

Countywide Caring Limited

Countywide Caring Ltd - Domiciliary Care Office

Inspection report

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Date of inspection visit: 8 July 2015

Date of publication: 05/10/2015

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?

Outstanding



Overall summary

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.

The provider was given 48 hours notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

Summary of findings

Countywide Caring Limited provides domiciliary care services to people who live in their own home. At the time of our inspection there were 26 people with a variety of care needs, including people with physical disabilities or mental health needs, using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

The feedback we received from people was excellent. People using the service told us it was exceptional and spoke very highly of managers and staff. People were treated with dignity and respect and felt fully involved in their care.

There was a clear caring culture based on strong values promoted by the registered manager. Staff were highly motivated and proud of the service. Staff were very positive about the support they received from the management team and felt valued.

The service took people's safety extremely seriously and took exceptional steps to ensure people received a service that met their needs at all times. People were encouraged to manage risks that enabled them to remain independent and staff understood the importance of this for people.

Staff were knowledgeable about people's needs and had access to development opportunities to improve their skills and knowledge. People told us they had regular carers who knew them well.

People's needs were assessed and care plans detailed people's support needs. The service was responsive to people's changing needs and worked with health professionals to ensure appropriate guidance was available.

The service organised social activities which they encouraged and supported people, their relatives and staff to attend. People enjoyed a regular newsletter sent to keep them updated about changes in the service.

There were robust systems in place to ensure the quality of the service. The registered manager was actively involved in promoting good practice across health and social care services.

Summary of findings

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. People were protected from harm. Risks to the health, safety or wellbeing of people who used the service were fully understood and all risks assessed and managed in people's care plans.

Staff were knowledgeable about their responsibilities to report safeguarding concerns and felt confident to do so.

There were robust systems in place to minimise the risk of missed and late visits to ensure people received a service that met their needs.

The service took exceptional steps to keep people safe and ensure people received a service.

Good



Is the service effective?

The service is effective. The service ensured that people received effective care that met their individual needs and wishes. People experienced very positive outcomes as a result of the service they received.

Staff were supported in their role and had access to development opportunities to ensure they had the skills and knowledge to meet people's needs

Staff had a clear understanding of the principles of the Mental Capacity Act (2005) and used them to support people to make decisions.

People were supported to access health and social care professionals when needed.

Good



Is the service caring?

The service was caring. Managers and staff were committed to a caring culture built on strong person-centred values.

People valued the relationships they had with care workers and were extremely positive about the care they received.

People felt care workers always treated them with kindness and respect. People felt listened to and involved in their care.

Good



Is the service responsive?

The service was responsive. Changes in people's needs were recognised and appropriate action taken in a timely manner.

The service organised social activities that involved people, their relatives and staff to support an inclusive culture.

People had opportunities to provide feedback to the service to promote improvement. People knew how to make a complaint and felt confident to do so.

Good



Summary of findings

Is the service well-led?

The service was well-led. The managers of the service promoted strong values and a person centred culture. Staff were proud to work for the service and were committed to provide a high quality service.

There was strong emphasis on continual improvement. The registered manager sought opportunities to promote good practice both within and outside the service.

There were extremely effective quality assurance processes in place that supported improvement and recognised the regulatory responsibilities of the registered manager.

Outstanding



Countywide Caring Ltd - Domiciliary Care Office

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 was 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 the 8 July 2015 it was announced. The inspection team consisted of two inspectors and an expert by experience (ExE). An ExE is somebody who has experience of using this type of service.

At the time of the inspection there were 26 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with four people who were using the service and three people's relatives. We consulted with two health professionals. We spoke with four care staff, and the registered manager. We reviewed five people's care files, records relating to staff and the general management of the service.

Is the service safe?

Our findings

People told us they felt extremely safe when being supported by care staff. Comments included: "I feel absolutely safe when the carers are here" and "I feel safe with the carers. They are polite and always come on time". Relatives said people were safe. One relative told us, "My mother is safe as the carers are nice". People told us they would be happy to report any concerns if they felt they weren't safe but could not imagine this happening.

Staff were clear about their responsibilities to report abuse. Staff had attended safeguarding training and told us how they would report concerns without hesitation. Staff were clear of the outside agencies they would report to if they felt the organisation had not taken appropriate action. This included the local safeguarding team and the Care Quality Commission (CQC). Staff told us that if they suspected a crime had been committed or a person was in immediate danger they would call the police. Staff told us there was a zero tolerance policy in respect of abuse and all were confident that any concerns raised would be dealt with immediately by the management team.

