

Town and Country Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Town and Country Care Services Limited is a domiciliary care service providing personal care to people living in their own homes. The service provides support to older people, people with dementia, people with physical disabilities and younger adults.

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. At the time of our inspection there were 43 people using the service. 38 of these received personal care.

People's experience of using this service and what we found

Systems in place for recording the administration of medicines were not robust. We identified gaps in the records. Action taken to address the issue had not been effective.

Risks associated with people's health were documented and staff had clear guidance on how to mitigate known risks. They had received appropriate training to provide them with the skills and knowledge required to support people safely.

There were enough staff to support people in line with their identified package of care. Staff had been recruited safely. Before starting work independently, new staff completed shadow shifts to help ensure they understood people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were systems in place to gather people's views of the service. People and staff told us their opinions were sought out and taken into account.

The management team were described as "open and available." People were highly complimentary of managers and the wider staff team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 November 2022). At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that improvements were made to the way in which the

administration of medicines was recorded. At this inspection we found actions to make improvements had not been effective.

Why we inspected

We carried out an announced comprehensive inspection of this service on 29 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve recruitment processes, staff training and oversight of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Town and Country Care Services on our website at www.cqc.org.uk.

Enforcement and recommendations

We have identified a breach of regulations in relation to the recording of the administration of medicines.

Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about monitoring and auditing systems.

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?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Town and Country Care Services 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 an inspector and an Expert 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure someone would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited the service office and met with the deputy manager, office manager and administration assistant. We reviewed a range of records including 2 people's care records, 3 recruitment files, training records, medication records and audits of the service. We spoke with 5 people who used the service and 5 relatives about their experience of the care and support provided. We received feedback from 5 members of staff and two external healthcare professionals.

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 requires improvement. The rating for this key question has remained 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.

Using medicines safely

At our previous inspection we made a recommendation about recording when medicines were administered. At this inspection we found not enough improvements had been made.

- An electronic system was in place for staff to record when they had supported people with medicines. This was not consistently completed. Managers had identified there were frequently gaps in the records and found this was sometimes due to a poor internet signal. They had introduced paper records to use alongside the electronic records.
- We found there were also gaps in the paper records. One person had been prescribed medicine to be used for a short period of time. The name and dosage of the medicine had been handwritten below a printout of a MAR chart and was difficult to decipher. There was no information about how often the medicine should be taken. Entries did not consistently show what time it had been given although it was important to leave a period of time between doses. There were gaps in the recordings.
- In total there were three possible systems in place for staff to use to record the administration of medicines. This was potentially confusing and made it difficult to establish what medicines people had received and when.

Systems to record when people received their medicines were not well established. This contributed to the continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess, monitor and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in this area.

- Risks to people's health and well-being were identified and recorded. This included risks associated with individual health conditions. Staff had clear guidance on how to mitigate known risks.

- Environmental risk assessments outlined any risks associated with people's homes. Staff were provided with basic equipment such as torches, for use in an emergency.
- There was a culture of positive risk taking. Managers spoke of the importance of supporting people to remain independent and living in their own homes for as long as they wanted and were able to.
- One relative told us; "[Relative] is 95 and very independent. The carer's let them get on with things and are there to help, they don't take over, but make sure [relative] is safe.
- When people refused care, this was recorded. Staff were able to describe how they worked with people to reassure them and support them to accept the care they needed.

Staffing and recruitment

At our last inspection the provider had failed to establish robust recruitment systems. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Application forms had been updated, these prompted applicants to provide all relevant information.
- Before new staff started work pre-employment checks were completed to help ensure staff were suitable to work in the care sector. For example, references were followed up.
- There were enough staff to meet people's needs. Staff told us they were not rushed, and travel time was built into the rotas.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Managers escalated any concerns they had to the relevant agencies.
- Staff received training in safeguarding and were confident describing how they would report concerns. One commented; "If there was anything going on that I didn't think was right I would flag it up."
- People told us they felt safe. Comments included; "I trust them completely" and "I know all of them now, and I treat them as friends."

Preventing and controlling infection

- Staff completed training in infection control and food hygiene. When managers carried out unannounced spot checks infection control practices were considered.
- Staff had access to Personal Protective Equipment (PPE), such as gloves and aprons.

