

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Harcombe Valley Care Limited

Trusley, 3 Manstone Close, Sidmouth, EX10 9TZ

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Date of Inspection: 15 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Harcombe Valley Care Limited
Registered Manager	Mrs. Christine Lake
Overview of the service	Harcombe Valley Care Ltd is registered to provide personal care to people in their own homes. They support people to retain their independence, providing domiciliary care to people living in the Sidmouth area.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Harcombe Valley Care Ltd, provides personal care and support to people living in their own homes. During our inspection we visited four people using the service. We spoke to five relatives, a community matron and six members of staff.

People receiving the service spoke very positively about the services. One person told us they felt the service passed "with flying colours" another told us "they are always willing to do that bit extra" People told us they were involved at all times about their care needs, and their preferences in how that care was given. We saw the weekly letter received by the person using the service showing times and dates of visits with the name of the carer who will be giving that care.

We saw the care plans were well documented and a daily record of care was kept and signed by care staff.

People told us that communication was excellent; they were always informed of any delay or changes. People told us they could contact one of the senior carers and speak to them directly. If they called the office, any time, a call was always answered by "A real person"

We spoke to the Community Matron who told us they found the service provided "excellent service, always professional" They also felt communications were very good, and they were confident that concerns would be passed to them and any instructions they gave would be carried out.

We saw how staff received training, which reduced the risk of vulnerable people being abused and observed safe working practises during our visit. We saw evidence of training having been provided and how working practises were monitored. We also saw training planning in place for future training needs, with individual needs identified. During routine monitoring and auditing of the services provided the people who used the service and their relatives and carers were involved in this process.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment they received.

People told us that before the agency had started to provide care they had been visited by the manager and a senior carer, they had been fully involved in writing their care plans and felt confident that the right care was being given to them. The needs of their relatives had also been supported in the delivery of care. They also told us they felt confident in making any requests for a change of care delivery, and were happy to discuss this with a senior carer or contact the office. They told us that they knew they would "be listened to" People were given information about the care agency in the form of a booklet, which also contained contact details of other relevant agencies; people told us they found this very useful.

People told us that they had their dignity respected at all times, carers were observed to ensure privacy was maintained. People told us that the carers understood them and their family, one relative told us that the carers also "looked out for them as well" One person told us the highlight of their week was their "outdoor day" and this felt more like a member of their own family taking them out.

People told us that they never had a visit from someone they did not know, all new staff were introduced to them and came on several visits accompanied by a senior carer before they visited alone. Any changes to the weekly sheet were notified by the office. People told us that they felt secure with the care given and trusted the carers. They also preferred the local nature of the agency and the carers and liked the small number of people who actually gave them the care. The provider informed us that although they had twenty five carers they ensured each person receiving care had a small number of carers visiting them, ensuring continuity of care.

One relative told us they found the agency very quick to respond when they required a

change to visits. They gave an example of how they had been unexpectedly held up owing to weather and the agency had put extra visits in as soon as contacted. Another person told us that if they required an extra visit all they had to do was phone the agency and a carer would be sent within a short time. We were told that if there were any concerns the management were very approachable and would respond quickly.

People told us that wherever possible the times they requested were accommodated, even when two carers were required. This enabled the person and their relatives to be able to plan their own day.

We saw evidence of training given to all staff ensuring they understood and followed good practice in respecting people, ensuring privacy and dignity. We saw how the carer was able to promote a person's independence and assist them to complete tasks themselves. We saw evidence in the care plan of how extra care was provided during a time of poor health, but withdrawn safely as the person's health improved again.

We were told that being a small agency the management were often out with the carers giving the care and in this way could see what was going on, talk to the people using the service and could solve any problems that might arise. This meant that people using the service felt that their care was monitored closely by people they knew and who had personal knowledge of them and their care needs.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan

People told us that they had found all the carers who visited them were efficient and well trained. They understood the care to be given and how to use any equipment provided. One person told us that they felt safe and secure when the carers used their standing hoist. We observed this and saw how the carers explained what they were doing at all times, waiting for the person to tell them when they were ready to be moved, allowing plenty of time for the procedure. A risk assessment was in the care plan for this hoist, training given and signed by the carers and the person concerned.

