Town and Country Homecare Ltd

Town & Country Homecare Limited

Inspection report

102A High Street
Tenterden
Kent
TN30 6HT

Tel: 01580762244
Website: www.townandcountryhomecare.co.uk

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15 December 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Town and Country Homecare is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 93 people at the time of inspection, including older people, those living with Dementia and people with a physical disability. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
There were a lack of quality assurance systems in place. There were no audits being undertaken so risks to people and concerns had not been identified. People and their relatives were not asked for their opinion, so the provider could not continuously learn and improve the service. The registered manager was not fully aware of the duty of candour.

People's individual risks around health and other conditions were not well managed. Risk assessments were not always in place to assess, manage and mitigate risks to the health, safety and welfare of people. Care plans did not always include relevant information for staff to follow. Medicines were not managed safely.

Lessons were not learnt when things had gone wrong; there was no process for reviewing and acting on learning following accidents and incidents. Staff were recruited safely. Staff understood their safeguarding responsibilities and people told us they felt safe.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We could not be sure people were always supported to be involved and make their own decisions about care as they were not asked for their opinion. Care was not always personalised, and care plans lacked detail. People who were receiving palliative care did not have end of life care plans in place.

There were enough staff to support people in a timely manner. People felt well-treated and staff treated people with dignity and respect.

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

Rating at last inspection.
The last rating for this service was good (published 24 February 2018).

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report. You can see what action we have asked the

provider to take at the end of this full report.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations
We have identified breaches in relation to person-centred care, consent, safe care and treatment, and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not well-led.

Details are in our well-led findings below.

Town & Country Homecare Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 08 December 2022 and ended on 15 December 2022. We visited the location's office on the 08 December 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 9 people who used the service and 11 of their relatives about their experience of the care provided. We met with the registered manager, business manager and spoke with 11 care workers. We spoke with a district nurse involved in people's care. We looked at written records, which included 8 people's care records and three staff files. A variety of records relating to the management of the service were reviewed.

We also spoke with the nominated individual following the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Individual risks to people were not well managed. We identified various risks to people such as falls and constipation, however, these were not picked up by the management team. Risk assessments were not in place to help reduce and mitigate these risks.
- People who had known health conditions did not have risk assessments in place. One person had a health condition that could develop and affect their ability to swallow safely and had a known risk of enduring mental health concerns. Care plans did not include relevant information for staff and staff did not know they were to escalate concerns.
- People's risks around pressure care were not managed safely. Where a person had multiple pressure sores, risk assessments were not in place to help manage skin integrity. In the person's care notes we identified other areas where their skin was breaking down. This had not been identified in the care plan, barrier creams and sprays that had been prescribed were not being used effectively.
- Individual wound care plans were not in place for people. Body maps were not up to date and did not always include where people's wounds were located. Turning charts were not in place and it was not always recorded in people's care notes what position people were left in. People were receiving support from the local district nursing team.
- National tools such as Waterlow to assess people's risk of skin breakdown were not being used. We identified multiple people who had concerns relating to their skin integrity. Tools were not used to help assess, manage and mitigate risk for skin breakdown or further damage occurring.

The lack of robust risk management processes meant people were not protected from harm or injury. These concerns are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not managed safely. Medicine administration records (MARs) were not always clear and did not give instructions to staff on prescribed medicines. Multiple gaps were found in people's MAR's where topical creams were prescribed. We raised this with the registered manager during our inspection, they assured us they would address this with the care staff.
- Controlled drugs were not well managed. Where people had pain patches prescribed, appropriate records were not kept to ensure safe administration. Body maps or other appropriate methods were not in place to record the placement of patches after administration. This increased the risk of skin irritation and overdosing due to old patches not being removed.
- Medicine policies in place did not give clear guidance for staff. Instruction for safe administration of

medicines, including controlled drugs were not included for staff to follow.

