County Carers Limited

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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

This inspection was completed on 11 and 12 January 2017 and was announced. County Carers Ltd provides domiciliary care services to people within their own homes. This can include specific hours of required support or live in carers to help promote the person's independence and well-being. At the point of inspection 21 people using the service received personal care assistance.

The service had a registered manager. 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 and their relatives advised that they had been appropriately involved in the planning and reviewing of care. They felt that the service excelled at providing exceptional responsive care to people, often going above and beyond what was expected of them. Care plans were thorough providing specific details on how to support people in the way they wanted. This allowed people to remain involved in the how they had care delivered effectively.
People told us that they felt safe. Staff were able to explain signs of abuse and what protocols they would follow if they suspected anything. The service had systems in place to ensure sufficient suitably qualified staff were employed to work with people. They were matched to meet people's needs, in terms of language, knowledge, likes and dislikes.

People received care and support from staff who had the skills and knowledge to care for them. All staff received a comprehensive induction, training and support from experienced members of staff. Bespoke training was being delivered to meet the changing needs of people, whilst ensuring that staff remain up to date with changing legislation and guidance on best practice. Staff reported feeling supported by the registered manager and said they were listened to if they raised concerns.

People who could not make specific decisions for themselves had their legal rights protected. People's care plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in the person's best interests. Staff had an understanding of the Mental Capacity Act, and used the principles of this when working with people.

People felt the service was respectful and preserved their dignity and independence. Where possible choice was given and the person was encouraged to complete tasks independently. This promoted well-being for the person.

People were supported with their medicines by suitably trained, qualified and experienced staff. Details were provided on each person's file on what the medicine was for and how this needed to be administered. Comprehensive protocols for PRN medicines were recorded in the files, where applicable to prevent over usage. PRN medicines are used on an as needed basis.

People told us communication with the service was good and they felt listened to. People, professionals and relatives said they thought people were treated with respect, preserving their dignity at all times. County Carers was described by a relative as "one of the best companies out there".

The quality of the service was monitored regularly by the registered manager, who is also the nominated individual. A thorough quality assurance audit was completed bi-annually with an action plan being generated, although this was not always followed up on, or evidenced. The bi-annual audit gathered information from people, relatives and staff to better the service. The registered manager advised shorter audits were completed monthly, although a formal report was not always prepared. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service. We found evidence of compliments. No complaints had been received, however the registered manager was able to describe what process would be taken should this happen.

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.

People were safeguarded from abuse and staff understood how to report any concerns they had.

The provider had a strong recruitment procedure in place. People were kept safe with the current staffing ratios, and the teaming of staff to clients.

Medicines were managed safely, with details provided on the use of these.

Individual evacuation plans had been developed for all people receiving support, in case of an emergency.

Is the service effective?

Good

The service was effective.

People and their relatives were involved in making decisions about their care. People remained the focal point at all times, with various ways of engaging with them being used.

People were supported with meals and drinks of their choice that met their dietary needs. When necessary people were supported to eat and drink, in line with their care package..

Staff received regular supervision and training. The registered manager was developing an action plan to ensure all appraisals were completed as required.

Is the service caring?

Good

The service was caring.

Staff worked in a caring, patient and respectful way, involving people in decisions where possible. They respected people's dignity and privacy.

Staff knew people's individual needs and preferences well. They

gave explanations of what they were doing when providing support.

If needed, staff remained with people even if this exceeded the agreed hours of support.

Is the service responsive?

Good

The service was responsive.

Staff went above and beyond their duty to ensure that they were responding to people's changing needs.

Care plans reflected people's needs and were reviewed regularly as people's needs changed. The views of people were listened to and incorporated in the care plan.

There was a system to manage complaints and people and relatives felt confident to make a complaint if necessary.

People and their relatives were asked for their views on the service and they felt confident to approach the management with concerns.

Is the service well-led?

Good

The service was well-led. Staff, relatives and professionals found the management approachable and open.

Effective processes were in place to monitor the quality of the service.

Audits were completed bi-annually identifying where improvements were required and action was taken to improve the service from people and relative feedback.

