

B Pell and Mrs L Pell

# Country Home Care

## Inspection report

Sedgebrook Cottage  
Brook Lane  
Plaxtol  
Kent  
TN15 0QU

Tel: 01732810821

Date of inspection visit:  
10 May 2017

Date of publication:  
15 June 2017

### 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

Country Home Care is a residential care service providing accommodation and personal care to adults with a learning disability. The owners of the home (the registered providers) also lived at the property. One of the registered providers was also the registered manager of the service. There were three people using the service at the time of our inspection. At the time of the inspection the registered provider told us that it was their intention to close the service. We received an application to cancel their registration following the inspection.

At the last inspection, the service was rated 'Good' overall, and 'Requires Improvement' in the key question: Is the service Safe? At this inspection we found the service remained Good and improvements had been made to ensure the service was consistently safe. The registered provider was meeting all relevant fundamental standards.

### Why the service is rated Good

Improvements had been made to ensure that people's medicines were managed safely. The registered provider was meeting the requirements of the relevant regulation.

Staff knew how to recognise and respond to the signs of abuse. Risks to individuals' safety and wellbeing were assessed and minimised. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There was a sufficient number of staff deployed to meet people's needs. Staff received the training and support they needed to meet people's individual needs. Robust recruitment procedures were followed to ensure staff were of suitable character to carry out their role.

Staff knew each person well and understood how to meet their needs. Staff communicated effectively with people and treated them with kindness and respect. People were supported to make their own decisions and remain as independent as possible. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

People had enough to eat and meals were in sufficient quantity and met people's needs and choices. People told us they enjoyed the food. Staff knew about and provided for people's dietary preferences and restrictions. People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. These records helped staff deliver personalised care.

The registered provider was open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was a system of monitoring checks and audits to identify any improvements that needed to be made. Action had been taken as a result of these checks to improve the

quality of the service and care. Records about people's care and for the purpose of running the service were maintained accurately.

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?

Good ●

The service was safe.

Medicines were administered safely. People received the medicines they needed at the right time.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider has effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people. There was an appropriate system in place for the monitoring and management of accidents and incidents.

There was a sufficient number of staff to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Country Home Care

## **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 checked 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 was a comprehensive inspection.

The inspection took place on 10 May 2017 and was unannounced. As the service was small the inspection team consisted of one inspector.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events.

Most people who lived at Country Home Care were unable to talk with us about their experiences. Two people were out for the day at the time of our inspection. We observed interactions between staff and one person using the service. We spoke with three staff members and two people's relatives. We also reviewed a number of questionnaires that had been completed by people's relatives.

We looked at all three people's care plans and records. We reviewed documentation that related to staff management. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the service's policies and procedures.

# Is the service safe?

## Our findings

People appeared happy and settled at the service. Their relatives told us they felt their relative was safe. One person told us, "I have never had any cause for concern and have complete confidence in the manager and her staff whose main focus is the wellbeing of the residents who are in their care."

At our inspection on 2 September 2015 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 in relation to managing people's medicines safely. At this inspection we found that the necessary improvements had been made and the provider was meeting the requirements of this regulation. Medicines were stored, administered and managed safely so that people received their medicines at the right time and as prescribed. The temperature of the storage areas was monitored and staff knew what action to take if the temperature rose above the recommended level. Staff who administered medicines were routinely checked for their competency and had received training updates since our last inspection. Accurate records were maintained to demonstrate that people had been provided with their prescribed medicines. The registered manager ensured that checks of safe medicines practice were routinely made.

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. The staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse. Robust recruitment procedures were followed, appropriately documented and monitored to check that staff were of suitable character to carry out their roles. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were sufficient numbers of staff working in the service to meet people's needs in a safe and effective way. Staff worked flexibly to provide additional support to people at the varying times they needed it, for example when they were going out to community based activities. People's relatives told us they felt there were enough staff to meet their relative's needs. We saw that staff responded quickly when people needed support and there were enough staff on duty to support people to go out to their activities. The registered provider had a policy to ensure the continuity of the service in the event of staff shortage or if the premises became uninhabitable.

