

Southern Counties Caring Ltd

# Southern Counties Caring Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Southern Counties Caring Ltd is a domiciliary care agency. It provides personal care for people from children to older adults living in their own homes, some of whom were being cared for at the end of their lives. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were two people who received personal care.

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

People told us they felt safe; care plans and risk assessments promoted their safety and wishes. One relative told us, "My mind is at rest and I can leave my relative, knowing they are safe with staff." Staff received safeguarding training and were knowledgeable on the prevention and reporting of abuse. People's safety was promoted during the COVID-19 pandemic. Staff received relevant training, had appropriate personal protective equipment and underwent a regular COVID-19 testing regime.

People were supported by trained and competent staff. Staff received training to assist people with their medicines and care needs. Staff felt supported by the registered manager. One staff member told us, "The registered manager, trained me and showed me exactly how to do things until I was confident to do my job on my own."

People's initial needs were assessed by the registered manager, and person-centred care plans were developed to enable people to have control of the support they received. One relative told us, "I think the assessment process was thorough and my relative's preferences were considered."

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.

People were cared for by consistent staff. One relative told us, "We tend to see the same faces." People confirmed staff asked permission before offering support. Staff understood the importance of gaining consent and respecting people's wishes. One staff member told us, "I go to [person] and verbally ask permission. They have never refused, but if they did, I would respect their decision."

People were supported by staff who respected their individuality. One staff member told us, "I like to work with all different people, making people smile even when they are so unwell." One relative told us, "They treat my relative with the utmost of respect, my relative loves seeing them, and they have great a laugh together."

The registered manager sought feedback and built rapport with people, their relatives and staff. People and staff told us they felt comfortable to make suggestions, comments or complaints and felt they would be

listened to by the registered manager. People and staff spoke highly of the registered manager. One person told us, "I would be happy for any family member to have the agency go to them, I couldn't fault them."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 4 December 2019 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Southern Counties Caring Ltd

## **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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 October 2021 and ended on 12 October 2021. We visited the office location on 8 October 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information held on the service. We took this

into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with one healthcare professional who has contact with the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from harm or abuse; People and their relatives confirmed they felt comfortable to speak with the registered manager or staff should they have any concerns. One relative told us, "My relative feels very safe with them, I am usually there, they have always been exceptionally caring."
- Staff received safeguarding training and had signed to confirm they had read and understood the local policies which had been supplied in their handbooks. The training and policies reflected processes of safeguarding adults and children. Staff understood the types of abuse and how to recognise signs of abuse. Staff demonstrated their knowledge on how to report concerns internally and to external bodies should this be needed.
- People were supplied with both the service's safeguarding policy and the local authority's safeguarding information leaflets. These contained contact details so people could raise concerns with the service or directly with the local authority if needed.
- There had been no safeguarding concerns since the service commenced. The registered manager demonstrated their knowledge of escalating safeguarding concerns externally where appropriate. The registered manager explained how investigations would be completed and how learning would be taken forward to minimise reoccurrence.

Assessing risk, safety monitoring and management

- Risks to people's health were assessed and managed safely. People had individual risk assessments in place which guided staff on how to support them safely.
- The registered manager gave examples of where people had been assessed to take positive risks and described the measures in place to enable this. One person who had been at risk of falls had shown an improvement with their mobility by walking short distances with staff instead of using their wheelchair. This had been risk assessed, and the person became more confident in their abilities.
- Risks relating to people's health had been assessed. This included where people were at risk of developing pressure ulcers and required support to maintain their skin integrity. Professional medical advice had been sought which resulted in the person being prescribed creams and provided with pressure relieving equipment to minimise the risk of pressure areas forming. Risk assessments and care plans were in place to guide staff on the safe use of the equipment and when to contact healthcare professionals for advice.
- Environmental risk assessments and checks were completed for people's homes. This was to ensure people's safety and that of staff when care was being delivered. Consideration had been given to safety aspects of outside of the property such as streetlighting and access, as well as inside people's homes.
- Staff had read the service's lone working policy and had lone working risk assessments in place to promote their safety.

Staffing and recruitment

- There were enough staff to support people safely; people told us staff were reliable and they had not experienced any missed calls. People experienced good communication from staff and were kept fully informed if staff were running late. A staff member told us, "If I'm running late, I usually call [name] directly, this has only happened once, they didn't mind at all."
- Staffing levels were determined by the number of people using the service and their needs. Our observations were there were enough staff to meet people's needs, this was reflected in the staff rota and feedback from people. Where people required two staff, we saw this had been arranged. The registered manager undertook visits themselves to ensure calls were never missed.
- Staff were recruited safely. Applications forms were completed appropriately, employment histories and any gaps of employment had been discussed at interview and documented. Checks such as references and Disclosure and Barring Service (police checks) were obtained prior to employment to protect people from the recruitment of unsuitable staff.

