

Mr. Nicholas John Bradshaw







# Town and Country Care

## Inspection report

The Office  
c/o The Ridlington Centre  
Sibsey Lane  
Boston  
Lincolnshire  
PE21 6HB  
Tel: 01205354329

Date of inspection visit: 23 February 2015  
Date of publication: 30/04/2015

### Ratings

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

### Overall summary

We undertook an announced inspection of Town and Country Care on 23 February 2015. We told the provider two days before our visit that we would be coming.

This was the first inspection of this service since the provider was registered with the Care Quality Commission in October 2013.

Town and Country Care provide a personal care service to people in their own homes. At the time of our inspection 80 people were receiving a personal care service.

There was not a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager in post and they were in the process of starting the application process to become the registered manager.

# Summary of findings

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The manager and staff understood the Mental Capacity Act 2005 (MCA) and had received appropriate training.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. People were supported to take their medicines safely.

Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care and support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People were supported to eat and drink. Staff liaised with people's doctors and other healthcare professionals as required.

People and their relatives were able to raise any issues or concerns and action was taken to address them.

The manager and the registered provider were accessible and approachable. Staff, people who used the service and their relatives felt able to speak with the manager and provide feedback on the service.

The manager and the registered provider undertook checks to review the quality of the service provided to people who used the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

There were enough staff available to meet the needs of people who used the service.

Background checks had been completed before new staff were employed

Good



### Is the service effective?

The service was effective.

Staff had the skills and knowledge they needed to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to eat and drink according to their plan of care.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



### Is the service caring?

The service was caring.

Staff were kind, polite, caring and courteous to people who used the service.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Good



### Is the service responsive?

The service was responsive.

Care and support plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences so that they could provide a personalised service.

People were involved in making decisions about their care and the support they received.

Good



### Is the service well-led?

The service was well-led.

Staff were supported by the manager, the registered provider and the team leaders. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The manager and the registered provider checked the quality of the service provided and ensured people were happy with the service they received.

People who used the service and their relatives said that the staff, the manager and the registered provider were approachable and there were regular opportunities to feedback about the service.

Good



# Town and Country Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 23 February 2015 and the inspection team consisted of one inspector. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During our inspection we went to the registered provider's office and spoke to the manager, the registered provider

and three members of staff. We looked at the care records of eight people who used the service, reviewed the records for five staff and records which related to the management of the service. This included staff training information, staffing levels, health and safety and arrangements for managing complaints. After the inspection visit we telephoned two further members of staff, and spoke with five people who were supported personally by the service.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority who commissioned services from the registered provider for information in order to get their view on the quality of care provided by the service. We also contacted two health and social care professionals who worked with people supported by the service to obtain their views on the care people received.

# Is the service safe?

## Our findings

People said they felt safe using the service. A person said, “I have no cause for concern about the [staff] who visit me.” Another person said, “It’s nice to know there is someone looking out for you.”

Staff said that they had received training in how to keep people safe from harm. They were clear about whom they would report their concerns to and were confident that any allegations would be fully investigated by the manager. A member of staff said, “I have had to raise an incident in the past and it was dealt with swiftly by the management and action taken.” Staff said that when required they would also escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about the service showed that the registered provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

Assessments were undertaken to assess any risks to each person who used the service and for the staff who supported them. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, one person had restricted mobility and information was provided in their manual handling assessment. This informed staff how to support the person when assisting them to move around their home and transferring them in and out of chairs and their bed.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. This had been documented in the accident book. For example, staff had found that a person had slipped out of their chair. Actions taken had been recorded in the person’s care and support plan, a record made in the accident book and a healthcare professional informed.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number

of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. A member of staff said, “I am happy that we have the right number of staff to support people, and that means that staff are not rushed when they make their calls.”

The manager said that staff the service employed lived near the people they supported. They said, “We work within clusters of care and always make sure that staff work within their postcode.” This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed time for a call. The manager informed us the service had not had any missed appointments. If staff were unable to attend an appointment they informed the team leader or manager in advance and cover was arranged so that people received the support they required. This was supported by the people whom we spoke with. A person said, “If they have been late I have always had a call. Not that it happens on a regular basis.” Another person said, “I can’t remember the [staff] being late, they are always here around the same time each day.”

