County Care Independent Living Ltd

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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

The inspection took place on 04 and 05 October 2017 and the provider was given 48 hours' notice. This was the first inspection since the service registered in March 2016.

County Care Independent Living Ltd is a domiciliary care agency providing personal care and outreach support to people living in their own homes. They support people with learning disabilities, autism, physical disabilities and mental health conditions. At the time of our inspection there were 11 people receiving personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received person-centred care and their care plans reflected their needs and what was important to them. Staff routinely involved people in their care and supported them to make choices and decisions. People had consented to receiving a service. People were supported to take part in a wide variety of activities, outings and events. The provider had systems in place for people to be involved in decisions about the service. People and relatives were regularly asked for feedback through regular surveys. The provider took complaints seriously and ensured people knew how to raise concerns.

Risks to people were assessed and regularly reviewed. Plans were in place to minimise risks to people whilst promoting their independence. People's records reflected what was important to them and people told us that staff encouraged them to be independent and develop skills. Where accidents or incidents did occur, staff took appropriate action to keep people safe. Staff had been trained in how to safeguard people from abuse and they demonstrated a good understanding of local safeguarding procedures.

The provider carried out appropriate checks on staff to ensure that they were suitable for their roles. Staff received an induction and ongoing training to ensure they were confident in their roles. Staff had regular supervision meetings to discuss their work and their performance. Staff felt supported by management and were given opportunities to contribute to the running of the service. Staff were made to feel valued because the provider had introduced recognition schemes that rewarded good practice. The provider deployed staff in a way that meant staff were on time and able to spend the allotted time with people. A plan was in place to ensure that people's care would continue in the event of an emergency.

People's medicines were recorded appropriately and any healthcare needs were met. Staff supported people to attend appointments and discussed people's healthcare with people where appropriate. People were given food in line with their preferences and their dietary requirements. Staff were respectful of people's privacy and dignity when supported them with personal care.

The provider had a plan for improving the service and this was regularly updated. Audits took place to identify any improvements which were actioned by management. The provider had developed links with the local community and people benefitted from these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were assessed and plans were implemented to keep people safe.

Staff responded appropriately to accidents and incidents. Staff were aware of their role in safeguarding people from abuse.

Staff were deployed in a way that meant that people received punctual care from consistent staff. The provider carried out recruitment checks to ensure staff were suitable for their roles.

Important information about people's medicines was in their care records.

Is the service effective?

Good

The service was effective.

People were supported by staff that were trained to carry out their roles. Staff received regular supervision and appraisals.

Staff understood the Mental Capacity Act 2005 and people regularly consented to their care.

People's healthcare needs were met.

People were prepared food that matched their preferences and dietary requirements.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well and that they got along with.

Staff involved people in their care and enabled them to make choices.

People were encouraged to develop skills and independence.

Staff respected people's privacy and dignity when providing care.

Is the service responsive?

Good

The service was responsive.

People's care was planned in a person-centred way and delivered in line with their needs and preferences.

People had access to a variety of activities.

People's needs were thoroughly assessed before receiving a service and regular reviews took place to identify any changes.

People were aware of how to complain and complaints were taken seriously by the provider.

Is the service well-led?

Good

The service was well-led.

People were involved and contributed to the running of the service.

Regular surveys took place that provided people with opportunities to make suggestions.

The provider carried out regular audits and spot checks to assure the quality of the care that people received.

Staff felt supported by management and had regular opportunities to contribute to the running of the service.

The provider had developed links with the local community that people benefitted from.

County Care Independent Living Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 04 and 05 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector due to the small size of the service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke to two people and one relative. We spoke to the registered manager, the chief executive, one co-ordinator and two care staff. We read care plans for two people, medicines records and the records of accidents and incidents. We looked at records of audits and staff surveys.

We looked at four staff recruitment files and records of staff training and supervision. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of staff

meetings and looked at the provider's scheduling system and improvement plans.

Good

Is the service safe?

Our findings

People told us that they felt safe with the staff who supported them. One person told us, "I prefer female carers which they arrange and it makes me feel safe." A relative told us, "Yes it's safe. They do what is needed and always listen."

