

Town & Country Care (Whitby) Ltd

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Inspection report

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20 December 2018

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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

This inspection took place between 17 and 20 December 2018.

Town and Country Care (Whitby) Ltd is a domiciliary care agency. It provides personal care to people living in their own homes to predominantly older people. At the last inspection the service was rated 'good'. At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of inspecting 80 people were receiving a regulated activity. Not everyone using the service receives a regulated activity; CQC only inspects the service being provided by people with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was 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.

Safe understood and followed safeguarding procedures to protect people from harm. Where risks to people were identified, appropriate plans to manage these were in place.

Medicine had been administered safely. Staff had received medicines training and regularly had their competencies in this area assessed. People told us staff followed good infection control practices and the provider ensured personal protective equipment was readily available.

New staff received a thorough induction to the service and were supported with regular one to one supervisions and observations. A thorough training program was in place.

People were supported, where needed, to maintain good food and fluid intake. Care records clearly detailed the level of supported people required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent to care and treatment was recorded and staff respected people's choices.

People told us they were actively involved in the planning of their care. Care records contained person-centred information. Regular care reviews had taken place to ensure the support in place continued to meet their needs. People were encouraged to engage with others to avoid social isolation.

People told us staff were kind and caring and treated them with dignity and respected. Staff were knowledgeable about peoples likes, dislikes and preferences and positive relationships had been developed. Care records showed that people were encouraged to remain as independent as possible. Staff provided advise on where aids to maintain independence could be sourced.

The management team were friendly, approachable and responsive. People were asked to provide regular feedback on the service provided. Quality audits had been conducted to monitor and improve the service although these were not always consistently recorded.

The registered manager was continuously trying to develop the service through the introduction of electronic systems and initiatives to retain staff. Staff told us they were well supported and valued by management.

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 remains Good.

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.

Town and Country Care (Whitby) Ltd

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.

Inspection activity started on 17 December and ended on 20 December 2018. The inspection was announced. The provider was given 48 hours' notice because the registered manager and staff were often out of the office supporting people and we needed to be sure they would be available.

The inspection was carried out by one inspector. Following the inspection site visit on 19 November 2018, an Expert by Experience contacted people who used the service and relatives to gain their views on the service provided. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

As part of planning our inspection, we contacted the local Healthwatch and the local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we spoke with 11 people who used the service and four relatives to gain their views on

the service provided. We also spoke with six members of staff including the registered manager.

We reviewed a range of documentation. This included three people's care planning documentation and daily records and five people's medicine administration records. We looked at two staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection we found the service continued to be safe.

All the people we spoke with told us they felt safe. One person said, "I always feel safe because I know staff who are supporting me. I have never been let down by them." A relative we spoke with told us, "I know [person's name] feels safe. I have confidence in the staff's abilities and they all appear confident in their role."

The registered manager had continued to follow safe recruitment processes. Staff recruitment files were found to be well organised and contained all required pre-employment checks.

Rotas showed that there was enough staff employed to support people safely. Staff worked on a fixed rotas system which mean they were provided with consistent hours and days of work. The service was currently fully staffed but the registered manger was looking to recruit additional staff to allow the service to expand due to demand in the local area. People told us they were provided with support by a consistent team of staff at regular times. One person said, "Staff are usually on time and if they are ever going to be late, the office ring me to let me know."

Staff received training and understood how to identify and report safeguarding concerns. Records showed safeguarding concerns were appropriately referred to the local authority safeguarding team and action taken to keep people safe. Information on safeguarding was available to people in their service user guide.

Since the last inspection the provider had invested in an electronic system. This meant people's care records were held electronically. Staff were able to access this information via an electronic devise and they used this to update care records following each visit.

Care plans and risk assessments were available on the electronic system to guide staff on how to safely meet their needs. For example, where people were at risk of falling, a risk assessment outlined the support required to maintain the person's independence whilst promoting their safety. As the electronic care system was 'live' staff had access to the most up to date information at all times.

Medicines had been managed safely. Staff had received medicines training and people told us they received their medicines as prescribed. Records showed that staff competencies had been assessed at regular intervals. The electronic medicines records showed staff were not always consistently recording when specific medication had been discontinued following advice from relevant professionals. We discussed this with the office manager. They explained internal medicine audits had identified the issues and this had been addressed with staff in a recent meeting.