Staff took prompt, clear action to keep people safe. For example, a member of staff had checked the carbon monoxide monitor in one person's home and identified the levels were high. The member of staff immediately contacted the utility company and carried out their instructions to keep the person safe. The member of staff stayed with the person and reassured them until the situation had been dealt with.

People told us staff arrived on time, stayed for the required time and that the service was flexible in providing calls to meet people's needs. No one we spoke with had experienced missed visits and people told us that late calls were rare. One person said, "They are always on time. On a rare occasion if they are running a bit late they will always let me know".

Staff told us they were not rushed making calls to people and always had enough time to support the person with their care needs. Staff were given enough time to travel between people's homes by the registered manager.

The registered manager had introduced an electronic monitoring system activated using a mobile telephone which was swiped over a code on the front of each person's

care file. This enabled the management team to be alerted immediately to any call not made on time and minimise the risk of missed visits. Monitoring records showed all staff were using the system and no visits had been missed.

The electronic monitoring system provided an emergency alert for staff. This supported the organisations lone working policy and enabled staff to use the device to alert the senior person on call if they were placed in a dangerous situation. The device was traceable by a Global Positioning System (GPS) which enabled the service to know the location of the member of staff in the event of an emergency.

The service had effective contingency plans in place which included planning for bad weather and other situations that may affect the service. For example, an event had taken place where several roads in the area were to be closed. The registered manager had contacted the event organisers responsible and checked which roads were going to be closed and for how long. The registered manager had negotiated alternative parking with the event organisers and worked closely with the event organisers to ensure the service could reach people. People using the service were sent letters advising them of the road closures and the plans in place to maintain the service. All staff were notified of the road closures and extra staff were deployed to ensure people received their visits.

People's care records contained detailed risk assessments and where risks were identified, care plans included details of how the risk would be managed. Risk assessments included, mobility, falls, medicines, pressure damage and environment. Risk management was personalised to ensure the risk was managed in a way that suited the person. For example, one person was at risk of falling but chose to transfer independently. The person understood the risks and the care plan explained how staff should support the person to maintain their independence. Staff were clear about how the person should be supported and understood the importance of positive risk taking. One member of staff told us, "It is important people remain independent and that they understand the consequences of the risk".

Health professionals told us there were detailed risk assessments for people that enabled care to be delivered in a way that clearly reduced risk to both person and care

Is the service safe?

worker. For example where people required two care staff to support them this was always provided. One health professional told us risk assessments were regularly reviewed and updated when people's conditions changed.

Where people were supported to take their medicines this was recorded in their care plans. Records included details of medicines being taken and clear guidance about people's individual needs. Where risks had been identified action was taken to minimise the risk and ensure people received their medicines as prescribed. For example, staff had identified one person who was being supported to take their medicines by a family member and were concerned the person was at risk of not receiving their medicines as prescribed. The registered manager spoke with the person, their family and the person's GP and arrangements were made for the service to support the person with their medicines. Another person used an inhaler. The person had been seen by health professionals as they continued to have a severe cough. A care worker noticed the person was not using their inhaler correctly and showed them how to use it. The care worker also

suggested the person change their position when using the inhaler to improve the effectiveness. The person reported, "I am now in much better health and grateful for [care workers] attention".

The registered manager worked to the local authority protocols relating to the administration of medicines and delegated health care tasks. Staff had detailed training in medicine administration and had their competence assessed before administering medicines. The registered manager had developed a medicines training programme that had been adopted by a local NHS trust.

Records relating to recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

People told us care staff were knowledgeable and had the skills to meet their needs. Comments included; "They are certainly knowledgeable" and "They change my disectomy in my back and explain to me. Their care is absolutely fine". "One person's relative told us, "The carers know how to work with her [relative] and are trained which is good to note".

Care staff told us they felt extremely well supported in their role. Comments included: "I get so much support, it's really good"; "I can go to anyone [management team], they are all really helpful"; "I can't fault them [management team], they are always there" and "They are all very supportive and very responsive".

Care staff had access to training which included safeguarding, mental capacity, medication, first aid, dementia care, moving and handling and infection control. Where people had conditions requiring specialised support, staff were trained specifically in how to meet the person's needs. For example, one person required specialist support following surgery. Care staff were not able to support the person until they had the required training and had been observed as competent. Care staff we spoke with were clear about the needs of this person and how to meet them.

Care staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff competence was assessed through 'spot checks' carried out by senior staff. Staff told us they had regular supervision and spot checks which they found useful. Comments included, "We talk about what's been good and what's been bad. It helps to think about what we do" and "It's really good to see how much I've improved". Staff records showed positive feedback was given following the spot checks to promote improvement.