Risks to people were routinely assessed and plans were implemented to keep them safe. People's care files contained risk assessments and these were reviewed each month. For example, one person had a medical condition that meant they could become unwell if they became too hot. Their risk assessment contained guidance for staff on how to recognise if the person was becoming too hot and what to do to reduce their temperature. Actions included giving the person cool drinks, applying cold wet towels to the person's skin and using the air conditioning in the person's car to reduce temperature. Staff were aware of this risk and were able to tell us how they would respond. Another person was unsteady on their feet and was assessed as at risk of falls. The plan to reduce the risk of the person falling was for staff to walk with the person at a comfortable pace. Staff also ensured that the person's home was free from hazards and any falls or near misses were recorded in the person's daily notes.

Where accidents or incidents occurred, staff took action to keep people safe and prevent the same accident happening again. One person told us, "After an incident in the bath they did not panic and knew what to do. I was kept safe." The provider kept a record of accidents and incidents and what actions were taken after they had occurred. At the time of the inspection, the people being supported were quite independent and there had been very few incidents. Where incidents did occur, staff took appropriate actions. For example, one person had fallen during an outing to the park. This was documented and showed that staff had provided them with first aid. Their relative and healthcare professionals were informed of the fall and the person's risk assessment was reviewed and updated. This demonstrated a robust response to incidents or accidents, focussed on preventing them from happening again.

People were supported by staff that understood their roles in safeguarding people from abuse. All staff received safeguarding training as part of their induction and staff were able to tell us how they would respond if they suspected that abuse had occurred. One staff member told us, "They encourage us to report everything and follow procedure. I would report to my manager but I can ring the police or CQC if needed." At the time of inspection, there had not been any recent safeguarding incidents, but the provider ensured staff were prepared to respond appropriately. Staff told us that safeguarding training was detailed and useful to them. Staff were able to list potential signs of abuse and were aware of the types of abuse people may face. The provider had alsorecently introduced safeguarding scenarios to one to one supervisions.

The provider carried out appropriate checks to ensure that staff were suitable for their roles. Staff files contained evidence of work history, references, health declaration and a DBS check. DBS is the disclosure barring service. This is used to identify potential staff who would not be appropriate to work within social care. Staff told us that they waited until checks were carried out before they commenced work and records confirmed this.

Staff were deployed in a way that they arrived at care calls at the time that had been agreed. One person told us, "They are very good and regular. If there are any problems they always let me know." The provider had a system for scheduling people's care calls. Staff were given enough time to travel and the provider took into account people's locations as well as activities or care tasks when scheduling calls. Records showed that people were visited by consistent staff members. One staff member said, "I see the same people every week. There's plenty of travel time and it always works out."

The provider had developed a plan to ensure that the service could continue to run in the event of an emergency. The plan covered situations such as extreme weather, pandemics, fire and flood. The plan involved working with partner agencies and making use of the provider's staff and buildings across the area to ensure people continued to receive care.

People received their medicines safely. Important information about people's medical conditions, allergies and prescribed medicines was clear in their care plans. At the time of our inspection, staff did not support anyone with administering medicines but they did apply prescribed creams and documented when they had done so. Where people administered medicines independently, this was in their care plan. For example, one person had a medical condition that required regular injections. The person administered these themselves but information on the injection was in their care records. Staff supported the person by helping them to put a plaster on following the injections. Where relatives administered people's medicines, this was also clearly recorded in their care plans.

Topical medicine administration records (TMARs) were up to date and regularly audited. TMARs were completed accurately with no gaps seen. The provider checked all MAR charts when they were returned to the office. A recent audit had identified a gap on one person's TMAR. This had been addressed with the staff member in a meeting. All staff had been trained in how to administer medicines and they told us that their competency was checked annually. Medicines were also discussed at spot checks and supervisions.

Good

Is the service effective?

Our findings

People told us that they were supported by staff that were trained to meet their needs. One person told us, "Yes they [staff] are well trained. For example they know first aid." Another person said, "They [staff] know what they're doing which is reassuring."

Staff told us that they had access to all the training that they needed to give them confidence in their roles. One staff member told us, "The training is really good, I have had so much training since I started." Staff told us that they received an induction that involved attending training courses and shadowing an experienced member of staff. They told us that the induction made them feel confident and prepared for their roles. Training in mandatory areas such as fire, health and safety, safeguarding and infection control were regularly refreshed. The provider kept a record of training completed and it showed that staff were up to date. Records showed that staff training and induction courses followed the care certificate. The care certificate is an agreed set of standards in adult social care that staff are trained to.