People told us that they felt the carers who visited understood their needs and that they never had care given to them from a stranger, all carers were introduced to them and worked with a known carer until they were fully conversant with the person and their care needs. One person we visited was unable to hear what the carer was saying to them. The carer checked the hearing aid and replaced the battery, enabling the person to hear properly they told us the "girls are all good and look after me well"

We were told that the carers were very good communicators, empathic and could understand any dynamics, thus ensuring that they could pick up any concerns even if the person concerned was unable to speak to them. We were told by a health professional that they felt the agency was especially good at providing care when there were complex needs, making them their choice where "you need an extra mile"

One relative told us that if they were away the agency took over care of the cat, and "a care plan was in place for it" They also told us that the carer made sure the yellow bag for disposing of contaminated refuse was put out for collection. We were told that having a care agency they trusted enabled them to have a break and so felt their own quality of life was looked after as well.

We saw that care plans were in place, daily reports were written and signed for. Care plans were reviewed annually, but were also reviewed as required, liaising well with

Doctors and district nurse.

We saw evidence of weekly timetables, with times of visit and which carer/s would be attending. They understood there was a fifteen minute overlap on expected times, they were informed of anything over that time, so they felt confident in receiving a reliable service. A member of staff told us that if there was likely to be a longer delay someone was sent out from the office to cover. They felt the locality of the office was important in ensuring this reliability for the people who used the service. We were told that the overlap time was seldom used, more likely for the carer to be a bit early and give extra time to them. We were told by carers that they felt they were given plenty of time, with sufficient time between visits, so no person was felt to be rushed.

We saw evidence of good hygiene control; each carer had personal hand gel which was used before and after each visit. Each person had an individual pack containing gloves which we saw being used and properly disposed of on each visit. We saw evidence of general training in place as well as specific needs, such as training for use of hoists. We were told that training was always put in place when there was a need, such as recently the Stoma Care Nurse had given a training session for all the carers at the office.

All the people we spoke to felt happy that the care given was of a high standard and provided for all the care needs given by suitably qualified carers.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

All the people we spoke to felt secure and safe, with the carers being a valued part of ensuring they were protected from abuse. One person we spoke to told us they had "utmost confidence in the carers to ensure their relative's safety when they were away" they felt confident that any concerns would be reported to them by the agency.

Several people had "lifeline" alarms and we observed the carers ensuring that when they left people had these on their person; this meant a person could call for help when alone.

We saw evidence of recording systems when handling money, for example if doing any shopping.

We saw that all care was delivered in a calm and unhurried manner, that appropriate techniques were used when assisting people in a dignified manner. We saw that people were very relaxed with the staff. One person told us "If I was worried or concerned about anything I could always talk to the senior carer" This ensured the person would feel able to pass any concerns to the carer without fear.

Carers told us they knew how to report any incidences of concern. One carer told us that they felt a lot more confident now on being able to report matters than they had in the past, they understood the procedure for reporting concerns and felt happy that they would receive support from management. We saw evidence of safeguarding policies and procedures in place, updated December 2013, and that safeguarding training had been given to all staff. We saw that Safeguarding training was due to be updated on a rolling programme for all staff during the first six months of 2014.

This meant that people were protected from abuse.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well.

We were told that all staff were recruited locally using the local press to advertise when required. We saw evidence that there were enough staff to ensure agency staff was never used. Management were always available and ready to fill in any gaps.

All staff followed induction training and had a lead in period when they went on visits with either the manager or a senior carer until they were properly trained. Spot supervision checks were carried out on a regular basis.

