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs were carried out before they started using the service.

Care plans were personalised and up to date, which ensured people received personal care that was tailored to meet their individual needs and wishes. Managers and staff understood the Accessible Information Standard and ensured people were given information in a way they could easily understand. People were encouraged to make decisions about the care and support they received and had their choices respected. People were satisfied with the way the provider dealt with their concerns and complaints. People's end of life care wishes were recorded in their care plans.

People, their relatives and staff all spoke positively about the way the registered manager/owner ran her business. The provider promoted an open and inclusive culture which sought the views of people using the

service, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at the last inspection

The last rating for this service was good (published 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to staff training and support. This was because we found staff were not receiving the right amount of training and support they needed to effectively perform their personal care roles and responsibilities. This meant people were at risk of receiving personal care from staff who did not have the right knowledge, skills or support to meet their needs and wishes.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Valor Care Services, Training and Consultancy Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency that provides personal care to people living in their own homes.

The service had a manager registered with the CQC, who also owned the business. 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 visit because we needed to be sure the registered manager/owner would all be available for us to speak with during our inspection. This three-day inspection started on 29 August 2019 and ended on 9 September.

What we did before the inspection

We reviewed all the key information providers are required to send us about their service, including statutory

notifications and our Provider Information Return (PIR), which providers are required to send us. A PIR provides us with some key information about the service, what the service does well and improvements they plan to make. We used all this information to help us plan our inspection.

During the inspection:

On the first day of our inspection we received feedback about this home care agency from four people using the service, four relatives and two care workers we spoke with over the telephone. On the second and third day we visited the provider's offices and spoke in-person with the registered manager/owner and a business support worker. We also looked at a range of records that included six people's care plans, multiple medication administration record sheets and six staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We received mixed comments from people and their relatives about staff reliability in terms of their arrival times for their scheduled visits. This quote we received from a relative summed up how most people felt about staff punctuality - "We're never sure when staff are coming...They're all very nice, but their time keeping is very poor." Most people who had participated in the providers latest satisfaction survey had also stated that staff not always turning up on time for their visits remained an issue they continued to experience with this agency.
- We discussed this issue with the registered manager who said they were aware staff time keeping continued to be a problem, which had been made worse by having a large number of staff vacancies. They said they were actively trying to recruit four new members of staff to fill these gaps in staffing and were reviewing how they planned carers travel between visits, which they were confident would help reduce staff time keeping problems.

Progress made by the provider to address this staffing issue will be assessed at their next inspection.

- In addition, the staff recruitment process did not always ensure new staff were suitable and fit for their role.
- This was because we found not all the pre-employment checks the provider is required to carry out in respect of all new staff were complete. For example, although staff files we looked at all contained recorded evidence of new staff's proof of identity, their right to work in the UK (where appropriate), full employment history, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check; one new member of staff's file did not include an update DBS check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.
- The registered manager confirmed they had recently allowed one new member of staff to start working unsupervised with people using the service after they had verbally reassured her that they had recently been DBS checked by their former employer. However, they had not supplied their new employer with any recorded evidence of this DBS check.
- We discussed this staff recruitment issue with the registered manager who responded by providing us with an update DBS check for the staff member concerned on the second day of our inspection, which the provider had applied for several weeks before. The registered manager told us they had learnt a valuable lesson and in future would never permit any new member of staff to start working unsupervised with people using the service before their suitability and fitness had been formally checked.

Progress made by the provider to address this staffing issue will be assessed at their next inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear safeguarding and staff whistle blowing policies and procedures in place. Staff knew how to recognise and report abuse, despite not having completed up to date safeguarding training.
- Staff understood how to keep people safe and to raise concerns if abuse or neglect occurred, despite not receiving up to date safeguarding training. One member of staff told us, "The manager has talked to us about reporting anything we might be concerned about to her."
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused. At the time of our inspection no safeguarding incidents were under investigation.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained detailed risk assessments and management plans which explained clearly the control measures staff needed to follow to keep people safe. This included for example, risk assessments and plans associated with people's mobility, eating and drinking, skin integrity, dementia, behaviours that may be considered challenging and their home environment.
- Staff also understood where people required support to reduce the risk of avoidable harm. Several staff confirmed risk management plans were in place and easy to follow, which helped them reduce these identified risks.
- Maintenance records showed where care staff used specialist equipment to support people in their own homes, such as mobile hoists; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