Staff were encouraged to identify development needs and access development opportunities. All staff we spoke with had accessed national vocational qualifications at varying levels. One member of staff who had completed their level two diploma in social and health care told us the registered manager had been exceptionally supportive as they had struggled with the diploma and wanted to 'give up'. They said, "[Registered manager] invited me into the

office and spent a whole day with me, helping me understand". The member of staff had since enrolled for their level three diploma in social and health care and a certificate in dementia care.

New staff completed an induction programme. The registered manager had developed an induction programme that enabled staff to achieve their Care Certificate. The Care Certificate sets out the learning outcomes, competences and standards of care expected of care workers to ensure they are caring, compassionate and provide quality care.

The registered manager had worked with Skills for Care to implement an apprenticeship programme. Seven members of staff had successfully completed the programme. The registered manager had been invited to present the work as an example of good practice at the Skills for Care conference. Skills for Care is an employer-led workforce development body for adult social care in England.

Staff had a detailed understanding of the Mental Capacity Act and were able to describe how they considered this when working with people. The Mental Capacity Act protects and empowers individuals who may lack the mental capacity to make their own decisions. One care worker said, "I always give people choice, I have to consider if they understand the consequences so they can make an informed choice. If they can't understand I might have to make a decision in their best interests". Staff were clear about when a best interest decision might be appropriate and also recognised people's rights to make unwise decisions.

People's care records included capacity assessments where it was considered the person may lack capacity. For example, one person's care plan stated, '[person] is unable to make decisions regarding her care. Staff will work with family, GP and relevant health professionals in [person] best interest'. People's care records contained details of power of attorney, where one had been appointed and the power of attorney was consulted in relation to the person's care needs.

People told us they were able to choose what they wanted to eat and drink and that care staff prepared this in an appetising way. One person told us, "I am just eating a delicious meal one of the ladies [care staff] prepared for me". Care records detailed people's likes and dislikes and any special dietary requirements. For example, one person

Is the service effective?

required a soft diet and thickened fluids. The care plan contained detailed information based on an assessment by the speech and language therapist (SALT). Staff we spoke with had a clear understanding of the person's needs and understood the reasons for the specialist diet.

People at risk of weight loss were monitored and referred to specialist services where needed. For example, one person at risk of weight loss had chosen to eat a low fat, low sugar diet. The person had lost weight and was being monitored by a health professional. The registered manager was in regular contact with the health professional for advice and guidance. The person's care plan identified the person had capacity and their decisions should be respected.

People were referred to health professionals where their conditions changed. Referrals included: occupational therapy; SALT; mental health team; district nurses and shared care team. Care plans included detailed information relating to recommendations made. For example one person had a skin tear. A health professional had visited and advised how the person should be positioned to minimise the risk of further damage. The care plan detailed what action staff needed to take and staff we spoke with were aware of the guidance.

Is the service caring?

Our findings

Everyone we spoke with were extremely complimentary about the caring nature of the staff supporting them. Comments included: "I find them wonderful"; "Everybody, including the office staff are very caring. Extremely kind"; "I can't say highly enough of them"; "I can't fault them"; "They are more like friends than carers" and "My goodness, they are good".

People were positive about the way they were treated and felt in control of their care. One person said, "They [care workers] always do things the way I like it".

Positive, caring relationships had been developed with people. The registered manager was motivated about providing support that improved people's lives and care workers shared in the registered managers enthusiasm. People we spoke with told us the care had improved their quality of life. One person said, "They [care workers] make my life much better ". The registered manager kept all compliments received by the service. One person had written a letter which said, "The support of all my carers has made my life easier and allowed me to enjoy my life".

Staff knew people well and treated them as individuals. For example, one relative told us, "My mother likes to have her hair washed and they assist her to dress, do her make-up and chose her jewellery when she attends coffee afternoons".

Health professionals were complimentary about the service. One health professionals we consulted said care staff worked in a friendly, caring and calm manner with people. We saw feedback from another health professional that said, "They both looked so happy and well cared for. You should be proud of the service you offer".

During our visit we heard the registered manager and other members of the management team speaking with people on the telephone. They spoke kindly with people, reassuring them and responding respectfully to concerns.

People told us they had regular care workers and knew who would be visiting them as they were sent a schedule each week. Care plans contained photographs of the staff team to enable people to identify who would be visiting. People confirmed they had these in the care plans in their homes.