The training staff received also reflected people's needs. For example, staff supported people who had epilepsy. Staff had received training in epilepsy as part of their induction. One member of staff was able to tell us the types of epileptic seizures and the medicines that one person that they supported was prescribed to control their epilepsy. Records showed staff had been trained in autism, diabetes, learning disabilities and mental health conditions. These courses reflected the needs of people that were being supported by staff.

Staff benefitted from regular one to one supervision meetings and appraisals. One staff member said, "We have supervision every three months. I discuss if I have any problems or if there is any new training I need to do." Records showed that supervisions and appraisals were up to date. Meeting minutes showed that supervisions were used to discuss people's needs as well as to talk about any training that was due. Appraisals were used as an opportunity to discuss staff performance and identify any development needs.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the time of inspection, all people being supported were able to consent to their own care and records showed that people had signed their care plans. People also signed their daily notes and monthly reviews which showed that the provider took consent seriously and gave people regular opportunities to express their consent or request changes. Staff had a good understanding of how to obtain consent and staff had been trained in the MCA. Staff were able to list the principals of the MCA. One staff member told us that if they supported someone who had been assessed as lacking capacity, they would consult relatives and healthcare professionals to ensure care was delivered in the person's best interests.

People's healthcare needs were met. One person told us, "I have a condition that means I often black out. They [staff] never panic and know what to do." People's care plans contained information about their medical conditions and how staff should respond. One person had epilepsy and their records were clear about how staff should respond in the event of a seizure. They detailed the types of seizure the person could have and how to identify them. Information on the person's medicines and when to administer them was clear in their records. Staff had received training in how to meet the needs associated with various health conditions and records of supervision showed that these were discussed.

Staff routinely discussed people's health needs with them at monthly reviews and this was documented in their records. Reviews were also used to discuss people's appointments for that month. Where staff attended with people, records showed that people's desired outcomes were discussed. We also saw evidence of positive relationships with health organisations. A letter of compliment from the local community learning disability service said, 'your team was most dependable and flexible in their approach to providing support'.

Staff met people's nutritional needs. People's food preferences were recorded in their care plans. For example, one person's care plan said that they really liked Indian takeaways. This was prominent in their care plan as they liked to have one each week with staff support. Staff assisted people with shopping and discussed food with people. A recent review for one person showed that staff had discussed potential recipes with them. Where people were supported out in the community, information on where they liked to eat was also recorded in care plans and discussed at reviews.

Where people had specific dietary needs, information on these were outlined for staff. One person had diabetes and their care plan listed the types of foods that they liked that were suitable to eat. This enabled staff to support the person to remain healthy whilst eating foods that they liked. Another person had a medical condition that meant chewing could cause them to become fatigued. Their care plan outlined how they preferred soft foods as they were easier to eat. The care plan also detailed the types of foods that the person liked that met their dietary requirements.

Good

Is the service caring?

Our findings

People told us that they were supported by caring staff. One person said, "We sit and chat once everything is out of the way. It's really comfortable." Another person said, "I am genuinely cared for rather than just paying for a service." A relative said, "Yes they [staff] are very caring. [Person] trusts them and loves going out with them."

People were supported by staff that knew them well. One person said, "I have two or three staff who I know very well. They all come in and know my situation." There was a keyworker system in place in which each person was allocated a member of staff. A keyworker is a member of staff who gets to know a person's needs well and oversees their care and reviews. The provider also had a system in place to ensure visits were scheduled so that people were supported by regular staff. Staff told us that before meeting new people they were given time to read the person's care plan. People's care plans contained information about their backgrounds and preferences, family and employment. For example, one person loved animals and had pets that were important to them. This information was listed in their care plan and staff were able to tell us that this person liked animals. Where new staff became involved in people's care, they were introduced to them first. This enabled staff to get to know people. A staff member told us, "We have good support plans we can look at and we always get an hour or so to meet with people first."