Using medicines safely

- Medicines systems were well-organised and people received their prescribed medicines when they should.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff had received training about managing medicines safely and their competency to continue doing so safely was routinely assessed by the registered manager.
- No recording errors or omissions were found on completed medicines records we looked at.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people with their personal care needs.
- Practice around infection control and use of PPE was checked by the registered manager when they carried out spot checks of care staff.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff completed a week-long induction that included shadowing experienced staff during their scheduled visits before they were permitted to work unsupervised with people using the service. Several staff told us they had been shown how to use a mobile hoist as part of their induction and knew they had to work in pairs when transferring people in a hoist.
- However, records showed most new staff had either not received all the relevant training they needed to perform their roles effectively or long-standing members of staff had not routinely updated their existing knowledge and skills. For example, most staff had not received or updated their training in relation to safeguarding adults, moving and handling, food hygiene, infection control, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, equality and diversity, and first aid.
- Furthermore, staff did not have enough regular opportunities to review their individual work and development needs. Records showed that contrary to the providers staff supervision procedure staff had not had individual or group supervision meetings with the registered manager on a regular basis, nor had their overall work performance been appraised yearly. This was confirmed by the registered manager and staff we spoke with. One member of staff said, "I feel we get a lot of support from the manager, but we could do with more formal supervision meetings with her."
- Mechanisms were clearly not in place or being effectively operated to enable staff to continually update their existing knowledge and skills and be supported by the registered manager. This meant people were at risk of receiving personal care from staff who did not have the right knowledge, skills or support to meet their needs.

This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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.

- Care plans clearly described what decisions people could make for themselves.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
- The registered manager and staff were aware of their duties and responsibilities in relation to the MCA. For example, staff understood which people they supported lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's personal care needs were assessed before they received any personal care from this home care agency.
- Care and support was planned and delivered in line with people's assessments described above.
- Staff were aware of people's individual support needs and preferences.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration, to ensure they continued to eat and drink adequate amounts.
- People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered them.

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

- People's care plans set out how staff should support them to ensure their identified health care needs were met.
- Appropriate referrals were made to the relevant health care professionals to ensure people received the support they required. This ensured external professionals, such as GPs and district nurses, were notified in a timely manner when people's health care needs changed.
- Records showed staff had immediately contacted emergency services or other health care professionals when they were concerned about a person's health.

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 continued to be 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 continued to be treated equally and had their human rights and diversity respected. People told us staff were "caring" and treated them or their family members with respect. One person told us, "I would recommend this home care agency to anyone...The staff are marvellous and so kind to us", while a relative said, "The staff are wonderful...They treat my [family member] and I so well."
- People also told us they received continuity of care and support from the same small group of staff who were familiar with their needs, daily routines and preferences. One person remarked, "I've had the same carer for ages...We know each other well and I consider them more of a friend than my carer."
- People's care plans contained detailed information about their spiritual and cultural needs and wishes.
- The registered manager gave us several examples of how they had matched staff with people who had expressed a preference to have male only staff to reflect their religious beliefs or who could speak the same language as they did. One person told us, "[name of registered manager] has done well to make sure my regular carers are from the same ethnic background as me and, so they know how to make the food I like which reflects our cultural roots."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff spoke about people they supported in a respectful and positive way. Several staff told us they ensured bathroom, toilet and bedroom doors were always kept closed when they were meeting people's intimate personal care needs.
- People told us staff supported them to be as independent as they could and wanted to be.
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without staff assistance, such as managing their medicines, preparing their own drinks and getting washed and dressed.

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

- People were encouraged to make decisions about the care and support they received and have their decisions respected. People told us staff listened to them and acted on what they had to say.
- The provider used people's needs assessments, care planning reviews and quality assurance checks to ensure people had a voice and were able to routinely make informed decisions about the package of care and support they received from this home care agency.
- Care plans documented people's views about the outcomes they wanted to achieve. People had signed their care plan where they were able and willing to.

