

Care Counts Limited

Care Counts Limited

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

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection 70 people were receiving the regulated activity of personal care.

People's experience of using this service

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being. People's needs were assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were recruited safely, and the provider followed safe recruitment processes to ensure the right people were employed. Staff training included an induction and ongoing training to ensure staff had the knowledge and skills they required to meet people's needs. There were enough staff to keep people safe.

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.

People's medicines were managed safely, and staff followed procedures to prevent the spread of infections. Risks to people's health and wellbeing were assessed and mitigated. Staff had formed genuine relationships with people and knew them well and were caring and respectful towards people and their wishes. People received food and drink of their choice. People were supported to access healthcare professionals and receive ongoing healthcare support. People were supported to share their views and shape the future of the care they received.

Care plans provided staff with the information they needed to meet people's needs. Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence the staff and management worked with other organisations to meet people's assessed needs. The provider and manager followed governance systems which provided effective oversight and monitoring of the service.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 04 March 2019.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Care Counts 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. 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. 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 all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eight relatives about their experience of the care provided. We spoke with the registered manager, the general manager, the training manager, the care supervisor and five members of care staff.

We reviewed a range of records relating to the management of the service, including policies and procedures, audits and governance records. We looked at six people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed safely. At our last inspection the provider's medication policy did not include detailed guidance in relation to prescribed creams, and creams were not always being recorded accurately for one person; we made a recommendation about the management of medicines. The provider responded immediately during the last inspection to rectify these issues, and at this inspection all required documentation was in place and completed correctly.
- The medication policy had been updated to included guidance on the use of creams. Body maps were used to show staff where to apply creams and medicines were now managed safely. Training records confirmed staff were trained to administer medicines and were observed regularly to ensure their competence.
- People who required support to take medicines had a care plan and risk assessment which described the support they required to take them safely. No one we spoke with expressed any concerns regarding their medicines, and people's medicines administration records we checked were all completed correctly. A relative said, "Staff are very methodical about tablets. I've no concerns at all; they are very good and will help out if prescriptions are late."
- Records showed the service had liaised with relevant healthcare professionals as necessary. At the time of the inspection the service was not responsible for the ordering, receipt or disposal of anyone's medicines.

Systems and processes to safeguard people from the risk of abuse

- People were safe whilst being supported by the service. Staff received training and support to recognise and respond appropriately to abuse. Staff understood the principles of keeping people safe.
- Processes were in place for safeguarding concerns to be promptly reported to the local authority and other key agencies and action taken to ensure people's safety. The service had a safeguarding policy, easily accessible to staff that covered key areas such as how to identify abuse or neglect. The registered manager kept a record of any safeguarding incidents and assured appropriate actions were taken to keep people safe.
- People told us they felt safe when receiving a service. One person said, "I feel safe; any problems I can speak to the office."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and management plans were put in place to support people to remain safe. Individual risks assessments guided staff on people's needs to help keep them safe from avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe and risk assessments outlined measures to help reduce the likelihood of people being harmed. Risk assessments explored the internal and external environment of people's homes, including fire safety.

- The provider audit process included a system to ensure regular checks were completed and any safety issues had been identified. The use of key safes helped to keep people's property safe; access numbers were kept confidential so only those with authorised entry to people's property had access to them.
- Staff understood where people required support to reduce the risk of avoidable harm. The registered manager checked the servicing of any equipment used in people's homes to ensure it was safely maintained.

Staffing and recruitment

- Staff were recruited safely. The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry.
- Staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly. The provider had an electronic system in use that identified staff availability across the borough; this meant the service could check there were enough staff available to meet the needs of any new referrals, before accepting them. Several four-wheel drive vehicles were available and used in bad weather when road conditions were difficult, such as snow and ice.
- There were enough staff available to ensure people received timely care. One person told us, "Staff are usually on time and always stay the full length of time. Staff are only late if they've had an emergency with another client."