Care workers told us the importance of building relationships with people and valuing them. One care worker told us, "It's about respecting them and involving them to build a relationship and trust". People valued their relationship with staff and clearly enjoyed their visits. We spoke to one person who sounded happy as they told us, "I was laughing with them [care staff] this morning, we were looking at my photographs". Another person said, "I really enjoy having them come to me".

Staff spoke in a caring and compassionate way about the people they supported. The staff team knew people well and we heard conversations between staff that showed respect and kindness for people. One care worker told us how they were supporting two people who lived together, where one of them had behaviour that may be seen as challenging. The care worker explained the importance of involving both people and respecting their relationship. The care worker clearly knew the couple well and showed understanding and compassion.

Care staff took time to support people with their interests. For example, one person's care plan identified the person enjoyed their garden and plants. Care workers took time to water and tidy the person's plants with them, which the person appreciated.

People told us they were treated with dignity and respect. One person told us, "I am treated with a great deal of dignity and respect. They [are staff] are very mindful of meeting people's needs". Staff described how they respected people's dignity when supporting them with personal care. One care worker told us, "I ensure curtains are closed and doors are closed". Care staff told us of the importance of respecting people as individuals.

People and their relatives were involved in their care. One person told us, "My family are very involved in my care and we know exactly what is going on". Care plans contained regular reviews. People and their relatives told us they were involved in the review process.

A thorough assessment was carried out before the service started providing support. Care workers told us they came into the office to read care plans for people new to the service to ensure they knew how to provide support and to know something about them before they visited for the first time.

People were supported with end of life care to enable them to remain in their own homes. There was no-one receiving

Is the service caring?

support with end of life care at the time of our inspection. However there was a letter of thanks from a family member which stated, "Thanks again [staff] for all the loving care, to both Mum and Dad in their time of need. It made all the difference both to them and us". One person's care plan showed the person was receiving support following a bereavement. The daily records showed the person was

being supported with compassion and staff were spending time talking with the person and offering condolences, for example they spent time looking at wedding photographs with the person.

One member of care staff told us they felt 'very supported' by the registered manager when they had been supporting a person at the end of their life. The registered manager had responded immediately and visited the person when the member of staff had contacted them.

Is the service responsive?

Our findings

People told us care workers and management knew them well and were responsive to their needs. Comments included: "They [care workers] are all polite and give me choice on how I like to dress myself" and "They [management team] respond immediately if there are any changes". One person had written a letter complimenting the service as the person had been seen by health professionals concerning a change in their health condition and their care plan had been immediately updated to reflect the changes.

The service responded promptly to changing needs. One relative said, "They ask constantly what is needed". Relatives told us staff and management knew people well and provided personalised support.

Care staff we spoke with were knowledgeable about people's social and care needs. Care staff told us the management team were responsive to changes in people's needs. Care plans were regularly updated and contained detailed personalised information regarding people's support needs.

People were assessed prior to using the service and assessments informed people's care plans. Assessments were detailed and contained information relating to people's social, personal and health care needs. For example, one person's care plan contained detailed information about how the person's condition fluctuated and action care workers should take if the person was less responsive. The care plan stated staff should report to the management team if the person was not responding or not eating well. Daily records included details of the person's condition on a daily basis and calls made to the management team for advice and guidance. Records of calls to the office included details of the call and action taken as a result. This included referrals to health professionals. Staff we spoke with were able to tell us about this person's needs and the importance of reporting when their condition changed.

Care plans were personalised and included details of people's life history and what was important to them. For example one person's care plan stated they had enjoyed painting and still designed their own Christmas cards. Staff were knowledgeable about this information.

People's care plans detailed the importance of promoting people's independence. For example one person was able to apply their own cream with support. Daily records detailed this was supported. The care plan stated, "[person] can direct all her care".

People we spoke with were aware of their care plans. One person told us, "They explain the care process, make notes and I can read them but I don't". Care plans included a photograph of the person looking at their care plan with a member of staff.

People were supported to attend activities organised by the registered manager. For example a coffee morning had been organised and people who wanted to attend were supported with transport. An afternoon cream tea had also been organised and people had received an invitation via the regular newsletter. The invitation included relatives. One member of staff had taken part in a local performance. People had been invited to attend and the registered manager told us how much people and staff had enjoyed the performance together.

The registered manager sent birthday cards to people and we saw several thank you cards from people and their relatives. For example, "[Person] has asked me to write and thank you for your kind good wishes on their 95th birthday. Your thoughts are appreciated". The letter also thanked staff for preparing a birthday lunch for the person and a relative.