Computerised systems used ensured that the registered manager had a thorough overview of all documentation and whether this was appropriate and up to date.

County Carers Limited

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.

This inspection took place on 11 and 12 January 2017 and was announced. The service was given 48 hours' notice of inspection, as it provides domiciliary care to people within their own homes, and as such staff may not be in the office. We needed to be certain that senior staff would be available to support with the inspection. On 12 January 2017, telephone interviews were completed with people, staff and professionals involved with the service. The inspection was carried out by one inspector.

Before commencing the inspection the local authority care commissioners were contacted to obtain feedback about the service. Local authority reports and notifications were used to inform the inspection process. Notifications are sent to the Care Quality Commission by the provider to advise us of any specific events related to the service. This service had not been inspected previously, therefore we were unable to use previous inspection reports to provide any background information.

The Provider Information Return was reviewed prior to commencing the inspection process. 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. In addition the questionnaires completed by one person who uses the service, one relative / friend, one community professional and eight staff were also reviewed.

The care plans, health records, medicine records and supporting documentation relevant to care were seen for eight people. In addition, a sample of records relating to the management of the service were reviewed. These included staff records, complaints, quality assurance surveys and reports, audits and health and safety checks. Staff files, including recruitment, training and supervision records, were seen for five staff employed by the service.

We spoke with five members of staff during the inspection process. This included the registered manager, the care coordinator, and three care staff. In addition we spoke with two people who use the service, five

relatives and one professional.

Good

Is the service safe?

Our findings

People reported they felt safe with the staff who visited or provided live in support. When asked one person said "oh yes" in response to whether they felt safe. Similarly families of people spoken with confirmed this. One relative said, "Oh very safe with staff. This point was reinforced by a staff team that had a comprehensive understanding of safeguarding and whistleblowing . Staff were able to describe both procedures and signs of abuse.

Safeguarding training had been completed by all staff who were working directly with people. This was refreshed regularly with training also being offered to staff working within the office – including admin staff. Staff were able to describe the external professionals that needed to be contacted in circumstances where there were concerns of abuse. Staff reported they felt the management would effectively deal with any concerns if they arose, as the emphasis had always been on keeping people safe. One member of staff however immediately advised "not that we've ever had anything to raise."

People were kept safe with comprehensive risk assessments, which provided details on how to enable people to engage in activities without restricting them. For example, if people wanted to access the community but had mobility issues, all potential risks were assessed to enable them to partake in their chosen outing, irrespective of weather being cold and leading to possible icy surfaces.

People were assisted with their medicines by staff who were trained and competency checked prior to administering medicines. Each person's care file contained a comprehensive outline of the medicines they were taking, and the reasons for this. Staff were following detailed guidelines of when and how these should be given. If a person refused to take their medicine this was noted on the Medication Administration Record (MAR) sheet and the office were informed. Dependent on what the medicine was for, medical advice was sought if more than one dose was missed. This is ensured that the person's health was maintained safely.

Where people were to be assisted with 'as required' (PRN) medicines details on when these should be administered was kept on the person's file. The document gave guidance to staff on what action to take prior to offering a person PRN medicines, as well as how a person may present when PRN medicine needed to be given. This was to ensure that medicines were only given when necessary. Care plans and MAR sheets showed that no one was currently taking PRN medicines. We checked records of people who had previously been given PRN medicines to ensure correct guidelines were in place.

Each person who received care had individualised personal emergency evacuation plans in place, for staff to know what to do in case of an emergency. The service illustrated how the safety of the person was paramount, irrespective of time spent with the person. The registered manager told us that they wanted to be certain that when care staff went to support a person, if there was an emergency, they knew what to do.

There was a system in place to monitor incident and accidents, although none had been reported since implementation of these records. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents.

People were kept safe, by robust recruitment procedures. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. Recruitment checks included a declaration of health and fitness, a documented interview process, reference character checks, gaps in employment explained. All checks were obtained and qualified prior to employment being offered.

The service employed both permanent staff, and those on short term temporary contracts. This allowed the service flexibility with employment whilst also ensuring that sufficient staff were employed to safely complete visits to people. If additional hours were needed by a person, then the temporary staff would be deployed for this purpose. Where possible the same staff were used to visit people, this meant that consistency in approach was maintained.

