Inter-County Nursing and Care Services Limited

Inter-County Nursing & Care Services Chichester

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Inter-County Nursing and Care Services Limited, Chichester, on the 17 September 2018. The inspection was announced. We gave the provider two days' notice of the inspection. This ensured that staff were available in the office and people were prepared, to receive a telephone call, from the inspection team.

Inter-County Nursing and Care Services Limited, Chichester is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection the service was providing care to 29 people who lived in, or around Chichester. This service provided both planned visits to people's home and a live-in service.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating had not changed since our last inspection.

At this inspection we found the service remained Good.

The service provided safe care. Staff considered how to maintain people's safety and followed safeguarding procedures. There were sufficient staff available for the care visits and they had appropriate pre-employment checks, before starting work. The service provided continuity of care. Staff received relevant information, before visiting people for the first time. People's medicines were managed appropriately and there was a good standard of infection control.

Staff received sufficient training, to maintain high standards of care. If the service was due to support new people, with specific care needs, additional training was sourced. New staff received training and were assessed, before visiting people on their own. Staff received regular supervision and told us that they felt supported by the management team.

People received a good standard of care. People were assessed before care visits started and were involved in planning their care. Assessments included a full review of the individual's needs and were person-centred. Each person had appropriate risk assessments and care plans were detailed and specific. People's communication needs were identified and there were systems in place to provide information in an accessible format, when needed. Ways of maintaining people's independence and encouraging social activities, were documented, within the care plans. People were supported with their eating and drinking. The service liaised with health care professionals, for example GPs, as necessary. The service provided end of life care and consideration was given to the needs of relatives and staff at this challenging time.

There was a registered manager in post, who was supported by the provider. The service continuously monitored the standard of care provided, with a variety of audits and quality assurance systems. There were systems in place to ensure lessons were learnt if things did go wrong. The service actively sought feedback,

from both people and staff, with the aim of continually improving the standards of care provided. They worked closely with outside organisations and reviewed and updated their policies and procedures regularly. They had a complaints procedure in place and people told us they felt complaints were dealt with in a quick and appropriate manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We received positive comments from people and their relatives about the kind and compassionate care they received. People's privacy and dignity was maintained and consideration was given to ensuring information was kept confidential and secure. People told us they were supported by staff and that the service responded to their changing needs.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Inter-County Nursing & Care Services Chichester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure there would be appropriate staff available in the service's office. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in caring for older people.

Before the inspection visit we reviewed the information we held about the service. This included the notifications the provider had sent us. A notification is information about an event the provider is required to tell us by law. We also used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

The inspection involved a visit to the service's office, and telephone conversations with people who use the service, along with their relatives. During the inspection we spoke with the registered manager, two office administrators and two care staff. We also spoke with nine people and two relatives and one health-care professional. We reviewed three care records. We looked at three staff files, training and supervision records and systems for monitoring the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person commented, "I like it when someone comes in and helps me, they make me feel safe." Another person told us, "I feel safe with them."

There were enough staff to cover the planned care visits. The rota was completed weekly and was sent directly to the person receiving the service and the care staff. People could request a monthly rota if they preferred. The provider told us that, where possible, people received the same carer to promote continuity of care. This was confirmed by people, with one telling us, "We have the same regular carer, most of the time." If the member of staff was not available, the person was told in advance of any changes. One person told us, "I get a letter, which gives names and the times, when they are coming. Occasionally they will change it and let me know in advance." People were also kept informed if a member of staff was delayed. One person advised us, "(They are) rarely late; if they are going to be a bit late they always phone to let us know."

Staff told us they had enough time to complete the care required. They also advised us that they had enough travel time. One member of staff stated, "We have a nice time-frame, so that if we do need to spend extra time (with someone) it gives us enough time to travel." The service had contingency plans for when there were road closures or adverse weather conditions. They also had a twenty-four-hour duty rota, so that senior staff could always be contacted if there were any concerns.

Appropriate risk assessments were completed. These were updated yearly, or more frequently if a person's care needs changed. They included personal risk assessments, for example a person's risk of falling. One person had expressed a wish to be involved in a particular physical activity that may have placed them at risk. The service had tried to find ways of reducing the risk, to enable the person to do the activity that was important to them. There was also an environmental risk assessment. This included essential information about the person's home, for example the location of the fuse box and the stop cock.

Staff told us how they tried to ensure people were kept safe. They recognised that some people may not always be able to identify their carers, or know when they were due to visit. These people received photos of their care staff, before they visited. Care staff were also required to ring into the office when they arrived, at certain people's homes. This was to ensure that any delays in care visits were quickly identified, so actions could be taken, as necessary, to keep the person safe.