#### Using medicines safely

- Medicines were managed safely. Staff had received training in the administration of medicines and only those staff who were assessed as competent were able to administer medicines to people.
- People confirmed they were assisted by staff, and creams were applied on time. Cream charts and body maps were in place for people, this guided staff on how much, how often and where creams needed to be applied.
- People had medicine care plans in place. This ensured people continued to receive their medicines safely in line with their personal preferences and the prescriber's instructions.
- Medicine audits were completed monthly. These were reviewed and analysed to ensure appropriate action was taken to safeguard people and to mitigate potential risks. Medication administration records (MARs) and body maps were checked for any gaps and omissions.
- The service had a medicine policy in place which reflected the latest best practice. The registered manager was qualified to train staff on medicine administration.

#### Preventing and controlling infection

- Infection prevention and control policies kept people safe and was updated to reflect the latest guidance for the COVID-19 pandemic.
- Staff had received training in infection prevention and control. This included the appropriate use of personal protective equipment PPE. Staff competencies were assessed in relation to taking off and putting on PPE as well as hand washing techniques. Feedback from staff was there were ample stocks of PPE and this was readily available to them.
- COVID-19 testing was carried out in accordance with government guidance. This states staff working in people's homes should undertake a polymerase chain reaction (PCR) test every week. This mitigated the risk of staff transmitting the virus to people.

#### Learning lessons when things go wrong

- The registered manager told us lessons learned were shared with staff to improve the service and reduce the risk of similar incidents. For example, staff had been observed by a visiting professional of using unsafe techniques to help the comfort of a person being supported. Staff were informed by supervision why the technique was unsafe for people and to discontinue with this method.
- The registered manager described how auditing would be used to identify issues, analyse trends and establish actions to minimise reoccurrence. For example, if medicine errors had been noted, the registered manager would re-train the staff member, reassess their competencies and find out reasons for the error such as distractions or time limitations. Additional supervision and auditing would be carried out to ensure the actions taken were sufficient.



- Staff explained any accident or incident would be documented and reported to the registered manager. They told us the registered manager would investigate and there would likely be a change of care plan or additional training as a result.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010 such as age, sexual orientation and disability. People were assessed for all aspects of their health and support requirements to ensure their needs could be met. The registered manager told us, "If communication is a barrier, we would involve family or an interpreter. Involving family is helpful with cultures and beliefs."
- The registered manager carried out initial assessments prior to people using the service to inform care plans and ensure people's needs could be met. People and their relatives were invited to contribute to the assessment process to ensure their views and wishes were considered. One relative told us, "The pre-assessment was informative, they spoke to my relative not just me, we asked questions and all answers were there."

Staff support: induction, training, skills and experience

- Staff had the knowledge and experience to support people effectively. People were supported by staff who received training relevant to their role such as end of life care and catheter care.
- New staff received an induction in line with the Care Certificate. This is a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff shadowed experienced staff until they were assessed as competent to work alone. Feedback received was staff had the right skills to provide support and people felt reassured by staff receiving hands on training alongside the registered manager.
- Staff competencies were assessed. There was a programme to ensure staff skills and competencies were continually assessed. This included direct observations of their performance and discussions to assess their knowledge. Staff received formal supervisions and an annual appraisal which identified and gaps in their knowledge and provided a pathway for personal development.

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

- People received appropriate support to ensure their nutritional requirements were met. Staff would ensure choices are offered to people. One staff member told us, "In the morning we can give choices of cereals. I always give options to my clients including what they wish to drink."
- People were supported by staff according to their mealtime preferences. One relative told us, "They cut my relative's food up into tiny pieces, I'm amazed about how much care they do take."
- Staff received training in food hygiene and used this knowledge when preparing food for people. Where required, staff prepared snacks for people such as sandwiches and microwave meals. This ensured people were supported to maintain their nutritional intake.
- People's care plans identified the levels of support needed to ensure a person maintained a healthy fluid

intake and balanced diet.