Good

Is the service effective?

Our findings

People were cared for by a team of staff who underwent a comprehensive induction process. This included completion of training the provider considered mandatory and additional training that would be supportive to their role. For example, some staff completed training in dementia which was relevant to the people they supported. Before commencing work they shadowed experienced staff until they felt confident to work independently. The training matrix showed that 100% of all required and suggested training had been completed or was booked for people as refresher courses. The registered manager told us that she checked the competency of her staff team following training. This allowed her to be confident staff were able to put into practice the learnt theory, and effective care was delivered.
Competency was checked through observations, team meetings, newly arranged staff drop in sessions and formal supervisions. The drop in sessions were arranged for staff to share their experiences with one another and to illustrate how they worked effectively with clients. It was further an opportunity to catch up with management about any issues that may have arisen prior to formal supervision. All staff were expected to complete the Skills for Care induction, this aims at providing the national minimum standard that staff should have when delivering care. The registered manager told us that all staff were expected to complete this within the first 12 weeks of commencing work. However, it was found that live in staff would often need additional time to complete this. Targets had been set for staff to ensure they completed the training, and were provided additional support should this be required.

Staff received regular supervision. This provided both the staff and the relevant line manager the opportunity to discuss their job role in relation to areas needing support or improvement, as well as areas where they exceled. This was then used positively to improve both personal practice and the practice of the service as a whole. Staff told us they found the supervision process useful. One said, "It's a great way to learn." The registered manager was aware that appraisals had not been completed for all staff working at the service for longer than 12 months. She was in the process of arranging appraisals for staff who needed these as soon as possible.

Staff were able to explain how they ensured they met the requirements of The Mental Capacity Act 2005 (MCA). This is 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. Staff told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. One person told us "They always ask me and give me choices…they do things the way I want."

Care plans detailed the importance of seeking consent by asking people before doing something and giving appropriate explanations. For example we saw one care plan stated "explain whilst giving personal care, what you are doing, waiting for [name] to respond". All staff were able to give examples of how choice was offered. One said, "[name] will tell you if she doesn't want something done yet, I'll leave it and come back to

it. It's her life, her home, I have to respect that". Staff were able to describe examples of best interests decisions, for example when medical advice needed to be sought, and the person may not be in a position to make the decision. If a person required additional people to help make a decision, this was appropriately documented. When personal care was given staff ensured they appropriately covered people up so to preserve their dignity.

Care plans clearly indicated where people needed support with food and drink, and how this support was to be carried out. These were very precise with instructions, highlighting the person's preference. One care plan stated, that a hot beverage needed to be made in a purple mug in the morning. This was the mug the person always wanted to use.

Each person had a profile that covered health information. This included medical issues such as dietary requirements The profile also included cultural and religious factors, which were catered for as required. Where necessary documents were prepared and used through multi agency working, for example health professionals.

Good

Is the service caring?

Our findings

The service was caring towards the people they supported. One professional stated, "It's the best company I've dealt with… they're all so well looked after… really caring bunch". People told us, "They are wonderful". One person said, "Oh they are just so good. They truly look after me". People and their families reported that they were treated with dignity and care. One member of staff reinforced this point, "Ultimately they are the ones that we are there to look after. We have to make sure we preserve their dignity and respect, like you would want yours to be". We found during conversation with the registered manager, that this was an important part of the selection and induction process. Training reinforced the necessity of treating people in a caring manner, and how this was a service specifically catering to help people retain their dignity by remaining in their own home whilst being supported.
The registered manager told us how office staff would often pop in and make tea and coffee for people who lived locally. This was to ensure they remained hydrated and were okay before the scheduled next call, or when people appeared to be low in mood. This was another example of how the service cared exceptionally for the people who use the service. This impacted positively on people. They felt a part of a wider group of people, and did not see staff as workers only, but as "friends who care", making them retain a sense of belonging within the wider community and well-being. One person told us, "They pop in to check on. Sometimes they come and make me a cup of tea, oh they are ever so lovely."