Staff routinely involved people in their care. People's care records contained detailed information about their preferences and choices. At each visit, staff wrote a detailed description of what the person had done that day. People signed these and had an opportunity to express any changes that they wished. At every review, people had further opportunities to make changes to their care. For example, one person was supported to access the community every week. They had expressed a desire to have lunch at a café so their care plan was adjusted in line with their wishes. Staff understood the importance of involving people by encouraging them to make choices. A staff member said, "With one person, we sit and decide where we're going each week and they decide what they want to eat every day."

People were supported to become independent. Care records contained important information about people's strengths as well as their goals and aspirations. Care planning was focused on people developing skills and the progress of achieving people's goals was discussed at reviews. One person had low confidence about going shopping as this was not something they had done much before. A plan was put in place for staff to support them to go shopping each week. The person developed skills in how to use money as well as becoming confident in choosing items. The provider kept photos of the person's first shopping trip to celebrate the progress that they had made.

Staff respected people's privacy and dignity when providing care. One person told us, "When I am having a shower, they give me dignity. Any bits I can do, they let me do." Staff had received training in privacy and dignity and all people that we spoke to said that staff were respectful when visiting them in their homes. People were asked about staff practice and conduct regularly at reviews and surveys. Records showed that people were happy with the respectful nature of staff. Staff had a good understanding of the importance of respecting people's privacy and they were able to demonstrate to us how they did this. The provider stored

people's personal information securely at their office.

Staff worked alongside relatives to ensure that important support networks were maintained. People's care records contained information about relatives and friends that were important to people. For example, one person had a relative who provided some of their care. Information on which elements of care the relative carried out were clearly laid out in the person's care plan. We saw evidence that the person's relative was involved in all reviews and had opportunities to request changes. Another person had children and their care plan was clear about what support they needed in order to maintain their parenting role. Information about people's family background, as well as their culture and religion, was picked up at initial assessments and added to care plans. The provider had recently introduced a new equality and diversity lead. This member of staff took the lead in promoting equality and diversity by developing their own knowledge and providing training. They provided a source of information for staff to ensure people's diverse needs were met.

Good

Is the service responsive?

Our findings

People told us that they received care that was responsive to their needs. One person told us, "If I am having a really bad day they [staff] stay a bit longer." Another person said, "They help me to attend a lot of events and day trips and things." A relative told us, "They always listen and they gave us the care we needed, when we needed it."

People's care plans were detailed and gave an accurate picture of people's needs and preferences. All care plans contained a pen picture that provided staff with a quick background on people as well as what was important to them in a 'How Best to Support Me' section. People's needs were then outlined in more detail throughout the care plan. One person had a medical condition that meant that their needs fluctuated. Their care plan recorded that their routine may change on days where they were less able to complete tasks and it provided a description of this. Personal care tasks were described in detail, including how the person liked to get out of bed and the toiletries that they liked to use. Another person had a condition that meant they often lacked energy in the mornings. Their care plan was clear about how staff should support them to have a coffee before they did anything. Staff knew this about the person and daily notes recorded that the person was given a coffee each day before getting ready. The provider matched people to staff with similar interests to ensure they got the most out of their time with them. For example, one person enjoyed walking a lot so they were matched with staff who also liked to walk. Where another person had a keen interest in comics and animation, they were matched with a member of staff who had similar interests.

People were supported to attend activities and events that were important to them. The provider ran a number of day clubs, outings and events. One person told us, "A few of us had Christmas dinner together and it was very nice, we had presents." The provider had set up a Christmas Day event for people after staff had noted some people did not have plans for Christmas. Staff hosted people at the provider's offices and prepared a Christmas meal and exchanged presents and spent time with people. Staff regularly supported people to attend the provider's activities and day trips. We saw plans for a trip to Windsor and a zip line activity about to take place. People told us that they enjoyed the outings and photographs of trips showed people enjoying themselves and taking part.

People received a thorough assessment before receiving support. One person told us, "We went through what was needed and what they [staff] would help with." Assessments were detailed and captured important information about people's needs, preferences and medical conditions. The information from assessments was added to care plans and these were regularly updated. People received a review every month and were encouraged to express their views and suggest any changes. Reviews contained pictures and were signed by people which showed their involvement in them. For example, one person had an upcoming appointment due to changes in their health. Their most recent review had been used to discuss their symptoms and identify changes to their care. Following the review, additional time was added to their care plan to complete these tasks.