Preventing and controlling infection

- Staff followed good infection control practice and were aware of how to prevent and control infections. People told us staff wore gloves and aprons when supporting them and used these as required. A stock of these was available in the office premises. One person told us, "Yes, staff wear gloves and aprons if they assist me and wear gloves to put cream on my feet."
- The service considered whether staff followed good practice in relation to infection control procedures during their observations and meetings with staff.
- Staff received training in the management of infection control and food hygiene. The registered manager carried out regular infection control audits to ensure compliance.

Learning lessons when things go wrong

- The provider had a system in place to analyse any incidents and accidents.
- A log of any incidents was kept including the action taken to reduce the potential for a re-occurrence.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of any incidents.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to complete decision specific mental capacity assessments and best interest decisions for people who lacked the capacity to make decisions about their care. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

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.

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.

- The registered manager and staff were working within the principles of the MCA. The provider had responded immediately during the last inspection to rectify the issues, and at this inspection all required documentation was in place and completed correctly. No person using the service was subject to any authorisations to deprive them of their liberty.
- Staff had received training in the MCA and had a good understanding of capacity and consent.
- People's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- People, or their representative had signed their consent to receive care and support from the provider in their care records.

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

- People's needs were comprehensively assessed and regularly reviewed as and when required if a change occurred. Daily record logs, completed by care staff, contained a good level of detail and corresponded with people's assessed needs.
- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life. People's preferences likes and dislikes, past life histories and background information were recorded in the care documentation.

- People and their relatives commented positively about the service provided. One relative said, "Communication is very good, they [staff] even let me know if [my relative] has run out of milk."
- People told us care staff sought their permission and explained their tasks or the assistance they intended to provide before undertaking their care duties. One person said, "Staff listen to what I say, and they always respect my choices."

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

- Staff supported some people to maintain a diet of their choosing; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals. Detailed records were kept of the support provided to people each day in relation to eating and drinking and the food preferences of each person.
- People's care plans included information about their nutritional needs and preferences.

Staff support: induction, training, skills and experience

- Staff received appropriate training, support and induction to enable them to meet people's needs. Staff told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting
- Staff training was comprehensive and all non-experienced care staff completed the Care Certificate; these are a set of standards that staff new to social care must achieve. Staff confirmed they were encouraged to do additional training to meet the needs of people.
- Staff supervisions took place regularly, and annual appraisals were done. Staff confirmed these were both taking place, and also for spot checks/competencies. Supervision documentation was thorough.

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

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people. People's oral healthcare was assessed, and records showed staff encouraged good oral healthcare. A compliment had been received from one person's dentist who commented on how nice and clean the person's teeth were and asked if an electric brush was used.
- The registered manager worked with the local authority, where applicable, to ensure they could meet people's needs before providing a care and support package.
- Advice provided by healthcare professionals was incorporated into people's care plans. During the inspection an optician visited the office to give staff a new set glasses for one person who would not recognise the optician if they went to the person's house directly; this ensured the person received their glasses, without being alarmed.
- People we spoke with confirmed they received a good standard of care. One relative said, "I often ask staff their advice about care. The staff are excellent and I have every faith in them." A second relative told us, "I can only say from what I've seen, I've never had any issues with the carers."

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 were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination, for example, discrimination based on age, disability, race, religion or belief and sexuality.
- People were supported by regular staff members, which provided continuity and familiarity for people who used the service. One person said, "I have four regulars and some odd ones, I know all of them. A new lady started last Thursday so they fetched her on the Wednesday to introduce her to me; nobody comes here who I don't know." A second person told us, "I usually get the same staff and if I have someone new starting, they always fetch them the day before and introduce them to me."

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

- People were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these. One person said, "Staff always listen to me and I listen to them. They all have different personalities, but I know them all." A relative told us, "Staff do listen to me and [my relative] and are very approachable."
- Staff understood how people communicated. Care records identified people's preferred method of communication and set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.
- Staff used different approaches to ensure people were involved in care planning, for example one person received information in braille so they could understand the contents.

