

Valor Care Services, Training and Consultancy Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Valor Care Services, Training and Consultancy Limited is a domiciliary care agency providing personal care to elderly and disabled people in their own homes. 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 this inspection the service was supporting 44 people.

People's experience of using this service and what we found

People told us they felt safe with care staff and the way they were supported. Staff were trained to deliver care safely and safeguard people from abuse. People's risks were assessed, and plans were in place to reduce them. There were enough staff available to ensure people did not experience missed care visits and staff followed good hygiene practices.

People's needs were assessed, and 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. Staff were inducted and supervised, and people were supported to access care services.

People and staff were positive about the management of the service and the provider planned to expand the office-based team. The registered manager sought and acted on feedback. Quality checks were carried out and the provider worked in partnership with others.

The last rating for this service was Requires Improvement (published 8 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, we have made a recommendation about auditing staff recruitment records.

Why we inspected

We carried out an announced comprehensive inspection of this service on 29 August and 9 September 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Valor Care Services, Training and Consultancy Limited on our website at www.cqc.org.uk.

Follow up

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

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

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 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and one 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.

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. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. 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.

Inspection activity started on 11 August 2022 and ended on 16 August 2022. We visited the location's office on 11 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with nine people, three relatives, two staff and the registered manager. We reviewed five people's care records, which included their needs and risk assessments and care plans. We reviewed five staff files which included recruitment and training information, supervision records and competency assessments. We also checked quality assurance records and team meeting minutes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's procedures and staff skills and knowledge safeguarded people from abuse. People told us they felt safe. One person said, "I do feel safe because they treat me with extreme care. They are caring people"
- Several people referenced the friendly and conversational approach of staff as contributing to their feeling of safety. One person said, "I just feel confident in them and they are chatty." Another person told us it was the staff member's, "Whole attitude and body language why I feel safe." A third person said they felt, "Very safe. It's their attitude, they are very caring."
- People were supported by staff who were trained to keep them safe. Staff received training in recognising signs of abuse and the actions they should take if they suspected it.
- The provider had up-to-date safeguarding procedures which the members of staff we spoke to understood.

Assessing risk, safety monitoring and management

- People's risks were assessed, and staff had guidance in care records on reducing risks to people.
- Staff were trained to meet people's needs safely which reduced risk of harm. For example, staff received training to reduce people's risk of falling. One person told us, "I don't have much mobility but when I do transfer, they make me feel safe."
- Where people presented with new risks these were assessed. When required the registered manager made referrals to health and social care professionals for risk assessments to be carried out. Staff followed the guidance that came out of these assessments.
- The provider had plans in place on the actions they would take if people or their relatives did not answer the door as expected. Plans included working with others to establish people's safety and calling the emergency services to gain entry if required. This meant people were protected against the risks associated with missed care visits arising from accidents or ill-health.

Staffing and recruitment

- At our last inspection we found people experienced late and missed care visits. This was because the provider had insufficient staff. At this inspection we found the provider had recruited staff in enough numbers to ensure people received their care visits as planned. People we spoke with told us they had not experienced missed care visits.
- Since the last inspection the provider had introduced an electronic care system to monitor care visits. The system enabled the registered manager to see in real time whether care visits had taken place, were in progress or were running late. The system alerted the registered manager if the care calls were 15 minutes

late. The registered manager used this information to phone people to let them know staff were en-route or that an alternate member of staff would be supporting them.

- People and relatives told us if staff were running late for a care call, the office staff would phone to let them know. One person told us, "Sometimes they are late but they will call me."
- People told us they received regular support from staff they were familiar with. One person told us, "It's basically the same two staff. When they have time off there are substitutes and I see the same carers." Other comments from people included, "It's normally a regular carer." And "Mostly the same ones."
- People were supported by staff who were assessed by the registered manager to be safe to provide care. The registered manager undertook a series of checks to determine the suitability of staff. These included checks against criminal records data bases and of employment references. The registered manager confirmed staff identities, addresses and right to work in the UK.
- We identified that two staff had incomplete employment histories during our visit to the provider's office. The registered manager told us these gaps were addressed at interview. Following our on-site inspection, the registered manager ensured these staff attended the provider's office to fully complete their applications retrospectively.

Using medicines safely

- People received their medicines safely. Staff received medicines training to administer people's medicines as prescribed.
- Where people required the support of staff to receive their medicines this was recorded in care records including their assessments, care plans and medicines administration record (MAR) charts. The registered manager reviewed people's MAR charts to confirm people received the right medicine at the right time.