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

- People had access to healthcare agencies and support. Staff worked with agencies such as palliative care nurses and GPs to provide good outcomes for people.
- Healthcare professionals had been involved in people's end of life care plans. This included the need for 'just in case' (JIC) drugs and any equipment such as profiling beds to ensure comfort. Staff worked with occupational therapists (OT) to arrange the necessary equipment for people.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff had received training in the MCA and demonstrated a good understanding supporting people in the least restrictive way. MCA was emphasised and discussed at staff supervision.
- People's mental capacity was assessed by the service at the initial assessment and reviewed where required. The registered manager understood the principles of the MCA and described where this would be used in practice, for example to presume capacity, and to make best interest decisions in the least restrictive way.
- The service was not supporting anyone who required an application to be made to the Court of Protection to authorise a deprivation of their liberty.
- People told us they were asked for consent by staff before any assistance was offered. One person told us, "Staff always ask consent, they always check with me if I'm happy and if I want to change anything. They don't rush me and that's important to me."
- Staff understood the importance of gaining consent, one staff member told us, "Before I give any care, I ask people's permission to help, I do this verbally."
- Staff understood a person's right to decline assistance and confirmed they would respect the person's wishes. One staff member told us, "If a client declined care I would look into the reason. If this was more than one visit, I would communicate with the next carers. I would report any problems to the office."
- Records showed people were involved in decisions relating to their care and support, and their choices were respected. We saw consent forms were signed by people where appropriate.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People were supported by caring staff who were respectful of their equality and diverse needs. Staff had received equality and diversity training which was reflected in their practice. For example, staff respectfully documented people's feelings as well as the care delivered.
- Staff knew people well and described people's routines and personal preferences. Staff explained how their approach differed to suit people. One staff member told us, "I always ask [person] if they are happy and if they want to change their routines. We've sort of fallen into a routine which suits them."
- Staff told us it was important to respect people's choices and feelings, and spend time getting to know people. One relative told us, "They sometimes stay afterwards and has a cup of tea and a chat."
- The registered manager knew the importance of respecting people regardless of their needs. People's individuality was taken into consideration. The registered manager told us, "We treat everyone differently, we have a 'one shoe does not fit all' policy."
- People and their relatives provided positive feedback about the care they received. We were told staff were consistent and friendly.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to have choice and control over their lives. People were involved in their support planning, and reviews took place to suit them and their changes in health. One person told us, "They adapted my support plan based on a change in my needs as I needed to switch it up."
- People's care was reviewed monthly or more often if required. Staff were flexible and would accommodate changes where possible. A relative told us, "There is a care plan which I know they follow but if my relative wants something different they will deviate within reason."
- People felt listened to by staff and were encouraged to make decisions about their care. Feedback received was staff spent time getting to know people and understanding their views. Staff told us they had time to chat with people which was important to ensure people's well-being and build relationships.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- People spoke highly of the support they received which promoted their dignity. People provided examples of how staff respected their privacy and dignity whilst providing personal care. Staff knew the importance of treating people with dignity. One staff member told us, "I treat people with dignity by talking to them, I ask if people want and do what they want, I make people comfortable and ask people to tell me if I can do anything differently which would be better for them."
- People's independence was encouraged and respected. Staff provided examples of support they provided

that encouraged people to maintain their independence with aspects of their daily lives. For example, to aid a person's independence at mealtimes, their meal was served in a way that reduced the need for staff support.

- The registered manager had signed up to become a dignity champion. This is a pledge to ensure people's dignity will always be respected. Staff received training in dignity and privacy and had read the service's policy. Supervision records evidenced dignity was a topic discussed with staff.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care to meet their needs and wishes. Each person was treated as an individual and care was planned around their preferences. People were able to choose whether they wanted, for example, male or female support. People were able to choose the time of their visits and make adjustments to suit them. Records confirmed these wishes had been respected.
- Care plans were person-centred and provided a clear indication of the person's needs and wishes. Records included specific ways the person wished to be supported and detailed the person's life story.
- Staff told us they had time to read care plans and the plans were accurate. Comments included, "There are copies of all the care plans in the client's homes. I could tell [registered manager] if there is a change of needs, any changes we have to report back to the office." And, "I think the care plans are good they reflect the person I am caring for."
- People's care needs were reviewed when needed. Where people expressed a wish or if their needs increased, relevant bodies such as the clinical commissioning group (CCG) were contacted to increase the lengths of visits. For example, a person liked to eat at a slower pace, additional time was allotted for the person, so they did not need to rush. This was done with the person's involvement and to their satisfaction.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered at the initial assessment stage. Care plans were developed to guide staff on people's preferred ways of communicating. For example, using gestures and the written word for people who had hearing difficulties.
- Staff recorded any communication needs people had such as speech, hearing or sight impairments. For example, care plans guided staff to support people to wear glasses, for the glasses to be clean and accessible.
- The registered manager advised all documentation could be produced in large print, easy read and Braille if needed.

Improving care quality in response to complaints or concerns

- People were able to feedback on their experience of the service to include complaints. People had access to the complaints procedure in their files which were located in their homes.
- People said they would feel able to raise concerns with the registered manager. One person told us, "If I

was not happy with any aspects, I would be comfortable to speak to registered manager, I know they would address any complaints. I haven't needed to complain, and I can't imagine ever needing to, they really are fab."