Respecting and promoting people's privacy, dignity and independence

- The provider's systems and processes supported people to be independent and staff were committed to providing the best possible care for people; they respected people's privacy and dignity and could tell us the ways they did this. One person said, "All staff are very respectful; they always knock on the bedroom door and shout 'hello' before coming in." A relative told us, "Oh yes, without question. That's one of the things we noticed; it's not a job they [staff] do for money, it's a job they do because they care."
- Staff understood the importance of maintaining people's independence and promoted this where possible. People were encouraged to carry out tasks they could such as assisting with washing and dressing and personal care, choosing what they wanted to eat, or accessing the community. People confirmed staff promoted their independence.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's

records were stored securely in the office premises.

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 ensure people have choice and control and to meet their needs and preferences

- People's care plans were person-centred and contained specific individual details about people and how they wanted to be supported. Care plans detailed people's likes, dislikes and preferences.
- People's care plans detailed people's strengths and areas of independence.
- The service regularly reviewed care plans to ensure all information was accurate and up to date; this ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the requirements of the AIS. Any particular communication needs were identified as part of the process of initial assessment.
- People's communication needs were recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person. Communication plans identified the preferred way a person communicated information, if they had a hearing or speech impairment and if any assistive technology was in place.
- The registered manager was aware of the AIS and provided adapted information for people; for example, information about the service was available in an easy to read format and in pictorial format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported some people to follow their interests and access community activities. Staff helped people to access services and facilities within the community using their own transport or the company vehicle. These included a wide range of activities such as gym, spa, bowling, snooker and pool, hydrotherapy, theatre and various groups.
- People were also supported to attend hospital, dental and opticians' appointments. A coffee morning for Macmillan was held annually at the office premises and people, family members and friends could attend.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and the provider's complaints procedure was given to people who used the service. People told us they had confidence to raise a concern if they had any

problems.

- Where any learning could be gained from any complaints, it was documented and shared with staff. No recent complaints had been received by the service. Lots of historical compliments had been received; these referred to the staff's caring attitude, staff treating people with dignity and respect and supporting families well.

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 requires improvement. At this inspection this key question has now 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-led and staff at all levels were clear on their roles and responsibilities to monitor quality and safety of care delivered. At our last inspection we made recommendations in relation to medicines management and checks on equipment, and the registered manager had not submitted statutory notifications in relation to safeguarding concerns. The provider responded immediately during the last inspection to rectify these issues. At this inspection all required documentation was in place, completed correctly and submitted as required. The registered manager was aware of regulatory requirements and their responsibility to notify the Commission and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The registered manager completed a range of audits and checks on a regular basis; plans were in place to address any issues identified during monitoring or issues raised at staff meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider's ethos, vision and values were very person-centred, and the service aimed to support people to continue living independently in their own homes.
- The service followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes. A relative told us, "I'd say it's a well led company. Employees all know what they are doing, and the company runs like a well-oiled machine." A second relative said, "I've been more than happy with the care we've received from Care Counts. They go above and beyond to make life easier for the rest of the family and provide lots of little extras. Their communication is brilliant, second to none, I can't fault them."
- There was an open, honest, caring and positive culture across the service which was clearly led from the top down. People told us the management team were supportive and approachable. One person told us, "I am very happy with the company. [Local authority name] wanted me to change to another company but I said 'no' as I knew everyone at Care Counts."
- The registered manager was aware of their obligations under duty of candour. The provider's audit systems supported good service delivery and showed the management team were able to question and act on issues raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked in partnership with a range of health and social care professionals to ensure people's needs were met. Protected characteristics, including sexuality, religion, race and disability, were respected and supported. People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them.

- The service gained feedback from people and their relatives to drive improvement through the care planning process and via questionnaires. The results of the most recent service evaluation questionnaires sent to people and their relatives were positive.

- The management team had regular contact with members of staff each day and week and staff could call into the office at any time; staff regularly received feedback about what had gone well and what could be improved. Staff said they felt well supported and respected. One staff member said, "These managers are one of the better ones that I've had; they are all very understanding and if you have a problem, they will listen."

- The registered manager worked closely with other agencies and professionals to achieve good outcomes for people. This included working as part of a team with other services to provide support for people, including doctors, the local authority and community nursing teams.