Staff had completed infection control training and their competencies in this area were assessed during observed practice. Staff had access to gloves and aprons to minimise the risk of spreading germs. One

person said, "Staff always wear gloves and regularly wash their hands."

Whilst people who used the service had experienced very few accidents and incidents, systems were in place to ensure staff reported, and management responded to, any accidents or incidents that occurred.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection we found the service continued to be effective.

People told us staff had the appropriate skills and knowledge to support them. One person said, "I think staff are very well trained. I have confidence in everything they do for me."

The provider had further developed their induction process to ensure it focused on the values of the service. Induction records were thorough, and it was clear that new staff shadowed more experienced members of staff until they were competent and confident within their role.

Staff told us they felt supported in their role. Records showed staff had been provided with regular one to one supervisions to review their performance and discuss any concerns. These were constructive meetings used to encourage staff to progress and develop within their role. Observations of staffs practice were also conducted in the community to ensure staff were following best practice guidance.

Staff had received extensive training to ensure they had the skills and competencies to carry out their role. Training in relation to specific medical conditions, such as epilepsy and gastrostomy care had also been provided. The registered manager told us, "We invest heavily in our training program. We have a fantastic training provider who we have built a great relationship with. If we conducted an initial assessment for a person and they have a specific medical condition I will make arrangements for staff to receive training in that area as soon as possible."

Care plans clearly recorded the support people required with regards to meal preparation. One person told us, "I decide what I want to eat and staff follow my instructions. They always make sure I am well fed and ask if I need anything leaving for later." Staff were familiar with people, including their likes and dislikes in relation to food and drinks.

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 with appropriate legal authority. For people living in their own home, this would be authorised via an application to the Court of Protection.

The service worked within the principles of the MCA. Staff received training in this area and understood the requirements of the MCA. They knew what action they would take if they had any concerns, such as report it to management or other relevant professionals. The service was not supporting anyone who had a Court of Protection order in place.

People had capacity to make their own decisions. People we spoke with told us they had been actively involved in care planning and discussing their support need. One person said, "I am fully involved, and staff always ask if everything is meeting my needs. My relatives have also been involved."

Care plans recorded details of other professionals who were involved with people's care and support. Information about people's GPs, district nurses, optician and social workers was available, and people told us staff assisted them to make medical appointments if this was required.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection we found the service continued to be caring.

People told us staff were kind and caring in their approach. Comments included, "They [staff] are very good and are very caring. They take time to talk to me, never rush me and are always on time" and "I would be lost without the staff. They always listen to me, respect my views and help me about the house. Nothing is ever too much trouble."

People formed trusting relationships with staff based on mutual respect. One person said, "I have excellent relationships with staff. They know just how I like things to be done. I tell them to treat this house like their home. I see them as my family." The registered manager explained the importance of ensuring consistency with staff to allow people and staff to develop relationships. Another person told us, "Staff don't miss a trick. They know before even asking me if I am under the weather."

When we asked people if staff treated people with dignity and respect they confirmed they did and were able to provide numerous examples. One person said, "Staff are very respectful. I have never been made to feel uncomfortable when they have helped me to dress or bathe. I don't feel rushed and staff make time to sit and have a chat."

Staff were sensitive to when people may need additional emotional support or certain routines people liked to follow. A relative we spoke with told us, "The staff know [person's name] really well. They know how they like things done, such as giving them time to eat alone. Staff respect this."

People were supported to make decisions regarding the care and support they received. One relative said, "Staff are very supportive and respectful of [person's name] care needs, including their preferences and they always adapt the care and support when they are having an 'off day'. If [person's name] wants a shower instead of a bath or doesn't feel like getting out of bed staff always listen to them."

People were supported to live independently. Staff knew how best to support this and wanted people to do as much for themselves as possible. One member of staff said, "I take great pride in the fact we can help people remain in their own homes. We don't take over but encourage people to be as active and independent as possible. Motivation keeps people going."