Learning lessons when things go wrong

- Daily notes were completed, and any untoward events recorded and highlighted to the management team.
- Incidents were reviewed to highlight any patterns and to prevent reoccurrence where possible. Regular audits were completed, and lessons learned were shared with staff to improve the service. For example, where staff identified one person did not have the appropriate equipment to support them this was highlighted to the relevant agency.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received appropriate training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- New staff completed training identified as necessary for the service. This was regularly refreshed. Managers supported staff to complete training, setting aside protected time and providing additional support when needed.
- When people had specific health needs not covered by the standard training, additional training had been sourced to ensure staff had the appropriate skills and knowledge. For example, staff had completed training in catheter care.
- Staff meetings were used as an opportunity to work through training materials on specific topics.
- Staff told us they were well supported by the management team. They received regular supervisions which were a mix of face to face meetings and observations of practice.

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

- Town and Country Care was a relatively new service and had only been operational for 18 months at the time of the inspection. The management team told us they ensured they had enough staff with the relevant skills and experience before accepting any new packages of care.
- A professional told us; "I have never known them to take on more than they can cope with which other agencies sometimes do."
- Staff applied their skills effectively and in line with best practice, this resulted in good outcomes for people and promoted a good quality of life

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet. Staff were able to describe how they encouraged people, who were sometimes reluctant to eat, to follow a healthy eating plan.
- Care records identified people's likes and dislikes and how people needed to be supported in this area.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Managers and staff communicated with other agencies to help ensure people received the care and support they needed.
- An external healthcare professional commented; "They often ring for advice and evidence that they have taken the advice and put it into practice."
- People experienced positive outcomes regarding their health and wellbeing. Anything that could affect health and wellbeing was identified and action taken to address this

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.

- The service worked in accordance with the principles of the MCA. People were asked to consent to their care plans which had been signed to document their agreement.
- Staff supported people to be as independent as possible. At the time of the inspection no-one using the service was subject to a Court of Protection order.

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 requires improvement. The rating for this key question has remained 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; 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

At our last inspection the provider had failed to establish robust systems to assess and monitor the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in this area.

- As outlined in safe, the service was in breach of regulations. This is a ratings limiter and the well-led key question remains requires improvement.
- Managers completed audits of the service, including medicines audits. They had identified a need for improvement in how medicine administration was recorded. However, the processes introduced to rectify the issue had not been effective.

We recommend the provider seeks advice and guidance in relation to continuous monitoring in order to drive improvements.

- A staff meeting had been held shortly before the inspection to remind staff of the importance of accurate recording.
- The registered manager was supported by a deputy manager and office manager and an administration assistant. They each had clear roles and responsibilities.
- People told us they found the service was well managed. One commented; "[Registered manager] seems to get on very well with all staff, they are respectful to each other, which is good to see. It's a good relationship, and it's good management."
- The registered manager was aware of their responsibilities under the Duty of Candour. There was an appropriate policy in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person-centred culture. Managers and staff demonstrated a good understanding of equality and diversity. One person told us; "They were all so good when I had my breakdown. They were not judgemental, I felt very comforting chatting with them all."
- Following the previous inspection improvements had been made to care plans. This included the inclusion of clear information about people's individual routines and the support they would require at each visit.

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

- People were encouraged to give their views of the service, and these were listened to and acted on. A member of the management team told us; "We want people to tell us what they think. If they don't tell us what is not working, we can't make improvements."
- As well as formal surveys people were regularly asked for their feedback using more informal methods, such as telephone calls and during visits by the management team. The administration assistant telephoned 4 randomly selected people each week to check their experience of the service.
- Staff meetings were held and staff told us they were able to approach management at any time if they had concerns. One commented; "They [managers] are supportive to a fault. Very friendly, you can go into the office and talk through things."

Working in partnership with others

- The service worked with other agencies to help ensure people received support according to their individual needs. For example, they had worked with local district nurses to develop staff skills in one area of care.
- External healthcare professionals told us; "They always highlight any concerns appropriately to us and are keen to work together to ensure people receive the best care possible" and "The management are very approachable and go out of their way to try and help in any given situation, often with short notice. They are still a reasonably new agency who have shown that they have excellent values and strive to deliver a good service."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to maintain accurate, complete and contemporaneous records in respect of each service user in relation to medication.</p>