

Countywide Home Care Limited

# Countywide Home Care Limited

## Inspection report

97a Marlpool Lane  
Kidderminster  
Worcestershire  
DY11 5HP

Tel: 01562515583

Date of inspection visit:  
14 January 2016

Date of publication:  
15 February 2016

### 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

We undertook an announced inspection on 14 January 2016. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes. At the time of our inspection 43 people received support with personal care.

There was a registered manager for this service. A registered provider is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 said they were well supported by the staff and the management team. They told us staff were caring and treated them with dignity and respect. When identified as part of their care planning, people were supported to eat and drink well. Relatives told us they were always involved as part of the team to support their family member. People and their relatives told us staff would access health professionals as soon as they were needed.

Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to peoples' needs. People were supported to receive their medicines by staff that were trained and knowledgeable about the risks associated with them. Staff really knew people well, and took people's preferences into account and respected them. The management team were adaptable to changes in peoples' needs and communicated changes to staff effectively.

Staff had the knowledge and training to support people. Staff were knowledgeable about ensuring people gave their consent to the support they received. They worked within the confines of the law which meant they did not treat people unlawfully. The management team reviewed people whose capacity to make decisions fluctuated. There were no applications to the court of protection to deprive people of their liberty.

People and their relatives knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and action taken if required. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service.

The management team monitored the quality of the service. The registered provider had systems in place to identify improvements and action them in a timely way.

## 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 and their relatives benefitted from support received from regular staff that knew their needs and managed their identified risks. People were supported to have their medicines as their doctor prescribed.

### Is the service effective?

Good ●

The service was effective

People were supported by staff who knew how to meet their needs. Staff received support and training they needed to provide effective care for people. People received support from staff that respected people's rights to make their own decisions, where possible. People were supported to access health care when they needed to.

### Is the service caring?

Good ●

The service was caring

People benefitted from caring, knowledgeable staff who provided support in an inclusive way. Staff respected peoples' dignity. Relatives said they thought staff were kind and compassionate.

### Is the service responsive?

Good ●

The service was responsive

People and their families were involved in their care and support, which was regularly reviewed. People and their relatives were confident that any concerns they raised would be responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the management team. The culture of the service was to focus on each person and

their needs and support them as part of a team.

---

# Countywide Home Care 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 was an announced inspection which took place on 14 January 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people who had received care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

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. We sent out questionnaires to some people, their relatives and professionals. The results from these questionnaires were used to support our planning for the inspection.

We asked the local authority if they had any information to share with us about the services provided. The Local Authority are responsible for monitoring the quality and funding for some people who use the service. They told us that they had no concerns about people they supported to use this service.

We spoke with five people and five relatives. We spoke with eight staff including the deputy manager and the training and development manager. We spoke with the registered manager and the registered provider. We also spoke with an occupational therapist, a district nurse and two social workers who supported people that used this service.

We looked at the care records for ten people including medicine records, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People we spoke with said they felt safe because they knew the staff who supported them and the staff knew them well. One person said about the staff, "They are all good, they do their job well." Another person told us, "I always know whose coming; they arrive when they say and stay the full time." A relative said, "They are a really good service, I know I don't have to worry about [family member] because they will sort everything." People told us they were supported by staff who knew them well and always provided support in a safe way.

People told us that staff arrived promptly to support them with their needs. Staff and the registered provider said they had enough staff to meet the needs of people using the service. The registered manager told us she and the registered provider regularly supported staff in the community to provide care for people. This ensured that they really knew people well which improved the delivery of safe care. People told us that small teams of staff supported them and whilst not all of them always knew exactly who was coming they knew all the staff, and were happy with whomever came.

The registered manager told us that staff were always introduced to people before they provided care; this was confirmed by the people we spoke with. Staff told us they had regular calls and they provided continuity of care. They were aware of how important it was to people, who they were supporting, that they knew the staff coming into their home. A district nurse said that in their experience the service had provided continuity of staff and that this was especially important for people at the end of life.

Relatives told us their family member received care that improved their safety; they felt relieved that their family member was receiving support they needed. They said the service supported their family member's well-being. For example, one relative told us how reassured they were that their family member had regular support to ensure they were safe. We spoke with an occupational therapist that supported people that used the service. They told us that the service made referrals to them when they were needed and supported them with any relevant information they needed.

The management team explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. This was also discussed in team meetings to support staff knowledge.