Individual risk assessments were carried out for people who needed help with moving around, who were at risk of falls and of poor nutrition. There were also risk assessments completed for specific activities that people took part in such as trampolining and swimming. Risk assessments contained clear instructions for staff to follow to reduce the risks of harm. Staff were aware of these instructions and followed them in practice. Where specialist advice had been provided this had been included in the risk assessments and the agreed actions followed by staff. Accidents and incidents were appropriately monitored to identify any areas of concern and steps that could be taken to prevent accidents from reoccurring.

The home was safe for people to use because the premises, the fittings and equipment were regularly checked and serviced. Where necessary prompt repairs were made. There were personal evacuation plans

in place for each person, to guide staff and emergency services on their individual needs in the event of an emergency evacuation. All staff received regular training in fire safety and first aid. There were clear records of routine checks on fire safety precautions including servicing and certification. The service was kept clean and the risk of infection spreading in the service was managed effectively. Staff had access to personal protective equipment, such as gloves and aprons and understood how to reduce infection risks.

## Is the service effective?

### Our findings

People's relatives told us that they felt the staff were competent and effective in meeting their relative's needs. One person told us, "Due to [the registered manager's] understanding that [the person] is more susceptible to fitting when he is tired the staff were able to gauge when he needed to rest or be in a quiet environment and as a direct result of this the frequency of his seizures has significantly reduced."

People received effective care from skilled and knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. Staff were up to date with essential training to ensure they could carry out their roles safely and effectively. Staff received ongoing support from their line manager through a range of meetings. This included team meetings and one to one supervision sessions.

Consent to care and treatment was sought in line with the law and guidance. Staff understood the requirements of the Mental Capacity Act 2005. The principles of the legislation were followed to assess people's mental capacity to make specific decisions, for example when bed rails were put in place to keep people safe at night.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The registered manager had considered the least restrictive options for each individual.

People were supported to eat, drink and maintain a balanced diet. We saw that people were provided with choice and control over what they ate and drank. Staff knew of people's specific dietary requirements and preferences, and current concerns such as weight loss. They were able to describe to us who needed support, the type of food they enjoyed and how they liked their food served. The service had a four star food safety rating.

People were supported to maintain good health. They were referred appropriately to healthcare professionals such as their GP, speech and language therapists, occupational therapists and dieticians. People's care plans showed that their health needs were met and they were supported to attend routine appointments, such as with their dentist and optician.

The premises were comfortable and appropriate for people's needs. People had use of shared space as well as their own private bedrooms. There was a large garden that people were able to use.



## Is the service caring?

### Our findings

People appeared relaxed and comfortable in the presence of staff. Their relatives described staff as kind and caring. One person told us, "He has been looked after exceptionally well and has experienced an enriched life." They also told us, "[the person] has been treated respectfully as an individual first and foremost rather than someone who needs things doing for them or to them."

Positive caring relationships were developed between people and staff. The small family style nature of the service meant that staff knew people well. People and their families were asked about the things that were important to them and this information had been documented in their care plans. When we spoke with staff they were able to describe this information and demonstrate that they knew people well. One person's care plan noted that it was important to them to feel secure and how staff could ensure this. Another person's plan noted that staff admired the person's willingness to try new things. There was a calm atmosphere in the service throughout the day. Staff spent time with people. They ensured people were comfortable and offered explanations ahead of any interventions, such as when using equipment to help them move around. We observed staff addressing people respectfully and with kindness.

People were cared for by staff who respected confidentiality and discretion. We saw that staff respected people's privacy supported people in a way that promoted their dignity. They ensured people's continence needs were met quickly and in a discreet manner. People could have a bath or shower as often as they wished; staff knocked on people's bedroom door and announced themselves before entering. People's records were stored securely and only accessed by staff when required for the purpose of delivering care. Staff were careful not to discuss people's needs or personal information in shared areas of the accommodation to maintain confidentiality.