People were visited by consistent members of staff, who had been chosen based on their knowledge and skill base related to the client's needs. We were told that the staff specialism was matched to people's individual needs, as were hobbies and interests. This meant that people were able to talk to staff about things that were important to them, developing a relationship. For example where one person's preference was to primarily communicate in a different language, staff were specifically employed to meet this need. One person who required live in care, told us that "I only have a couple of girls who work with me. I know them so well, and they know me".

People told us they were involved in decisions related to their care. One relative told us, "Oh [name] told them exactly how they wanted to be supported. They do exactly how [name] said". Another relative said, "We were there when they first came, the [registered manager] asked [name] how they wanted to be looked after. They are truly brilliant!" Care plans were reviewed and updated on a continual basis. During reviews, when a person's needs changed or through general observation and consultation with care staff and the person. People said whilst they may not be involved formally in the reviewing of the care plan, the care delivered was in line with their care needs, with informal reviews being held monthly. One person said, "Oh I would recommend them to anyone, they really are good, all of them. Good".

We found that people were shown respect and staff and records were able to describe how they maintained this. For example, care plans indicated how people wished to be addressed. Staff were advised what to do upon entering the home with specifics on how to greet the person, family pet, and any visiting relatives. One family member said, "I cannot fault them. They are very respectful towards my [family member] and me too. They look after me and take me out when I need something…I really appreciate them."

All staff who worked directly with people had access to computerised programs that updated care plans, or provided information as a matter of urgency on their mobiles / laptops or tablets. This meant that staff were kept abreast of all care and support needs at all times. A list was retained on the computerised system in the office that highlighted who was involved in each person's care. Staff who worked as live in staff, held responsibility to speak with management regarding any changing needs of the person, and as a general "touch base". This meant that the staff did not feel isolated in their working practice, and were able to share ideas of best practice, reflecting this when working with people. All records for people were kept securely in a paperless computerised system, with restricted access, that could be monitored by management remotely. Paper care plans were maintained in people's homes and as a backup in the office, should the computer systems fail.

Good

Is the service responsive?

Our findings

The service ensured that people's needs were assessed prior to support being offered to them. This was to ensure they were able to provide the support needed. This stage often involved family members at the request of people to help provide additional information. The attending member of staff would compile a document that would allow a care plan to be developed. Risk assessments were completed during the initial assessment to further inform the care document.

Care plans focussed on the individual to whom support was provided. Information such as, their past life history, how they liked things done and how they communicated their everyday care needs was included. A one page summary with the person's photograph was provided to all staff, and available as a cover to the more detailed file. This overview contained the most pertinent information needed when delivering care. Care plans were amended as required, with signatures highlighting when these had been reviewed or amended. The care plans were very informative. They provided thorough step by step guidance on how to support people. This left little room for error or misinterpretation, therefore ensuring that the service was adequately responding to the needs of the person.

The service responded to people's individual requirements. One professional told us that the service initially was providing specific care hours to a person. However, as time progressed they found that the person's needs had changed, and they needed additional support. They provided the additional support prior to this being agreed, so to ensure the person was not left in any danger. The service continued to do so, without giving consideration to the financial implications this may have on the business. The person's care package was eventually reassessed. In another example, a relative told us that a person who had mobility issues and progressing dementia, enjoyed being active and eating out. The service did not let the persons declining health be a barrier to them enjoying life so ensured that they encouraged the person to go out, risk assessing at all times, often with a picnic in the car, if the weather was bad. This would bring a "smile to [name] face".

One relative gave us evidence that staff had gone above and beyond their duty whilst supporting their family member. They told us, "The carer remained with my [relative] when they became unwell, above her time." The person received specific hours of care, and had begun to look unwell during a call. The member of staff remained with them, seeking medical input, securing and maintaining breathing until a relative arrived. It was later established that if the staff member had not remained with this client, and ensured they attended hospital, this could have had serious repercussions on their health. Another relative stated "they will go the extra mile to help… they really do care about [name]".