Staff received regular training in safe-guarding. Any safe-guarding concerns that had been raised were discussed at regular meetings, to determine if there were lessons that could be learnt from the incident to improve care. The service also recorded and analysed any late or missed visits. They similarly recorded any accidents and incidents. These were included in a report, which was sent to the provider's managing director, each month.

Staff were aware of infection control procedures and told us they had sufficient personal protective equipment, for example gloves and aprons. One person told us, "They do keep things clean and they wear

gloves." If a person developed an infection this was recorded. This meant that staff could identify if people were having repeated infections and raise this with the GP as necessary.

Some people required assistance with their medicines. This was clearly recorded in their care records, along with specific instructions relating to the administration of medicines. People told us that their medicines were given to them at the appropriate times, with one person stating, "They give me my eye drops, every day, on time and they do it well." Some people also received some medicines 'when required' (PRN). The advice about when to give PRN medicines was very clear and detailed. One example was a person who required oxygen, in certain situations. The ways of identifying that the oxygen was required were listed, along with actions to be taken. We also saw a medicine administration record for a medicine which required very careful administration and supervision. Staff had specific training prior to being able to give this medicine. The instruction on the medicine record was very clear and detailed, to minimise the risks associated with the delivery of the medicine. Care records also recorded how each person preferred to have their medicines and the individual support they required.

New staff had appropriate checks to ensure they were of good character and suitable to work within a care environment, prior to starting work. This included checking their identity, employment history, including any gaps in employment and a Disbarring and Disclosure Service (DBS) criminal records check. The DBS helps employers make safer recruitment decisions as it identifies if there are any concerns about a person's suitability to work within the care industry. New candidates also completed an application form, supplied two references and had a comprehensive interview.

Good

Is the service effective?

Our findings

People's needs were assessed before their care visits started. These assessments were completed by a small number of senior staff. One person told us, "They came to see me and my relative. One senior person came to see us." The initial assessment was very comprehensive and included details of the person's family and social history and information about the things they liked to do. This information enabled the service to check that they could care for the person was used to determine if their staff had any additional training needs. The information was also used to match people with carers who shared similar interests or backgrounds.

People told us the staff were well trained. One person stated, "Both carers are well trained, I am very well looked after." Training records were seen to be up to date and staff were receiving training at appropriate intervals. The office had a dedicated training room and staff received a mix of online and face-to-face training. One member of staff told us, "I take advantage of the training," and said they had received training about diabetes, Parkinson's and dementia. The list of core training included medicine management and positive behaviour. Staff were encouraged to develop within their role, for example taking on additional responsibilities, like the mentorship programme or becoming a care supervisor.

The service sourced specialist training in different areas, dependent on the needs of the people they were supporting. One member of staff confirmed this happened, telling us, "If we were to use a new bit of equipment somebody would come out and check I can use it safely." At the time of the inspection some of the staff were receiving training in how to care for someone who required assistance to breathe, as the service was potentially going to care for someone who needed this support.

New members of staff received training and had a period of shadowing and mentoring, to check their competence, before they started to visit people on their own. The length of time they shadowed other staff was dependent on their previous experience. There was a sign-off document to record that they had achieved the required standard. This was completed prior to their being able to go on visits alone.

Staff also had regular supervision. This is a way of providing face to face support to staff and gives them the opportunity to talk through any concerns they may have. Staff told us they found this helpful and helped them to reflect upon their work practices.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and were able to explain the principles of the MCA. One member of staff discussed consent, telling us, "Always take it first that people have capacity." People told us that they felt listened to and were involved in decision making.

People were supported with their health care needs. People described how the service had accessed medical help for them, as necessary. One person described a recent situation, "They called for help when I had a fall, they were very good and professional." The staff also supported people to maintain their health. One person told us, "The Doctor has prescribed I drink water. I have plenty of it." A relative also told us that the service reviewed people's care needs and liaised with commissioning groups as necessary. They advised us, "We discussed with them what was needed and they talked to the NHS and we got an extra call."

Some people received help with their nutritional and hydration needs. We received positive comments from people about the support they received. One person told us, "They feed me and give me time to eat it. I am happy with them. They make nice things to eat." People's hydration and nutritional needs were assessed and comprehensive care plans were completed, as necessary. People at risk of malnutrition were monitored appropriately. One member of staff discussed how they assessed people's nutritional needs and the strategies they used to ensure people's nutritional and hydration needs were met. This included ensuring people had access to drinks between visits and informing the GP if people were not eating as much as they normally would.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person commented, "They know me well and are very kind to me. They cheer me up." Another person told us, "They are very thoughtful, they do the little things that make a big difference to me." Many people said that the staff took the time to talk to them and get to know them. One person stated, "We chat and laugh a lot," whilst another commented, "They are always friendly and have a chat, it makes me feel happy."