People knew how to complain and the provider responded appropriately when people raised concerns. One person said, "I know how to complain and I know it would be dealt with." People were given information on

how to raise a complaint and the provider took a proactive approach by asking people at reviews and surveys if they were happy with the care that they received. There had only been one written complaint in the last twelve months. This was regarding a miscommunication in which a person missed an appointment. In response the provider reviewed their systems for logging people's healthcare appointments and staff now emailed the office whenever this person had an appointment booked.

Good

Is the service well-led?

Our findings

People told us that they thought the service was well-led. One person told us, "I think it's well-led. I know most of the people in the office." Another person said, "They [management] phone up to see how I am." A relative told us, "Yes it is well managed. I communicate well with them and they ask me for feedback."

The provider took steps to ensure people were involved in decisions about the running of the service. One person told us, "I am part of the service users' forum so I meet the managers regularly and put my point across." The provider had set up a service users' forum where people met every three months to discuss the service and make suggestions. A recent service users' forum had been used to discuss all aspects of support. One person had fed back that on one occasion they were not informed of a last minute staffing change and this had caused them anxiety. Management then reviewed communication methods and checked that people's preferred communication methods were up to date. The forum was also used to discuss ideas for trips and activities. Where a general election was about to take place, a discussion was held about what information staff could provide to people to help them to make an informed choice when voting.

People's views were regularly collected through surveys and the feedback was used to make improvements to the service. The feedback from the last survey was all very positive. In one compliment someone said, '[Registered manager] always answers any queries very promptly and in a friendly way.' Another person left a comment to say, 'Overall I have improved a great deal since being with County Care. They are my lifeline as I don't get out much.' The survey did identify that ten people did not know who their team leader was. The team leaders oversaw people's care from within the office. There had been recent changes to staff and some people had not yet met their new team leaders. In response to this feedback, team leaders made contact with people to introduce themselves.

Regular audits and spot checks were carried out to assure the quality of the care that people received. As a part of their supervision and appraisal process, staff had regular observed practice sessions to monitor their practice and identify any areas for improvement. The provider also regularly audited people's care plans, daily notes and medicines records. Where information was found to be missing, the provider ensured it was addressed. In order to identify further improvements, the provider had started to audit people's reasons for leaving the service. The introduction of this audit demonstrated a proactive approach to seeking people's feedback and seeking ways to improve the care that people received.

The provider had developed a plan to drive improvement at the service. This included actions and timescales by when they would be completed. A recent improvement had been to introduce a monthly newsletter for people. This had been identified as a way of improving communication with people and keeping them informed of upcoming events and activities. Before the inspection, the provider submitted a provider information return (PIR). This outlined what the service did well and what plans they had to improve the service. At the time of inspection, the provider was introducing a paperless records system. This was mentioned in the PIR and the provider had their own plan in place that was in progress at the time of our visit.

Staff told us that they felt supported by management and had regular opportunities to contribute their ideas to the running of the service. One staff member said, "We have quarterly team meetings but we also have a suggestions box that we can use. They [management] are open to ideas." Records showed that staff meetings took place regularly and staff involvement was encouraged. A recent meeting had been used to discuss employee recognition schemes, as well as staff nominating themselves for lead roles within the service.

The provider rewarded good practice and made staff feel valued. A recognition scheme was in place where staff received a voucher when they were 'Employee of the Month'. The provider then laid on a champagne buffet at Christmas time for the winners of that year's monthly awards. The provider also held summer and Christmas events for all staff to make them feel valued and to develop a team ethic. The provider's office had lots of photographs of staff and people and events. A 'compliments wall' contained a large number of thank you cards as well as printed compliments from emails and surveys.

People benefitted from the provider's links with the local community. The provider ran three community skills projects across the local area. People attended these to develop skills, attend events or take part in activities. The provider had links with organisations who provided speakers for these events. For example, the Woking Street Angels had recently attended to discuss lifestyle and healthy eating and a speaker from the local authority had visited to speak to people about keeping warm in winter.

The provider understood the responsibilities of their registration. Providers are obliged to notify CQC of important events. These include serious injuries, police incidents or any allegations of abuse. Records showed that where required, the provider had notified CQC of important events as well as informing CQC of a recent change to their registration when moving offices.