People and their relatives were aware of the organisations complaints procedures and felt confident that any concerns would be dealt with promptly, however no-one we spoke with had needed to use the complaints procedure. People told us staff and the management team responded immediately to any requests or concerns.

Complaints records were detailed and showed that all complaints had been responded to in line with the organisations policy. The registered manager had met with people and their relatives to resolve concerns. Feedback from one person stated, "When I have raised an issue or concern it has been respected".

The registered manager carried out a quality assurance survey twice a year to gain people's feedback about the service and used this to improve the service. For example, one person had not been aware of the complaints

Is the service responsive?

procedure. The registered manager had included information about the complaints procedure in all newsletters sent out to people since the survey, encouraging people to raise any concerns.



Is the service well-led?

Our findings

At our previous inspection on 3 December 2013 the provider was not meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan telling us how they would improve. At this inspection (July 2015) we found that significant improvements had been made.

The registered manager had introduced a detailed quality assurance process. This included an auditing system that related to the fundamental standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This enabled the registered manager to determine where the service was not meeting the legal requirements. For example an audit of medicines identified that there was no record relating to people who were self-medicating. The registered manager had reviewed and amended the medicines policy and procedures. As a result an email was sent to the management team advising them of actions needed, which include the auditing of people's care files. We saw that care plans for people who were self-medicating had risk assessments and detailed care plans.

Everyone we spoke with were extremely complimentary about the registered manager and wider management team. People and their relatives told us the whole management team were supportive. One person told us, "The service is exceptional". One relative told us, "The office is supportive and very good". Health professionals spoke highly of the registered manager and the quality of the service provided. One health professional described the registered manager as having a respectful and supportive manner with staff that enabled them to feel empowered and confident.

The registered manager promoted a caring culture that put people at the centre of everything the service did. The culture was based on strong values that all staff were committed to. Staff were passionate about their job and the management of the service. Comments included: "I love it. I feel like it's family"; "They're [management] really good, well organised"; "I can go to anyone, they are all really helpful"; "They're [management] brilliant, really supportive. I can ask them anything"; "Best manager I've ever had" and "Support is fabulous, never felt it anywhere else. I'm very proud to work here".

Staff had a clear understanding of the organisations whistleblowing policy and felt confident to use it and knew they would be listened to.

There were regular staff meetings that were held at different times of the day to accommodate staff's working patterns. The registered manager arranged 'fish and chip suppers' to encourage attendance. Staff were positive about staff meetings and told us they felt valued and their views were listened to. Staff were acknowledged for outstanding work, for example two care workers had remained calm and supported a person when dealing with a difficult emergency situation and received flowers and appreciation from the management team. When staff completed qualifications there were presentations to recognise their achievement.

A newsletter was sent out to people and staff every four months to keep them informed of any changes in the service. For example, the newsletters included details of new staff and staff who had left the service. The newsletter included useful tips around safety, including how to take care in hot weather. There was information about the Care Act (2014) and the Care Certificate, explaining to people what these meant. People were encouraged to contact the registered manager if they had any questions or comments. One person told us, "I enjoy getting the newsletter".

The registered manager had implemented an electronic monitoring system that was highly effective in monitoring people's visits to ensure visits were made at the time selected by the person. The system did not impact on people's privacy and only required a code at the front of people's care plans. To support staff the registered manager had introduced the system using a staged approach, enabling staff who were more comfortable with technology to support staff with less experience. The system enabled office staff to constantly monitor calls and were alerted if a call was late. The registered manager explained the system and its benefits to people, the service and staff. Staff were extremely positive about the system and had engaged fully in the implementation. This was as a result of the registered managers supportive approach.

The registered manager had a person centred approach when determining whether the service had capacity to meet a person's needs prior to offering the service. The registered manager told us, "I determine the service capacity around the skills of staff and people's needs rather



Is the service well-led?

than staffing hours available". Care staff worked 'shifts' to prevent the pressure caused by insufficient travel time. Staff told us this gave them more flexibility to meet people's needs and enabled them to regularly visit the office for face to face support and to complete training.

New staff were completing the care certificate. The registered manager had been proactive in developing a training programme to support the care certificate and was supporting other providers by mapping their training to the requirements of the care certificate. This showed a strong commitment to improving the quality of care across the sector.

The registered manager was actively involved in improving practice across the health and social care sector. For example, the registered manager had identified there was no appropriate training for care workers in relation to the local shared care protocols. The registered manager designed a training session which was commissioned by a local NHS trust. Countywide Caring's trainer was delivering the training to several outside agencies and we saw positive evaluations of the training. As a result of this work the registered manager was now involved in reviewing the local shared care protocols.