People and their families told us staff had discussed their care needs with them. This included identified risks to their safety and welfare, for example supporting with administering medicines, and supporting people to mobilise. One person said, "They always listen to me and we sort out problems together." Staff gave examples of how they managed risks to people while maintaining people's independence where possible. For example, the registered provider told us how they encouraged one person to be more independent when they visited. They gave them time to relearn skills after an accident whilst monitoring their safety. Staff we spoke with said they read people's care plans and looked at their daily notes so they were aware of what support the person needed and what support people received. Staff had a good

understanding of these identified risks, and how they reduced them. These were reflected with in people's risk assessments.

We saw records of checks completed by the provider to ensure staff were suitable to support people before they started work at the service. We spoke with staff and they said they completed application forms and were interviewed to assess their abilities. The provider checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people said they needed support with their medicines. This was discussed with them and they were included in decisions about how they were supported. One person told us, "It's a big relief not to worry about my tablets now. I know they will sort everything I need." We saw people's plans guided staff in how to support people with their medicines. Staff told us they had received training and their competency was assessed so they felt confident when administering medicines to people.



## Is the service effective?

### Our findings

People we spoke with said staff knew how to support them. One person told us about staff, "They know what they are doing, how to help me." Another person said, "They are well trained, and know what they are doing." A relative said, "They would always sort anything to make sure everything is ok." A social worker told us that staff were very knowledgeable about supporting people.

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing with experienced staff. Staff said they did not support people on their own until they were confident to do so. They told us they were regularly assessed to ensure they supported people appropriately. Staff said this was very supportive and enabled them to be confident about what they were doing. Staff told us they always met people before they visited them to deliver care. Staff said they were prepared and had received training in all areas of care delivery. They were encouraged to complete training to continuously improve their skills on a regular basis.

Staff told us they felt supported and had regular supervisions. One member of staff told us how they had completed diabetes training. They now felt they were better equipped to notice the early signs and raise concerns promptly when supporting people. They also said they would always share best practice with other staff to ensure they all had a broad knowledge base. Staff explained that they were encouraged to complete their vocational training, which acknowledged their skills and ability.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

People told us staff always checked they were happy to be helped. One person said, "They always ask me if it's ok before they do anything." One relative told us about staff, "They always ask, not just do." Staff we spoke with told us they were aware of a person's right to accept or refuse care. One member of staff told us how one person communicated their consent with their eye movements. They had an understanding of the MCA, and had received relevant training about this. Staff told us they always ensured people consented to their care. One staff member said, "I always check as I go along." Staff were aware of who needed support with decision making and who would be included in any best interest decisions for people. The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, we saw capacity assessments had been completed where specific decision were required, with support from the relevant professionals.

The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice when they needed to.

Some people we spoke had help with cooking and meal preparation as part of their care needs. They told us they were offered a choice and staff supported them to maintain a healthy diet. One member of staff explained that one person needed a soft diet. All staff were aware and this was clearly documented in the person's care plan.

People told us they received support with their all aspects of their health care when they needed it. One person said, "They call the Doctor out when I was unwell, and waited with me until he visited. They then made sure I had what I needed before they left." Staff had involved other health agencies as they were needed in response to the person's needs. For example, staff told us they supported people when they needed the dentist or opticians, they had helped set up appointments or had supported them to their appointment. . A district nurse told us staff would always raise any concerns, especially about any redness to a person's skin, to ensure people's health and well-being was maintained.

# Is the service caring?

## Our findings

People and relatives were very positive about the staff and the management team. One person said about the staff, "I enjoy their company". Another person told us, "They are excellent in all respects; I get on with them all." A further person told us, "I recommend them to other people, they are really good." Relatives we spoke with said, "All the staff are absolutely brilliant." Another told us, "They know all of us and are really lovely." A social worker we spoke with said that staff seemed to genuinely care about the people they supported.

People and relatives felt they were involved in choosing who provided their support. One relative told us that their family member had, "not got on so well" with one member of staff. They told us that only saw them once because the office staff ensured the staff member did not support their family member again. The management team told us they always checked to see if the people receiving the service were happy with the support from staff and took action where it was necessary.

People said staff supported them to make their own decisions about their daily lives. One person told us, "I only have to say I need help with something and they will sort." Another person told us how supportive staff were when they had a family crisis. They told us that staff took the time to listen to them, and would ring up on their day off to check that everything was ok.

Relatives said they were involved with their family members care planning and they felt listened to. Relatives told us that staff went above and beyond what they needed to. For example, one relative told us that when they were unwell, staff had gone shopping for them and their family member, to ensure they had the things that they needed. The relative told us staff had done this in their own time.

People and relatives told us they received support from regular staff who knew them and their care needs well. People said they benefited from regular staff that really knew them well. Relatives said their family members were supported by a small team of staff. They felt assured that staff knew the person's needs and were familiar to them. One relative told us they were supported by staff who had a good rapport with their family member. They told us they, "Brightened their day." Staff could describe how well they knew the people they supported.