Preventing and controlling infection

- People were protected from the risk and spread of infection. Staff were trained in infection prevention and control practices to keep people safe. This included wearing personal protective equipment such as masks, gloves and aprons.
- Staff regularly tested for COVID-19 to reduce people's risks of exposure to the virus.
- Staff were trained to handle food safely. This protected people from the risks associated with the unsafe storage and preparation of food.

Learning lessons when things go wrong

- The registered manager reviewed the details of all incidents.
- The registered manager, office team and care staff shared learning when things had not gone as planned. This was done to prevent reoccurrence.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found staff were not receiving all the appropriate training and supervision required to perform their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of Regulation 18.

- People were supported by trained staff. Training covered areas such as safeguarding, medicines, infection control, food hygiene and dementia awareness. One person told us, "They know what they are doing."
- New staff received an induction. This included reviewing the provider's policies and procedures and people's care records.
- Before delivering care and support to people, new staff accompanied experienced staff to observe how people's needs were met. One person confirmed, "They do shadowing."
- People's care and support was provided by supervised staff. Staff attended regular one to one meetings with the register manager to discuss their role in meeting people's needs. One member of staff told us, "Supervision is helpful. We discuss things like record keeping and training."

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

- The provider assessed people's needs prior to offering a service. This was to ensure the provider could meet their needs and preferences for support.
- People and their relatives participated in needs assessments which reflected people's choices.
- When people's needs changed their care plans and needs assessments were reviewed. This ensured staff had up-to-date guidance in care records to meet people's needs effectively.

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

- Staff supported people to eat in line with their assessed needs and care plans. For example, some people required prompting to eat.
- Staff encouraged people to drink frequently. One person told us, "They always make sure I have water."

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

- People had access to healthcare services and healthcare professionals. When required the registered

manager made referrals to health and social care professionals and staff followed their guidance.

- Staff worked in partnership with healthcare professionals and regularly supported people during and following appointments with visiting nurses.

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 MCA 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

- People were supported in line with the MCA.
- People's capacity was assessed and they consented to the care they received.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to 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

- The registered manager promoted an open culture which enabled people to achieve positive outcomes. People were positive in their comments about the registered manager and the office team. One person said the service was, "Quite well managed." Another person said, "They are very responsive." A third person told us, "They seem courteous."
- One member of staff said, "The registered manager is very respectful and gives good advice."
- The service had an open culture and sought the views of people and staff in planning and reviewing positive outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory 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 quality of care and support provided to people was regularly audited by the registered manager. For example, checks were made of people's medicines using and the provider's electronic care records, which also confirmed the start time and duration of care visits.
- The care coordinator undertook spot checks. These were observations of staff supporting people and were undertaken to ensure continued staff competency and care delivered in line with care plans.
- The registered manager monitored staff skills and knowledge and maintained staff files. However, at our last inspection in 2019 we found not all staff records were in good order. For example, staff files did not always contain completed applications or employment histories. During a recent (2022) quality audit by local health and social care professionals the issue of incomplete staff records was again identified. At this inspection we found that although staff had the appropriate criminal records and identity checks in place, two staff had incomplete applications. Following our on-site visit the registered manager ensured that staff provided the missing information to complete the forms. The registered manager recognised that the need for this action reflected a shortfall in the provider's auditing processes.

We recommend the provider seek support and training, for the management team, around quality assurance processes related to the maintenance and review of staff files and recruitment processes.

- The provider's office team was small. It was made up of the registered manager, an administrator and a care coordinator. The registered manager recognised the need to expand the office team to ensure a safe, effective and responsive service and was planning to recruit additional leadership staff.

- Following our last inspection, we identified the provider's failure to display their rating. This was a breach of Regulation 20A Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Requirement as to display of performance assessments). We issued a fixed penalty notice which the provider paid. At this inspection the provider's ratings were displayed.

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

- The provider gathered and acted upon the views of people, relatives and staff. The registered manager and care coordinator gathered people's views about the care and support being received. The registered manager reviewed this feedback and used it to make improvements.
- The provider delivered care to a diverse range of people. The staff team was diverse too. This enabled the registered manager to match staff to people where people expressed preference for this.
- Staff felt encouraged to share their views. Staff spoke about improving care and support during one to one supervision meetings and during team meetings. One member of staff told us, "The registered manager is very respectful, listens to what we say and gives good advice."

Continuous learning and improving care; Working in partnership with others

- The provider worked collaboratively with others to make improvements. The registered manager and office team undertook training and attended networking forums at which improvements to skills and knowledge were focused on.
- The provider used a social media app to share ideas and keep staff up to date about important events.
- The provider worked in partnership with others to meet people's needs. For example, the registered manager collaborated with social workers around people's care plans, assessments and reviews. While staff worked in partnership with visiting healthcare professionals such as nurses.