New staff received one to one training with the training co-ordinator on all policies and procedures, ensuring they had full understanding, with any new updates passed to the staff, and monitored to ensure they were put into practice. For example a recent audit of the communications books had highlighted some minor areas to be changed. We saw evidence that staff had been informed of these and the changes required had been implemented.

The training co-ordinator responded to any requests for extra training which was provided in house or by other health professionals. For example a need for stoma care training had been highlighted and this had been provided by the stoma care nurse. We were told by staff members that this was a very interesting and worthwhile training session. One member of staff found a recent training session from the optician particularly useful, especially in understanding how lighting affected people's ability to see clearly. This ensured peoples special needs could be supported.

All staff felt they had very good support from management, that they were approachable and available at all times. The staff told us they had flexible working patterns which meant they could ensure a good work-life balance, with sufficient time to plan work. Supervision was given in several ways, formal six monthly appraisals, spot checks and supervision and

ongoing support available, staff told us they had no worries about talking to management or senior carers. They felt their own input into care plans was important and listened to.

A new method of communication had also been started, which one member of staff told us they found very useful, in the form of a weekly memo from the office to all staff, with any new information noted. This was felt a good way to keep staff who worked out in the community in touch. Staff said they could contact the office anytime, there was always someone to talk to.

Staff told us that they never went out to a new client without being fully informed of the care plan, and about the person themselves. This meant they were confident when meeting them, although the initial visits were always with a senior carer. Staff told us that they received good feedback from the people that used the service, and their relatives, saying they were very happy with the service given and that made the carer "feel appreciated, worthwhile"

All staff spoken to said they received a lot of training and that they could ask for anything they might require. We were told that further training, such as QCF Diploma level 3 could be available. We saw evidence of the training completed by all staff during 2013 and the planned training programme for 2014. This meant that staff were supported with their professional development.

Staff were well supported and this meant that people were cared for by staff who had received the appropriate training to deliver care safely and to the correct standard

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

People told us they spoke to senior carers and management during routine visits and could contact the office at any time, and any concern was dealt with immediately. We were told that if a message was sent via the carer it was always responded to and acted upon very quickly. People told us they were asked about their experiences of the care they received. We saw evidence of the annual questionnaire sent to every person receiving care and their relatives. We saw that where these were returned, there was a high satisfaction level.

We saw evidence of monitoring and audit files. We saw how the results of recent audits of the Medical Administration Records [MAR] sheets and communication books was disseminated to the staff, with instructions to staff on areas of improvement, a member of staff showed us how they had implemented these and explained the difference in recording in the communications book, following on from the audit. We saw evidence that the communications books and MAR sheets were correctly used, information clearly written and signed by the responsible carer, with a weekly sheet signed by the person receiving care or their relative.

People told us they knew how to complain, but "I have no reason to do so". There were no complaints recorded for 2013. We were told that anything they were not happy with would be acted upon very quickly and not allowed to escalate.

We saw evidence that the care plans were reviewed annually and also ongoing where required. People told us they were fully involved in the review of their care plan with themselves, the manager, senior care staff, and relatives.

We saw evidence of the comprehensive review of Policy and Procedure files, completed July 2013. We were told that every member of staff had access to these files and had one to one time with the senior carer to ensure they had read and understood them. We observed that staff carried out the procedures efficiently and correctly. This meant that staff were supported and able to deliver care in a safe and correct manner.

We saw that Best Practice Guidelines were in the process of a full review, due to be completed in 2014. We saw evidence of business audits completed September 2013, with further audits in place for 2014 this ensured the business was robust. We saw evidence of staff training carried out in 2013 and the training plan for the first six months of 2014.

Staff told us they were very happy in their work, they felt they provided the best possible care and the management were very thoughtful of everyone, including staff. The community matron we spoke to told us the agency was their first choice where complex care needs were identified, or where the "extra mile" was required. They found that communication was exceptionally good between themselves and the agency.

We found that Quality Assurance audits were in place and effective, we saw evidence of dissemination to staff and that required actions were implemented and monitored. This ensured the standards of care were upheld and improvements made when required.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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