Medicines were not managed safely. These concerns are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong
● Systems were not in place to learn lessons following incidents.
● Accident and incidents were not always reviewed or actioned. We identified a number of incidents that had occurred where people had become physically aggressive towards staff. Appropriate action had not been recorded to support the staff or people involved.
● An analysis of accidents and incidents had not been carried out. Patterns and trends could then not be identified, and lessons could not be learnt when things went wrong.

Systems and processes to safeguard people from the risk of abuse
● Safeguarding alerts had been made to the local authority safeguarding team. However, we identified a person who could have been at risk of potential physical harm and abuse. An alert had been made to the local authority safeguarding but did not include relevant details about the concerns. After speaking to the nominated individual, another alert was raised immediately.
● People and their relatives told us they felt safe receiving care. One person told us, "Very much so I feel safe. I haven't known them long, but they seem really nice girls. They are brilliant." Another person said, "Yes. The way they respond to me. It's very good."
● Staff were able to tell us how to protect people from abuse. They told us what signs they would look out for and how and who they would report to. A staff member gave us an example of when she had concerns and reported them straight to the management team.

Staffing and recruitment
● Staff were recruited safely, we reviewed 3 staff files. They included staff work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.
● People and their relatives told us they received regular staff that knew them well. They told us they did not receive a rota, but the office staff would let them know who would be coming. One person told us, "Yes, I do tend to have the one regular girl. There are others that know me as well. It's really good." Another person told us, "At the moment they are all regulars. They always let me know last thing in the afternoon to let me know who I have and the time they are going to be here."
● Staff we spoke to felt there were enough staff to meet people's needs. One staff member told us that stand by carers are used to cover short notice sick leave.

Preventing and controlling infection
● Systems were in place to reduce the risk and spread of infection.
● Staff were using personal protective equipment (PPE) when caring for people. People and their relatives told us staff used PPE during visits. One relative told us, "Yes, they always wear masks and gloves. They will ask if we want them to wear more if there are any special protections needed." Another person said, "They have masks and gloves and always wear their name badges."
● Staff told us they always had access to PPE. The provider had an infection control policy in place and most staff had completed infection control training. This ensured people were protected from risks associated with the spread of infection.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Guidance for staff on people's health needs was not individual to them. Fact sheets were available on conditions such as motor neurons disease and diabetes. However, no information about these conditions and how they personally affected them were included in people's care plans. Care staff had good knowledge of people they cared for, however, there was a risk of new care staff not having relevant information for people.
- People who experienced heightened emotions and had emotional reactions towards care staff were at risk of receiving inappropriate care. Comprehensive positive support plans and monitoring charts were not in place. Records of the triggers and management of people's heightened emotions were not assessed so staff did not have guidance to support people effectively.
- Care plans were not regularly reviewed to include relevant and up to date information. Initial assessments were carried, but changes to people's care were not updated and care plans did not always reflect current needs. We identified a person who had a change in mobility equipment, however, this update was not included in their care plan.

People's care plans were not person centred and did not include relevant information. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

● The registered manager had failed to recognise the need to carry out assessments of people's capacity, when it was thought a person may struggle to make decisions due an impairment. The registered manager had not had any training in relation to MCA assessing therefore could not identify when these assessments were needed for people.

Staff support: induction, training, skills and experience
● Staff did not receive supervision in line with the provider's policy. The policy stated one annual appraisal would be completed and supervisions on staff performance would be carried out quarterly. However, this had not been completed, staff had only received one face to face conducted by a peer. Therefore, there was no management of staff oversight.
● Staff had received a variety of online and face to face training to help them in their roles. However, staff hadn't received training specific to people's needs. This included supporting people with heightened emotions.
● New staff received an induction before starting work at the service. The induction included shadow shifts so that new staff could get confidence before lone working. A staff member told us, "Yes the induction was very good, we went on shadows then they watched us to check we were competent to work alone."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The registered manager and staff liaised with other healthcare professionals such as district nurses and GPs. However, it was not always recorded in people's care plans what support had been given. Care notes were not always clear, and outcomes were not recorded in care plans for staff to follow. For example, when a district nurse left information about changes to wound management, this was not updated in the care plan. So, staff would not have the most up to date information on how to care for this wound.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink to maintain a balanced diet.
● Care plans included what support people required. We reviewed one person's care plan which stated their likes and dislikes and that 1-1 support was required to eat their meal safely.
● People we spoke with told us they were happy with the support they were given with their meals. One person told us, "They always help me. I decide what I am going to have each day, and they will do it for me. They always leave me a drink."