Suitable recruitment procedures and required checks were undertaken before staff began to work for the service. We looked at the background checks that had been completed for five staff before they had been appointed. These checks showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The medicines policy clearly defined that staff would not administer medicines to people who were unable to take medicines themselves. However, staff were able to prompt people to take their medicine. New staff undertook a medicines awareness course when they started in their post and there was refresher training for staff on an annual basis. People we spoke with confirmed that staff did not administer any medicines. A person said, “No, they don’t give me my tablets, they just help me when I need them to.”

# Is the service effective?

## Our findings

People said that they were well cared for and supported by the staff and they were confident that staff knew what they were doing and were reliable. A person said, "They know me well and what I need." Another person said, "They all seem to know what they are doing. The new [staff] will come and work with the others so they know what they are doing."

People were supported by staff who had the knowledge and skills required to meet their needs. Training was provided by an external company in all topics considered mandatory by the registered provider. This included safeguarding people from harm, medication awareness, supporting people who lived with dementia and end of life care. In addition, staff said how they had been supported to obtain nationally recognised qualifications in care. This meant staff were appropriately trained and supported to meet people's individual needs. One member of staff said, "I couldn't have wished for a better team leader when I started. They were really supportive." Staff received regular supervision and an appraisal from the team leaders. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

People were supported at mealtimes to access food and drink of their choice. When the service had been employed to specifically assist people with food preparation, staff had

received training in food safety and were aware of safe food handling practices. Staff said that before they left their visit they ensured people were comfortable and they had access to food and drink. We looked at people's care records and found that staff had documented when they had prepared food and if the person had eaten well.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and had received training in the MCA. They knew what steps needed to be followed to protect people's best interests.

People and their relatives said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. They said that staff liaised with health and social care professionals involved in people's care if their health or support needs changed. For example, we saw from people's daily progress notes how staff had noted a change in a person's health and contacted their doctor or a district nurse so that appropriate action could be taken. A person said, "If I don't feel quite right they will call my doctor or nurse."

People's care records included the contact details of their doctor so that staff could contact them if they had concerns about a person's health. There were also contact details for other health and social care professionals should care staff need advice or assistance which included social workers and occupational therapists.

# Is the service caring?

## Our findings

People were happy with the care provided and said that they received a good standard of care from the service. A person said, "I really can't fault the care I have had from the [staff] since they started coming in. If I wasn't happy they would know." Another person said, "They are always smiling and happy, and it's nice to see that. I have been happy with the care and attention they given me."

Feedback from families was positive and they felt well supported by the staff who visited their home and found staff polite and courteous. Comments included, "Very happy with the service we have received." and "Staff are polite, friendly and caring."

People supported by the service and staff said that they were able to develop good relationships due to the planning and continuity of staff that supported the same people. We heard of examples of how staff had supported people during bad weather, leaving people flasks of hot drinks and sandwiches to ensure people had provisions. In addition, we heard that when staff due to poor weather were unable to drive their cars to get to people's homes they walked or used alternative transport to get there.

Staff said they were respectful of people's privacy and maintained people's dignity whilst they supported people with aspects of their personal care, but ensured they were

nearby to maintain the person's safety. Staff had agreed with people how they would gain access to their homes, however, people said that staff always knocked on their front door and announced they were there.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. A person said, "They know how I like things, even down to my cup of tea!" Another said, "They don't just know me, but my family too. I think they would go the extra mile for you."

The manager was aware that local advocacy services were available to support people if they required assistance, however, there was no one who currently used the service who required this support. Advocates are people who are independent of a service and who support people to make and communicate their wishes. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. A member of staff said, "I always read the person's care plan when I go in. If I notice that it does not reflect the care they are getting, I make a note and feed it back to the team leader." This enabled staff to provide a personalised service. We saw an example in a person's care and support plan where staff had acted and informed a member of the health and social care team in the community about a concern. This had resulted in the use of pressure relieving mattress which prevented the person developing a pressure ulcer.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. One member of staff said, "I like the fact I can go in and cheer someone up and have a chat. I may be the only person they see that day if they don't have any friends or family." People were also supported to use community day centres by staff and to go shopping.

When a person started to use the service they were given an information guide. This included the contact details for senior staff out of hours, the standards that people could expect from staff, how to raise a safeguarding concern and how their support plan would be complied. This information ensured that people were able to make an informed decision before they started using the service.

People had a care and support plan in place which was personal to them and had been reviewed to make sure that it accurately described the care to be provided. One person said, "Yes the [staff] always have a look at the paperwork and write how I have been. The new ones also read it." The eight care and support plans we looked at demonstrated how people's individual needs were met. They had been summarised to cover important information. This included how people wanted staff to access their home, what support people required, how people wanted to receive their care and how people wanted their spiritual and social needs met.