People felt involved in planning their care and were given choices. One person told us, "They talk to me nicely and ask what I would like." Another person told us, "They ask what I would like and they make suggestions and I can choose." One person summed it up by stating, "I feel they listen to me."

People were treated with respect. We asked one person if staff valued them and they replied, "Of course they do." Staff received training in equality, diversity and human rights (EDHR). One member of staff told us of the importance of "Respecting everybody's culture and beliefs." whilst another mentioned the importance of respecting, "Everyone's wishes, their culture and their choices in life." The care staff accompanied one person to the local church, as this was important to their sense of well-being. The registered manager was similarly determined that everyone should be treated with respect. They gave a recent example of sourcing information and guidance from 'Age UK,' about the needs of LGBT (lesbian, gay, bisexual and transgender) people in social care settings. This was in the office, as a resource for staff, to ensure that the needs of people who identified as LGBT would be recognised and addressed.

Staff maintained people's dignity and privacy. One member of staff described how they had called an ambulance to take someone into hospital for assessment. Whilst waiting for the ambulance they had rushed to assist the person to wash. They stated, "I knew… she didn't want to be taken into hospital dirty." They went on to describe dignity as, "Super important." One person told us, "The carer made sure I was clean and made comfortable. She knew what I wanted. She was absolutely fantastic." People also described the simple strategies staff took to preserve their dignity. One told us, "They always respect me, make sure the curtains are closed when I am getting dressed," whilst another said, "They are nice and use a little sheet to cover me up."

The service also helped maintain people's independence. Ways of promoting people's independence was referred to throughout the care records. One person told us, "They encourage me to wash my hands and do what I can." A relative commented, "They ask him if he can and wants to do things, for example washing his face." The service also helped to maintain people's independence by promoting social activities and exercise. One person was encouraged to walk regularly and another was accompanied to a variety of social settings, according to their wishes.

The service recognised the importance of the person's family, and relatives told us they were supported by the staff. One relative commented, "They helped us both when I have been ill as well. Couldn't have managed without them." We were also told of examples when the service had suggested and arranged respite care, to enable the person's relatives to have a break from their caring responsibilities.

Staff told us they were proud of the care they provided. One member of staff discussed the relationship they established with people, commenting, "It's a pleasure working for all my clients." One of the office administrators told us, "Our group of carers are very good…they go above and beyond."

The service had a confidentiality policy. There was a system in place to ensure information was dealt with in a sensitive and appropriate manner. Any emails sent to care staff were encrypted and there were suitable procedures for ensuring written records were kept secure.

Good

Is the service responsive?

Our findings

People told us they felt involved in planning their care. One person told us, "We discussed what I needed and when I would like to be hoisted. It's not them telling me, it's me telling them, when and what I need." These individual preferences were apparent in the care plans, which were person-centred and detailed. One care plan referred to the best way of helping the person into the bathroom, stating, "Go backwards over the step/lip in the doorway." It also detailed the specific moving and handling equipment required and had clear instructions relating to their use. Another person was prone to sudden changes in their health. The signs to observe for were clearly listed, and included very person-centred information, for example certain words and phrases the person may have used. The care plans also considered people's emotional and social needs. One person, who had live-in carers, had their preferred social activities clearly recorded and they were incorporated into their daily activities. Staff told us they found the care plans, "useful" and liked the personal details they contained.

Care plans were updated yearly, or more frequently if the person's care needs changed. Staff were kept aware of any change to the needs of the people they cared for. There was a system for phoning, or texting, staff if there had been any changes in the person's risk assessments or care plans, or with updates on their medical health. The staff kept records in people's homes of the care provided. One person confirmed, "They write lots of things in a folder and the other workers read them."

The service had considered how to make information accessible for different people. When people contacted the service, with their initial enquiry, they were asked about how they wanted the information. The service had copies of their 'Service User Guide' available in larger fonts and braille. People's communication needs were also specified in their care plans and included alternative means of communication, for example observing body language to check they were comfortable.

The service recognised the importance of maintaining people's social contacts. They kept a range of resources detailing the support groups in the local area and sign-posted people to these, as appropriate. They gave one example of sign-posting a person to a local dementia support group. The service was in the process of planning a Macmillan coffee morning and was arranging for people to be driven to the office, to share a piece of cake, and become involved in the fund-raising effort.