- People were given a guide about this home care agency which contained information about the standards of care and support they could expect to receive from this provider before they started using them.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us the service met their personal care needs and that staff provided them with the personalised care and support at home they or their loved one needed.
- Each person using the service had a care plan. These plans were person-centred and contained detailed information about people's unique strengths, likes and dislikes, staff visiting times and duration of their calls, and how they preferred staff to provide their personal care.
- People using the service, and where appropriate their relatives, were encouraged to be involved in the care planning process. This helped to ensure people's choices were used to inform the care and support they received.
- Several staff explained how they helped people make informed choices about the food they ate or clothes they wore by always showing them a daily selection of meals and clothing to choose between.
- People's care and support needs were regularly reviewed with them by the provider. If people's needs and wishes changed their care plan was updated accordingly to reflect this.

Meeting people's communication needs

- The provider was aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.
- The registered manager told us the service could provide information that people needed in different formats, including large print, audio and different language versions of the providers guide to the service, the complaints procedure and people's care plan.
- People told us staff understood their preferred method of communication.
- People's communication needs, and preferred method of communication had been clearly identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of care they received, and most felt the process was easy to follow.
- People told us they were satisfied with the way the registered manager had dealt with any formal complaints or informal concerns they had made about the service.
- People were given a copy of the providers' complaints procedure when they first started using the service. This set out clearly how people could make a complaint and how the provider was expected to deal with any concerns they received.

- A process was also in place for the registered manager to log and investigate any formal complaints made, which included recording any actions taken to resolve any issues raised.

End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- There were policies and procedures in place around end of life care.
- Care plans contained a section that people could complete if they wanted to record their end of life wishes.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had established systems to routinely monitor the quality and safety of the home care service people received. For example, records showed the registered manager carried out twice weekly visits to people's homes to check the working practices of staff, which included their punctuality, attitude, record keeping, and where appropriate, the management of medicines.
- The registered manager told us they routinely analysed the results of these spot checks to identify issues, learn lessons and develop action plans to improve the service they provided people. For example, staff had recently been reminded to always wear their identity badges and uniforms after it was identified during spot checks that some staff were failing to do this.
- However, we found these governance systems were not always operating effectively because they had failed to pick up a number of issues we identified during our inspection. For example, the registered manager had failed to notice or take appropriate action to ensure staff were suitably trained, supported and 'fit' to perform their roles or that they arrived on time for their scheduled visits.
- We discussed the effectiveness of the provider's governance systems with the registered manager at the time of our inspection who agreed to review how these systems were operated.

Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the service's latest CQC inspection report and rating were easy to access on the provider's website and clearly displayed on the wall in their offices. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider had a clear vision and person-centred culture that was shared by the registered manager and staff.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The registered manager, who was also the owner, remained unchanged since our last inspection.
- There were clear management and staffing structures in place. The registered manager was supported in the day-to-day operation of the service by an office-based business support worker. People using the service, their relatives and staff all spoke positively about the way the service was managed. One person said, "I have a lot of time for the owner who's always friendly and helpful whenever she visits us at home or rings us up."
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and people using it.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service and their relatives.
- The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had regular opportunities to share their views about the quality of the home care service they received through regular contact with the registered manager through weekly telephone calls and home visits, and yearly satisfaction surveys. People confirmed they were in regular contact with the registered manager who they often spoke to in-person or over the telephone.

Working in partnership with others

- The provider worked closely with various local authorities and community health and social care professionals including GP's, district nurses, occupational therapists and social workers.
- The registered manager told us they regularly communicated with these external bodies and professionals, welcomed their views and advice; and sharing best practice ideas with their staff team. This helped to ensure people continued to receive the appropriate care and support they required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People using the service were at risk of receiving their personal care from staff who had not received all the appropriate training, supervision and work performance appraisal they needed to carry out the duties they were employed by the provider to perform. Regulation 18(2)(a)