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.
Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity
● We could not be assured staff could support people with emotional distress. For example, staff told us one person could become very upset during certain times. However, there was no guidance in any of the care documents on how to support them with this. Guidance on how to escalate concerns was not available and potential risks had not been considered. This left the person at risk of experiencing long periods of distress.
● We could not be assured staff could respond in a compassionate and timely way when people experienced pain. For example, we reviewed a document from the local authority highlighting specific areas a person experienced severe pain. This information was not in any of the care plans, so staff did not have guidance on how to spot signs of pain and support the person to manage their pain.
● People and their relatives felt they were treated with privacy and dignity. One person said, "Yes they certainly do, they close doors, knock on the door. I have no complaints at all." A relative told us, "They always knock on the door. One time the carer called me, and they had covered [person] up with a towel."
● Staff were able to give us examples of how they respected people's privacy and dignity and promote independence. One staff member told us, "I always ask them what they would like me to help with and don't just do it all, I always make sure to cover them up to be respectful and make sure I close the door." Another staff member told us, "I always make sure curtains and doors are closed and cover areas up that aren't being washed."
● Care notes we reviewed explained how staff cared for people with dignity and respect. Staff made sure to cover people appropriately when delivering personal care. Independence to do personal care tasks were encouraged.
● People and their relatives were positive about how staff treated them. One person said, "They are very nice people and have a very caring attitude." A relative told us, "The carers are ever so kind. I am happy to have them [person] house, they have absolute respect. [person] was worried that they would try to take over, but not at all, and they have allowed them to do more care because of that."

Supporting people to express their views and be involved in making decisions about their care
● People were not always supported to express their views and make decisions. People were not involved in care plan reviews. Care plans were put in place after an initial assessment but were not always updated or reviewed with people. People we spoke with told us, "I read it when we first had it. No-one has visited since; I haven't had a review." Another person said, "I have a big folder with lots of things in it. No, I haven't been asked for a review."
● Staff encouraged people to be involved in daily care tasks, one relative told us, "They always ask [person]

what clothes they would like to wear and what support they need. They always offer to brush their hair for them and support them to have a wash."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans lacked person-centred detail and people were at risk of not receiving personalised care. Care plans were basic and did not include information such as life histories, personal wishes and aspirations. Positive outcomes were not considered to improve people's quality of life.
- People's care plans were not always kept accurate and up to date. Staff had told us about individuals needs that we could not find in the care plans. This put people at risk as new staff would not have the correct information about how to care for people.
- People who were living with dementia were not supported in a personalised way. Fact sheets were available but no information about how this effected people individually was included in their care plans. Staff told us about a person who became anxious due to their dementia, but we could not find information on how staff could best to support them in their care plan. Staff told us they offered emotional support where they could.

People's care plans were not person centred and did not include relevant information. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Assessments were not carried out to assess what support people may need with their communication.
- People had basic communication needs recorded in their care plans. Information such as whether they can communicate over the phone was recorded. However, more in-depth information for people was not explored. Such as whether people may need their care plans in large print.
- Where a person had a speech impairment linked to anxiety. Specific information on how best to support this person was not included. Communication methods were not explored to help support this person to communicate effectively. A staff member that knew the person well, told us they give the person time to speak and offer reassurance.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. No complaints had been logged for us to review how

they had been handled.

● However, a person we spoke with told us they had raised a complaint with the service. "Yes, I made a complaint, but there was no 'oh that is terrible,' an apology or feedback given. They just said 'oh, okay'." We raised this during our feedback and the management team said they would look into it.

