

County Care Independent Living Ltd

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

Summary of findings

Overall summary

The inspection took place on 29 June 2017 and was unannounced. This was the first time this service had been inspected.

The service provides personal care to people in their own homes in Lincolnshire. The service is provided for younger adults. At the time of our inspection there were two people receiving personal care from the service.

There was a registered manager for the service. 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.

There were enough staff to meet people's needs and the provider ensured that they had the training and support needed to provide safe care. Appropriate checks were completed before staff were allowed to work with people using the service. Staff knew how to keep people safe from abuse and how to raise concerns with the provider and with external agencies.

Risks to people were identified and care was planned to keep people safe. Care plans contained all the information needed to support staff to provide personalised care. In addition staff developed a kind and caring relationship with people and encouraged them to make choices and develop their independence. People were encouraged to make choices about activities they would like to undertake.

The provider had effective systems in place to monitor the quality of care provided and to identify where changes may improve the experience of people using the service.

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.

Staff knew how to protect people from abuse.

Risks to people had been identified and care planned to keep people safe.

There were enough staff to meet people's needs.

Staff had received training in the safe administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support needed to develop the skills needed to provide safe care.

People's abilities to make choices were respected.

People were supported to eat and drink safely.

People were supported to access healthcare when needed.

Is the service caring?

Good ●

The service was caring.

There was a good relationship between people and the staff who supported them.

People's independence was encouraged.

People's dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their own care.

People were supported to engage in activities of their choice.

People know how to complain and complaints were fully investigated.

Is the service well-led?

The service was well led.

The provider used people's views on the care they received to improve the service provided.

There were effective audits in place to monitor the care provided and to drive improvements.

Good ●

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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 29 June 2017 and was unannounced. The inspection team consisted of a single inspector

Before the inspection we reviewed the information we held about the service. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people using the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the relatives of two people who used the service. We spoke with a care worker and the registered manager.

We looked at two care plans and other records which recorded the care people received. In addition, we examined records relating to how the service was run including staffing, training and quality assurance.

Is the service safe?

Our findings

Staff knew how to keep people safe. They were able to explain about the different types of abuse that they needed to protect people from. They had received training in how to recognise if people may be being abused and knew how to protect the person and raise concerns both within the organisation and with external agencies.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. Care plans included information on people's mobility and what equipment they needed to support them to move around their home and their wider community. For example, one person's care plan recorded that they needed to use their wheelchair for long distances.

Care plans recorded the behaviour people may display if they became distressed. For example, one person may grab at people and objects if stressed. A relative told us that they were confident that the staff could keep their family member safe as they were fully aware of the issues with could trigger distressed reactions. They spoke of one incident where their family member had been distressed and commented on how the staff had handled the situation calm and professionally.

We saw that if an injury or accident occurred when the person was with staff, there were clear records of the injury and how it had occurred. Care was also reviewed to see if they could take any action to stop the same incident reoccurring.

The registered manager had identified the number of hours care they needed to provide to people and ensured that there were enough staff to meet people's needs. Staff rosters were available to them on their mobile phones and so could be updated during the day if needed to cover for illness. Staff told us and records showed that rosters included appropriate travel times so that staff were able to be at people's homes when expected. A relative told us that staff were always on time and were always polite.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who used the service.

None of the staff we spoke with currently supported people with their medicines, although records showed they were trained to do so if needed. This was because people received support with their medicines from their relatives. Care plans clearly recorded information about people's medicines and who would be supporting them with this aspect of their care.

Is the service effective?

Our findings

New staff received an induction which included shadowing a more experienced member of staff and learning about the correct way to provide safe care. New staff were required to complete the care certificate. This is a set of national standards which supports staff to have the skills needed to care for people safely. Their competences were checked by experienced staff to ensure they had understood their training. Staff were not offered a permanent role until they had successfully completed their care certificate.

Staff told us that they had regular two monthly supervisions with the registered manager. In addition, they said that they could ring them at any time and never felt isolated or unsupported. The training matrix showed that appropriate training had been completed. The system highlighted when training was due for renewal so arrangements could be made for refresher training.

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 to 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 were clear on people's abilities to make decisions about their everyday lives. For example, one person was able to make a choice about what they wanted to wear but would need reminding about the weather conditions so that they chose appropriate clothes. Where more complex decisions were needed staff understood who needed to be involved in the decision making processes.

People's dietary preferences were recorded to ensure that staff were able to support their choices. For example, records showed that one person had chosen not to eat meat. Where people needed equipment such as plate guards and special cups to support their independence with eating this was clearly recorded in their care plan. The level of support people needed was also recorded. An example of this was one person who needed their food to be cut up for them so they could eat safely. Other risks around food were also identified. An example of this was one person, who needed staff to ensure their food was cool enough to eat as they were unable to identify if the food would burn them.