The service had a policy to ensure that the equality and diversity of individuals was respected. Adaptions had been made to the service to enable people with mobility difficulties to live as independently as possible. People's care plans included guidance for staff describing how they should support the person to maintain their relationships with their family and friends.

Staff promoted people's independence and encouraged people to do as much as possible for themselves. People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. We saw that people were enabled to move around the service as independently as possible and they were able to go out when they wished. People were supported to help with managing the household duties such as preparing meals, watering plants and washing up. People were involved in making decisions about their care and their care plan identified people that could support them to do so. Information was provided to people about the services provided to enable them to make an informed decision when agreeing their care. The registered manager used pictures and photographs to aid people's understanding.

## Is the service responsive?

### Our findings

People's relatives told us that staff were responsive to their relative's needs. One person told us, "The staff have worked hard to get to know [the person] and understand his needs." They also said, "Country Home Care is unique in every way and I know that I will not find any other service that would match the excellent care it has provided."

People's care and support was planned in partnership with them and their families. The registered manager carried out an assessment of their needs and reviewed this at regular intervals. People and their families were asked for their views about how they would like their care to be delivered. People received personalised care that reflected their likes, dislikes and preferences. Care plans were comprehensive, person-centred and detailed. Staff were aware of these plans and implemented these in practice. Examples we saw included one person's care plan that stated they liked to be tucked in their duvet at night. We saw that people were enabled to choose when they got up, how they spent their time and what they ate and drank.

People were supported to spend their time doing the activities they enjoyed. We saw a person's care plan noted that they should be supported to 'do things that are meaningful and uniquely right for [the person]'. Staff were responsive to their individual needs and wishes and provided a flexible service to allow people to choose what they did and when. During the inspection two people were supported by staff to go on a trip to the coast and one person went to their trampolining session. People's care plans showed photographs of them enjoying a range of social activities, such as BBQs, going to the pub, holidays, bowling and community events. The daily care records required staff to comment on how they had spent their time and whether it was meaningful to people. People's records showed they were supported to access the community for a variety of activities most days.

People's views were sought and listened to by the registered manager. People and their relatives were invited to participate in an annual satisfaction survey where they could make suggestions about any aspect of the service. The survey questionnaire had been produced in pictorial format to help people complete this. The most recent questionnaire, in 2016, showed that people were happy with the service they received. People and their relatives had been provided with information about the service's complaint policy and procedures. People's relatives told us they were confident that any complaints would be promptly addressed in line with the policy. The registered providers' complaints records were clear and transparent and showed that appropriate action had been taken to investigate and respond to complaints.

## Is the service well-led?

### Our findings

People's relative's told us they were happy with the service and they were confident in the leadership provided by the registered manager. One person said, "We are extremely happy with [the person's] care and all the staff are wonderful, we are always made to feel welcome." Another person told us, "I have always considered us to be extremely fortunate that he was placed in [the registered providers]' care."

There was 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 registered manager provided staff with clear and directive leadership. Staff told us they understood their responsibilities and were clear about the standards of care they were expected to provide. Staff were provided with policies and procedures for the operation of the service. Our discussions with people's families, the registered manager and staff showed us that there was an open and positive culture that focussed on people. Staff understood their rights in relation to 'blowing the whistle' on poor practice.

The registered manager ensured the service was managed in a way that was transparent, honest and person focused. They sought feedback from people, their representatives and staff about the overall quality of the service. Suggestions for improvement were welcome and acted upon. The service ensured that quality of care was maintained through an effective quality assurance system. A comprehensive programme of monthly or quarterly audits was carried out by the registered manager. This included audits of medicines, care plans, accidents and incidents and safety of the premises. Action plans were written to address any shortfalls that had been identified during these checks and audits. These plans were monitored until remedial action had been satisfactorily completed.

The service actively promoted links with the community. People were supported to attend community events and to make use of community facilities. The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. They consistently participated in forums with other organisations in the sector to exchange views and information that may benefit the service. The registered manager ensured that information was available to share appropriately with other professionals should it be required, for example upon hospital admission. Accurate records were maintained to ensure the registered manager could monitor that people's needs were being met.