● Other people and their relatives told us they knew where to go if they had any concerns. People informed us that they had a complaints procedure within their care file's.

End of life care and support

● End of life care plans were not in place even though several people were receiving palliative care. Preferences and wishes were not discussed with people or their relatives to ensure they were individually met. The registered manager said advanced care plans were sent and rarely returned. However, they recognised the importance of care plans being implemented when people were at the end stages of their life.

● Staff had not received training in end of life care. Staff told us they felt this would be really beneficial training and give them confidence to care for people end of life.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager failed to recognise robust quality assurance systems that needed to be in place in order to monitor the quality and safety of care. They had failed to continuously learn and improve. People had been exposed to risks to their health and well-being and this had been left undetected until our inspection.
- Audits that were in place had not been completed regularly. Medicines management audits had not been carried out since 2020. The registered manager failed to pick up concerns we found on inspection.
- People's medicine administration records (MARs) were at times illegible. There were multiple unexplained gaps and controlled drugs were not appropriately recorded. In house spot checks were not carried out including medicine stock balances to ensure medicines were administered as prescribed.
- The registered manager did not have effective oversight of staff performance. Competence assessments including medicines administration were carried out by peers and additional training to carry out these assessments had not been completed. Robust systems were not in place to ensure staff remained competent to deliver safe care.
- Lack of effective audits of care plans and risk assessments meant the registered manager failed to identify shortfalls. Risk assessments were not inclusive of people's health conditions and other known risks. People's care needs were not kept up to date when changes were made by health care professionals.
- A lack of provider oversight meant concerns we found during our inspection were not picked up. We spoke to the nominated individual as part of our inspection process to let them know about concerns we found during our inspection. They were receptive and gave us some assurances they would look into concerns raised.
- Individual monitoring charts like bowel motion and turning charts were not being used. Where people were at risk of constipation or pressure damage, charts were not used to monitor changes. There was no way of determining whether people at risk of constipation had opened their bowels.

The provider had failed to establish and operative effective systems to monitor the quality and safety of care to people. These concerns were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and staff had not been asked to feedback about the service through questionnaires since 2017.

People we spoke with confirmed they had never been asked to give feedback or asked about the service they received. Comments we received included, "I haven't filled in a questionnaire. The care itself is fine, but expensive." Another person said, "I haven't been asked to feedback. It would be good for me, as well as the staff, if they were able to come at a more consistent time of day, each day." This meant the provider could not continually improve the service through feedback sought.
● Staff had not received regular staff meetings. The registered manager told us they had not had time to catch up on these since the recent pandemic.

The provider had failed to seek and act on feedback from relevant persons and other persons on the services provided to people. These concerns were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We saw evidence that the service worked with healthcare professionals. We spoke with the local district nursing team. Feedback we received was positive and they felt care staff were responsive to people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager was not able explain to us what duty of candour meant. They were unaware of the details of the fundamental standards on which the regulations are based.
● Systems and processes around the duty of candour were not in place. We could not be sure the provider and registered manager would identify when things had gone wrong and be able to respond accordingly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and their relatives were positive about the service they received. They were not all clear on who the registered manager was but knew where to find their details. Comments included, "As far as I am aware the service is well managed. The manager's name is in the book." And "I think so. They always seem in a rush and in a hurry, but I think I am just grateful to have them. [Registered manager] can be a bit sharp on the phone, but otherwise everybody is friendly and nice."
● Staff told us they felt supported by the office and management team but at times communication can be a shortfall. One staff member told us, "They are good, we all work well together and on days like today, pull together when it is busy." Another staff member said, "When I have concerns and report issues to the office, I feel sometimes the communication is lapsed it doesn't get passed on to the right person, so things don't get dealt with. If I manage to talk to the manager, they look into it."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care plans were not person centred and did not include relevant information.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The lack of robust risk management processes meant people were not protected from harm or injury and medicines were not managed safely.

The enforcement action we took:

Warning notice issued

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operative effective systems to monitor the quality and safety of care to people

The enforcement action we took:

Warning noticed issued