Individual care plans included all the information needed to support people's day-to-day health needs. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed.

Is the service caring?

Our findings

Staff had developed a kind and caring relationship with the people they cared for. A relative told us how their family member looked forwards to spending time with the staff. They said, "They get excited to see them and is happy to get in the car and go out with them." In addition, we saw in one person's monthly review their family had commented how nice with was to hear the person and the member of staff laughing together and that they felt very comfortable with the member of staff in their home. Another relative told us how they had photographs of the time their family member was with staff. They said, "In photographs the smiles on my relative's face leave no doubts that they are having a good time and the staff are good for her."

Care plans recorded how people could communicate. For example, some people used technology and a sign language to help them express their thoughts and needs. In addition, care plans included information on how much people were able to understand even if they were not able to respond to the member of staff. For example, one person's care plan recorded that although they had little speech themselves they could understand everything which was said to them.

People were offered choices about their everyday lives and staff were able to interpret their verbal and non-verbal communication skills to identify when they made a positive choice. For example, one person would rub their when stomach when they chose what they wanted to eat.

Staff told us how they ensured people's dignity was respected, for example by covering them with a towel while helping them with personal care. In addition they encouraged people to complete as much of their personal care as they were able. Staff told us how they tried to make the care fun for people. For example, one member of staff explained how they encouraged a person to tug on their duvet as this was good physiotherapy for their hand and had resulted in them increasing their abilities with their hand.

Staff told us how they supported people to be involved with family life. An example of this was by supporting a person to complete chores, like other members of the family were expected to do.

We saw that for one person staff wrote in a communication book so that their family knew what they had been doing and if there were any problems.

Is the service responsive?

Our findings

Relatives told us that the care provided supported people's needs. A relative told us, "[Name] has gained a lot in confidence since the carer has been coming in and they encourage independence."

Relatives told us they had been involved in planning the family member's care needs. One relative told us how when developing the care plans the registered manager had included the person receiving care and had really relied on them to give an insight into their care needs. People's care plans were kept in their own homes with a copy in the office for staff to refer to.

Care plans recorded the personal care that people needed and how this could be personalised to meet their individual needs and be used in ways to develop their skills and independence. Any specialist equipment people needed for their personal care was also recorded. For example, one person needed a special toothbrush. Staff told us that the care plans included all the information they needed to care for people safely and that they were able to update them as needed and if people's needs changed. The care plans we reviewed were all up to date and reflected people's current needs. Records showed that they had been reviewed on a monthly basis or sooner if their needs had changed.

Records showed that people were offered a choice of activities, for example, ballgames, lunch at the park and manicures. We saw at one stage there had been a change in time and venue for a weekly activity one person attended. We saw that the service had been flexible in how they provided the support and enabled the person to continue to attend this activity. A relative told us how staff fully supported their family member to focus on the activity and what they needed to be doing. This ensured that the person achieved the most from their time spent with the staff.

When people started to use the service they and their relatives received information on how to raise a concern or complaint. None of the relatives we spoke with had felt the need to raise any complaints. They said if they were worried about anything they could discuss it with the staff and work together to improve the care provided. Staff told us that no one had raised any complaints with them, but that if this did happen that they knew they should raise the complaint with the registered manager. Records showed that one formal complaint had been received and it had been thoroughly investigated and resolved to the satisfaction of the complainant.

Is the service well-led?

Our findings

Relatives told us they were happy with the care provided. They felt comfortable talking to the registered manager and staff and were confident that they could work together to ensure people received the best care possible. A relative told us, "The carers are lovely, we get on really well. As they come into the home it's nice to feel like they are part of the family."

The provider had invested in technology to support staff to provide a high quality service. All the staff had a telephone which enabled them to view their rotas. Staff in the office were able to monitor a member of staff's progress on their round and identify if they had any problems. When there was no one at the local office there were clear processes in place for staff to obtain guidance and support from the out of hours staff. Staff told us that although they worked at a distance from the office, they still felt fully supported and were always able to ring or email any queries they had.

People using the service and their relatives had been asked for their views on the service. The registered manager told us they were working on an action plan.

The registered manager had a suite of audits in place which supported them to manage the quality of care that people received. We saw that this allowed them to monitor information relating to staff training and supervision, incidents and accident and complaints. Records showed thorough investigations had been completed and where needed actions taken to keep people safe. For example, changes to care or further training for staff. In addition the provider held meetings with staff to discuss the specific problem and if they could do anything different in the future to stop the same incident happening again.

The service including the day care facility at the office had received recognition from the community for the quality of care provided. They had been recognised as the best care provider in Skegness and had been nominated for the community support they provided. In addition they had worked with the local Healthwatch organisation to develop an annual report on learning disabilities. In addition the provider had put systems in place to support staff and to recognise when staff performed well.