People said that they were involved in deciding how the plans were written to reflect how they wanted their care to be delivered. One person said, "We went through the information after a few days of the [staff] starting to come in. We planned how I wanted it."

People said that staff knew the support they needed and provided this for them. For example, we saw how one person had said how they liked their cup of tea in bed in the morning before they got up and another person had said what time they liked to go to bed at night and what drink they liked before they went to sleep. This had all been communicated in their support plan and this was the care they received. Staff said that they felt they knew people well due to the consistency of supporting the same person over a long period of time.

People said that staff responded to their individual needs for assistance. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. One person said, "They help me to have a wash in the morning and get up and dressed. I am not rushed and I can take my time."

People said that they would be confident to speak to the manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have not made a complaint because I have not needed to. I know how to, but it is not necessary."

People using the service said told us they were aware of the formal complaint procedure. We saw that the service's complaints process was included in information given to people when they started receiving care. At the time of our inspection the service had not received any formal complaints.

We found the registered provider had a log of informal concerns raised and saw that action was taken when issues were highlighted. For example, one person had raised a concern around the gender of the staff member who visited and supported them with their care. This person had been visited by the team leader and action taken to ensure they only received a female staff member as this was their choice.

People said they had regular contact with staff and they felt there was good communication within the service. People



## Is the service responsive?

who used the service were given contact details for the main office and who to call out of hours. This meant people always had access to a senior member of staff or the manager if they had any concerns.

We contacted two health and social care professionals following our inspection of the service. One said, "I have, as have my colleagues, worked and continue to work with Town and Country. They have shown that they are able to act flexibly in care provision to meet or attempt to meet the

needs of individuals requiring support. They have been reactive to people's fluctuating support needs." Another health and social care professional said, "I have found Town and Country Care Services to be very supportive and helpful with all the service users I have required care and support for. Consistently it has been shown that as a provider they will approach individuals in a person centred way and will work with families and individuals to address barriers to provision and will approach it creatively."

# Is the service well-led?

## Our findings

There had not been a registered manager at the service since July 2014. We spoke with the registered provider who informed us that this would be actioned and that a member of the management team had started the application process.

The manager and the registered provider had regularly checked the quality of the service provided. This had been done so that people could be confident that they would reliably and safely receive all of the care they needed. This included checks of people's medication charts to ensure that people had been assisted as appropriate to take their medicines. The manager also checked staff time sheets on a monthly basis to ensure that this tallied with the duty rotas. This meant that they were able to check that staff had spent the correct amount of time at a person's home supporting them.

Satisfaction questionnaires were used to obtain feedback from people who used the service. Surveys were sent out every three months to a sample of 25% of people who used the service and their families. Comments received in the last survey included, "I am happy with the team, they are all very good." and, "I have been very satisfied and I am happy with the [staff] and the care they have provided for me."

There were clear management arrangements in the service so that staff knew to whom they could escalate any concerns. One staff member said, "The managers are straight on any problems and sort them out". The manager and the registered provider were available throughout the inspection and they had a good knowledge of people who the service supported, their relatives and staff. One person said, "I know who to call if something is not right. There are numbers in the paperwork as well."

There was an open and inclusive approach to running the service. Staff said that they were well supported by the manager, the registered provider and senior staff. One member of staff said, "The managers are very supportive, approachable and listen to the staff." They were confident that they could speak to the manager or the registered provider if they had any concerns about another staff

member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The team leaders monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service.

The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. This was all fed back to the manager and the registered provider. The team leader completed monitoring forms during their spots checks. If any concerns were identified during spot checks this was discussed with individual staff members during supervision meetings with the team leaders. Staff said that the team leaders advised them of any changes they needed to make.

Staff were provided with the leadership they needed to develop good team working practice. A staff member said, "We are a good team. We support each other and work well together." A health and social care professional said, "They are a provider that will work alongside ourselves as professionals to achieve the best outcome possible." These arrangements helped to ensure that people consistently received the care they needed.

During the evenings, nights and weekends there was always a senior member of staff available manager if staff needed advice. In addition, there were periodic staff meetings attended by staff where they had the opportunity to raise any concerns with the manager and the registered provider. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

The registered provider had developed links with the local community and was an active member of a local care association which represented the views and concerns of adult social care services within the area. The provider also had links with a local college and supported work experience students to spend time within the service.