- Relatives told us they were given a copy of the complaints procedure at the start of the service and were comfortable to speak with the registered manager with any complaints. Comments included, "I would speak to the registered manager, I think they would deal with things swiftly, they're on the ball." And, "I would feel comfortable to approach the registered manager with any matters, small or large and am confident they would deal with any issues."
- The service had not received any complaints. The registered manager described actions which would be taken to investigate and respond to complaints. They advised they would look for trends or patterns of any complaints received, and learning would be taken forward.

#### End of life care and support

- The service was supporting people at the end of life stage at the time of inspection. The registered manager ensured that processes were in place to support the emotional well-being of people, their families and staff. Staff told us they received good support from the registered manager which helped them understand their own feelings and emotions when people they had been supporting passed away.
- Staff were trained to support people who were nearing the end of their life. People received carefully planned and person-centred support unique to their wishes and preferences from staff who were compassionate and knew them well. One person told us, "It's unbelievable what they do, they stay beyond the hours, they are really lovely. They are not just my carers; they are also my sounding board."
- There was a person-centred approach to end of life care and support. People were given a full opportunity to plan their end of life care according to their wishes. The registered manager carried out regular reviews and this ensured people's support plans remained up to date and reflected people's end of life wishes and care needs.
- The service worked alongside healthcare professionals to provide timely and safe support. One healthcare professional told us, "They have been very attentive and holistic to the patients."

## 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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service promoted a person-centred and inclusive culture for people. The registered manager made themselves available so people, their relatives and staff could speak with them at any time. Staff told us the registered manager was approachable and available if they needed help. One staff member told us, "[Registered manager] rings me all the time to check in, they told me to call or text anytime if I am not comfortable and they will come along and help."
- Staff were recruited in line with equal opportunities guidance. Staff felt listened to and told us they were confident about being able to speak up about concerns, issues and ideas. Comments included, "I really am very happy, I'm very comfortable. I like working there because if I need something I can talk to the registered manager, they are always there." And, "I could definitely go to the registered manager with concerns or complaints they are lovely. The registered manager would sort everything out, they have the client's best interests at heart."
- The registered manager sought feedback about the service. Surveys were undertaken by people and their relatives. We reviewed the results which were positive. The registered manager said would use any adverse comments to build an action plan and address any issues. The registered manager visited people frequently to gather their views and opinions. One person told us, "The registered manager has been in to check I'm happy with the service, they come in with a questionnaire and checks the staff are doing what they should be, although they are, it's good to see that level of management." We saw cards from relatives thanking the registered manager and staff for the support provided for their loved ones.

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 understood their duty to be open and honest when something was to go wrong. They told us, "Duty of candour is openness to everything we do. We apply the duty of candour if we do something wrong, we apologise if we are wrong, we keep people informed and let them know what is happening."
- The registered manager demonstrated their knowledge of regulatory requirements. They understood their duty to notify CQC of events within the service, evidence confirmed notifications had been submitted appropriately.

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



regulatory requirements; Continuous learning and improving care

- The registered manager and their staff were clear about their roles and understood their regulatory responsibilities.
- The registered manager carried out quality audits including, checks on documentation such as daily records, administration of medicines and care plans. The registered manager said they had identified changes in people's care needs and updated care records as needed.
- The registered manager had a formal quality assurance audits which linked in with supervisions carried out with staff. This meant any areas identified could be addressed with staff immediately to drive continuous improvement and learning. A staff member told us, "Spot checks include the registered manager observing and us checking our documentation and checking our clients are happy."
- The registered manager had a development plan in place. This included recruiting more staff and additional staff training to meet people's differing needs associated with caring for people at the end of their lives.
- The registered manager displayed a clear dedication for their work and the people they supported. They told us, "We can't make people better, but we can make them comfortable at the end of their journey."
- The registered manager ensured to keep their own knowledge current. They attended training courses such as cough assist and tracheostomy care to develop the service to care for a wider range of needs.

Working in partnership with others

- The service worked in alongside external agencies to ensure good outcomes for people. Healthcare professionals including district nurses, the local hospice, palliative care nurses, OTs and GPs were involved to provide advice for staff to support people's needs. For example, staff recognised some equipment needed reviewing, the OTs were contacted, and new equipment was provided which ensured safe and timely care for the person.
- Feedback from healthcare professional was positive. One healthcare professional told us, "It's an indicator of their attitudes, they notice things around the patient's condition so care can be improved, our experience with them has been very positive."
- The registered manager networked with other local managers, offering mutual support by carrying out supervisions on each other. An example of shared learning amongst managers included to make sure care, complaints, compliments were evidenced with outcomes, for example, 'you said, we did.'
- Further support was offered by the local authority and CCG. The registered manager told us, "I have a brilliant support, we have manager groups, I'm proud of my council, we can ring them anytime. The national agency group is also amazing."