The service delivered end of life care, working alongside specialist health-care professionals. We saw letters from bereaved relatives thanking the service for the care they provided at this time. The service had established contact with a local counselling service. This service was used by both bereaved relatives and care staff, as required. This acknowledged the emotional impact, of providing end of life care, on relatives and also on care staff.

People told us they felt able to contact the service with any concerns. One person told us, "I would ring (local office) or if that didn't help I would ring the head office. I feel I would not have a problem if I need to ring them." There was a complaints procedure in place. This was included in the 'Service User's Guide' so it was accessible to people. The guide also offered advice on obtaining support if people were concerned about

complaining directly to the service, and signposted them to Age Concern and the Citizen's Advice Bureau. The service kept a clear record of any complaints received, which included an analysis of the complaint, to see if any lessons needed to be learnt. These were discussed at regular staff meetings. We were told by one person who had raised a concern, "I rang them in the past and they sorted things out for me. I was happy with how they dealt with it and it was sorted out quickly."

The service was keen to use technology and social media. They had online social media accounts and the manager described how they found this a useful tool in gaining feedback about the care provided.

Good

Is the service well-led?

Our findings

People told us that the service was well-led and organised. One person stated, "They are very useful and well organised." A relative advised us, "It's the best agency we have had, they are so willing to help, it makes such a difference." Staff were proud of the care they delivered, and told us there was a positive culture within the service. One advised us, "I'm always proud to be part of the Inter-County team."

The service had a registered manager in post. 'A registered manager' is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was very positive about the service and advised us that they were supported by the provider, with the managing director maintaining a good oversight of the service. This was confirmed with one person telling us, "Even the headquarters people come and see me, now and then."

Staff told us they worked well together as a team and felt supported by the management team. They described a good working relationship with the office team. One member of staff described them as "Fabulous," going on to tell us, "They are very good with keeping us informed and listening. They are always available." The manager told us that they valued their staff, recognising the importance of a stable and happy workforce. They acknowledged the difficulties and challenges, of working within the caring profession and sought to support their staff. They had started certain initiatives, to recognise and reward good work. This included an award scheme. This recognised excellence in five areas; making a difference, teamwork, going the extra mile, dementia champion and dignity in care. There was also a long service award. One of the members of staff we met, had received one of these rewards and was very happy and proud of the recognition they had received.

The service had a comprehensive list of policies. Every member of staff received a copy of the 'Policies and Procedures,' handbook which they took on care visits. One member of staff told us they found it a useful resource, stating, "We can always refer back to policies." There was a comprehensive system of audits in place. These included audits of the daily records, and the medication administration records, to ensure they were completed accurately and to a high standard.

The service conducted regular quality assurance monitoring visits. These involved the senior staff attending a visit, to check the standard of care being delivered. This included identifying whether the care staff arrived at the right time and considered the person's privacy and dignity. During these monitoring visits people were asked to rate the care they were receiving. The registered manager also described how these visits gave people the opportunity, to raise any concerns, about standards of care.

There were also formal systems in place, to ensure people could feedback, about the service they were receiving. The office staff phoned all the people, on their books, every three months. These calls involved checking, for example, that staff considered consent, choice and confidentiality. Once or twice a year the office staff also visited all the people, to receive face-to-face feedback from them. The head office also sent

people satisfaction surveys on a yearly basis. The service similarly sought to gain feedback from their care staff, producing a regular staff survey. All the data gained from the visits and the surveys was reviewed and an action planned formed, with the aim of continually improving the service provided. We were shown a comprehensive action plan, which covered diverse topics, from bereavement support, to more training on best interest decisions. The action plan was seen to be a working tool and changes had been introduced.

There were systems in place, to ensure staff were kept up to date. There were regular meetings for the office staff. These were scheduled every two months and included a review of any complaints or safe-guarding concerns. New policies and specific information, about different people, was shared with care staff, during supervision. The service also produced an annual newsletter.

The service was keen to be part of the wider community. They were involved in fundraising activities, for example a coffee morning for Macmillan and a five-mile sponsored walk for the Alzheimer's Society. The service was also aware of the wider picture within adult social care. The provider had been selected to contribute to a Parliamentary review about care provision. They actively sought out new advice and recommendations, for example NICE guidelines and reviewing information provided by charities including the Alzheimer's Society. The service was also aware of its responsibilities in regard to notifying the Care Quality Commission (CQC) about significant events and following the Duty of Candour, which requires providers to be open and transparent with service users, if things go wrong. The service had sent appropriate notifications to the CQC.

The CQC rating, from the previous inspection was clearly displayed both within their office and on their website.