We found exceptional evidence of responsiveness by the service when working with people. The on call procedure had on a couple of occasions meant that people were supported by staff they knew at vulnerable times. For example, in one instance when a person had had a fall, and emergency services called, the on call manager went to provide additional support. This meant that the care staff could comfort the person, whilst vital information could be handed over to emergency services by the on call support manager. This minimised the level of distress for the person, whilst smoothly handing over all relevant information. In

another example, a person who was found to be progressively having changes in his mood. This coincided with a relative being placed in a residential home. Staff arranged to take the person on an outing to see his relative. This not only made the person happy, but impacted on their responsiveness to other areas of life. They began to take better care of themselves, eating properly and had an elevated mood.

There was a complaints procedure available and information on how to make a complaint was provided to people when they took on County Carers services. People and their relatives told us they were aware of how to make a complaint. One relative said, "I know how to complain, but I honestly have nothing to complain about. They are very good". The registered manager was able to describe what procedures would be implemented if a complaint was received. She referred to the Duty of Candour, and how it would be crucial that all complaints are dealt with and investigated transparently.

The service was in the process of developing a specialism in end of life care. The service recognised that many of the people who were currently receiving support would eventually need assistance in this area. They wanted to ensure that people could make the transition with staff they knew. Staff were being trained to know how to work with people and their families at this time. The service was also working with external professionals around the legality of not resuscitating. This responsive approach to people's changing needs ensured that people were comfortable and at ease as they approached the end of their life. They were comfortable knowing that the people who were supporting them, had known them for some time, and could also offer support to the family.

Good

Is the service well-led?

Our findings

There was an honest and open culture in the service. Staff showed an awareness of the values and aims of the service. For example, they spoke about giving the best care and respecting people. One staff member said, "I've worked in different care places, this is the best. We actually care about the people – there's nothing more important than them." The registered manager would hold bi-weekly meetings with senior staff. The aim of this was to maintain an overview of the current care packages offered and any changes that needed to be made to the rotas, to offer flexibility. The computer system used by the service further alerted the registered manager to any information or documentation that was incomplete or outstanding. This was then discussed in the meetings with an action plan being developed.

We found there to be good management and leadership. The registered manager (who was also the nominated individual) was supported by a strong management team. The service outsourced additional services, from contractors to further enhance and develop the business, whilst ensuring that the focal point remained central. Staff were asked to attend sessions arranged by the consultancy, as they aimed to act as a team bonding session. Targets were set for all, with a plan of how this was to be reached. A constant visual reminder of the outcomes was present in the office , for all staff to use a reference point. This meant that all staff worked towards a mutual goal, whilst striving to achieve their personal best. The focal point remained consistent – striving to deliver the best quality of care to people. Employees of the month, were nominated and praised for their diligence and hard work. This recognition meant that staff felt "more motivated, I know my hard work is recognised."

Quality assurance audits were completed bi-annually by the registered manager. These sought feedback from stakeholders, people, and staff. This information was then used to create an action plan. However, there was no written evidence that the action plan had been followed through, although feedback illustrated it had. This was an issue about recording evidence of follow up.. The registered manager noted the importance of ensuring conclusive evidence was retained of any changes required as a result of the audit, reiterating this would be completed from the next audit.

Staff told us the registered manager was open and approachable and created a positive culture but was not afraid to speak to staff if they did not perform to the standards expected. Staff reported that the registered manager would go out of her way to support them and provide expertise if they were unclear of how to deal with something. They found the supervision process did not always allow things to be discussed as they could be 6 months apart (if a live in carer), therefore having the opportunity to talk with the manager in between supervision meetings was very useful.

The communication within the service was good. The service would send out emails to staff with any amended policies, updates in service agreements, as well as changes to rotas. This was an excellent way of communicating any changes related to care plans, as well as reminding people of upcoming training, social events and new staff appointments. The service was considering developing newsletters for people and for staff on a monthly basis that would provide information about operational issues or any compliments received.

The registered manager had an open door policy. People using the service, staff, relatives or other professionals had the opportunity to raise any concerns or complaints with the registered manager at any time. One professional reinforced, "No complaints about them ever. They are one of the best companies out there…"