The service also utilised a team leader's additional qualification in relation to communication and their knowledge of aids and equipment available to help people remain as independent as possible. Information leaflets about these aids and where they could be sourced were available and staff provided guidance with this when needed.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they understood how it related to their working role. People told us that staff treated

them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection we found the service continued to be responsive.

People told us the service was responsive to their needs. One person said, "There have been times when I have been unwell. Staff reported this to management and they arranged for extra visits to be put in place. I couldn't ask for a better service really."

Referrals for new packages of care and support usually came from the local authority. The registered manager told us they would try and ensure they gathered as much information about the person and their needs prior to accepting a package. Team leaders also conducted home visits to introduce people to the service and gather further information.

Care plans had been developed to provide staff with details of the level of support that people required. These contained person centred information and promoted people's independence. Records showed that care plans had been updated when people's needs changed.

People told us team leaders visited them on a regular basis to conduct reviews and to ensure the care package in place continued to meet their needs. One relative said, "Reviews are regular and the team leaders ask [relative's name] if there is anything they want to change and if we are happy. The reviews are usually planned in advance."

People's wishes with regards to their end of life care had not always been recorded. The registered manager told us, "We do approach the subject of end of life wishes and would record any information people asked us to, but generally people don't want to discuss this information with us." The registered manager agreed they would ensure they recorded when people declined to provide such information.

As people were provided with support by a regular team of staff, staff were familiar with people's social interests and hobbies. The provider also operated a day centre provision which staff promoted when visiting people who may be socially isolated. One member of staff said, "We have quite a few people that we support in the community that have started to use our day centre. I think it does them the world of good to get out the house and see other people. They all seem to really enjoy it." Care plans also contained information regarding people's life histories which staff told us they often used to stimulate conversation.

The provider had a complaint's policy and procedure in place and people and relatives we spoke with knew how to raise a concern or complaint. One person said, "If I wanted to make a complaint I would be confident in doing so. I have always been given the opportunity to give feedback on the service, but I have never needed to complain." Another person told us they had raised a minor concern which was dealt with appropriately. They said, "The issues I raised were resolved promptly."

There had been no formal complaint made in the past 12 months, but the registered manager was clear of

the process they would follow.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection we found the service continued to be well-led.

People and staff told us the service was well-led by a management team who were open, honest and approachable.

There was a registered manager in post who was also the provider. They were supported by an office manager who took responsibility for the day to day management of the service. Allocated team leaders provided direct support to staff working in the community and were also responsible for conducting reviews of peoples care and support and developing staff rotas.

Regular management meetings were held to ensure the registered manager was kept up to date with any issues within the service. The registered manager told us, "I am always in the office so generally know what is going on. Management meetings are a formal way of discussing any issues and ways we can further develop the service." An example of this included an increase in care staff hourly rates of pay when they had been employed at the service for over three years. The registered manager said, "We are always looking for ways we can show staff how much we appreciate their hard work and commitment."

Staff spoke highly of the management team and the support they were provided with. One member of staff said, "This is an excellent company to work for. The owner really does care about the staff and my team leader is really supportive. I can go to them with any issues at all."

Records showed regular staff meetings had also taken place. These were usually conducted with staff from specific geographical areas to ensure the meeting agenda was relevant to staff attending.

We found quality checks undertaken were not always clearly recorded. The registered manager told us care plans, medication records and other monitoring documentation were reviewed on the electronic system by team leaders to identify any shortfalls. We discussed the importance of ensuring these checks and findings were recorded so a clear audit trail was available to evidence actions taken to improve the service. The registered manager agreed to look at ways of developing this area of the service.

People told us they were continuously asked to provide feedback on the service provided. One person said, "I have been given a feedback form and filled this in. I am confident my views are listened to."

The registered manager and staff in the service continued to work with local health and social care agencies to ensure people continued to receive the support they required as their needs changed. Advice from health and social care professionals had been incorporated into people's care plans to ensure they continued to receive the support they required, whilst promoting their independence in this area.

Registered providers of health and social care services are required by law to notify us of significant events

that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager ensured all notifications of significant events had been provided to us in a timely way. We checked appropriate actions had been taken to keep people safe and to protect their rights.