People said staff respected their dignity, for example, by always knocking and waiting before entered the room. One person told us, "They always show dignity and respect, I always feel confident and never embarrassed." One relative told us about staff, "They always shut the curtains and doors to maintain dignity." Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible. For example, the registered provider told us some people preferred staff not to wear their uniforms when they supported them when they went into the community. People preferred staff to be casually dressed. The registered provider told us that staff respected this and did not wear their uniform while providing support in the community. A social worker commented that she had seen staff maintained people's privacy and did not discuss anyone personal information in public

## Is the service responsive?

### Our findings

People we spoke with said they were involved in planning their care. One person said, "I was asked at the beginning and they continue to check that I have all the support I need." Another person told us, "They will do anything I ask." Relatives told us they had been asked for their information when planning their family members care. One relative said, "I am always asked if everything is working well." People and relatives we spoke with said staff understood their needs and provided the support they needed.

Staff knew about each person's needs, they said they knew people really well and right from the beginning they were given all the information they needed to support people. They could describe what care people needed and we saw this was reflected in people's care plans. We looked at care records for ten people and could see people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed that their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. Staff were aware of people's ability, and were adaptable for people whose ability may fluctuate. For example, one person had poor mobility in the morning, but once they were up their mobility improved. Staff we spoke with told us the management team ensured they knew about any changes with a person's care needs.

People said they felt they were supported by regular staff who spent the right amount of time with them. Staff we spoke with told us they would spend time to support people with everything they needed. The deputy manager told us how they supported one relative when their family member passed away. The deputy manager said how they responded straight away and how much the relative appreciated their support through a difficult time. People told us they received support that was flexible to their needs. For example, one person told us they had an accident and their care needs changed. They said they were immediately supported with extra calls that met their individual needs. The district nurse told us how they staff worked around the people's needs. Staff described that when they supported one person they were able to return at a later time if they were not ready to start the day.

People and their relatives told us they had regular reviews of the care they received. People told us they had the opportunity to discuss all aspects of their care, including any that may have required improvement. However, all the people we spoke with felt that nothing needed improving.

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "I know the (registered provider) really well, she would sort any worries if I had them." Another person told us, "I am happy to raise any problems, but I don't have any." They said they had a good relationship with the management team, and were confident to discuss any concerns about any aspects of their care provision. Relatives said they were confident to speak to any of the staff if they had any concerns. One relative told us how they had been concerned about a delay with one visit, they rang the office and it was resolved straight away. There were clear arrangements in place for recording complaints and any actions taken. There had been no complaints received in the last 12 months at the time of our inspection.

## Is the service well-led?

### Our findings

People who used the service and their relatives told us they liked the management team and felt the service was well managed. All people we spoke with confirmed that someone was always available to speak with and they would take action straight away. One person said, "Everything is managed really well." Another person told us, "Good management team, they really listen." Relatives told us the service was well managed, one relative said, "We are all listened to, they know about us as well as (family member)."

The registered provider and the registered manager knew all of the people who used the service and their relatives well. They were able to tell us about each individual and what their needs were. They both regularly supported people with their care needs. The registered provider said this helped them ensure that people received a safe, quality service to meet their needs. The registered provider told us it was important to treat everyone as an individual. For example, she told us that some people had received support from the service for many years, however all the staff still called them by their surname, because this was how they preferred to be addressed. The registered provider told us that because the service was small it was very personal, "Everyone knows everyone," and this was important to her. Staff said they worked together as a team and felt well supported.

We saw people were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires. These were then analysed and the results sent out for people and their families to see. All the responses were positive and showed people and their relatives were happy with the service they received.

The registered provider completed regular checks to ensure the quality of care was of a high standard. For example, we could see that care plans were checked regularly. The registered provider had identified where improvements were necessary, and completed an action plan to ensure these improvements were completed in a timely way. We could see that the registered provider regularly reviewed her plan to ensure it stayed the focus for her improvements. For example, we saw that the registered provider had identified that staff did not always complete medication records effectively. She reviewed medication records regularly and took action when needed to drive up improvement. For example, if there was a concern identified the management team would investigate and take any action required with staff involved.

We saw that accidents and incidents were reported by staff. The registered manager investigated the accidents to ensure any actions that were needed were made in a timely way. For example, it was identified that a person had suffered multiple falls. We saw they had made a referral to a specialist to help reduce the risk of the person having further falls.

Staff said they were supported by the management team. They told us they could report concerns and they would be resolved quickly. One member of staff said, "All the management team are brilliant, they really listen to us, and communicate well." Staff told us they had regular team meetings and one to one conversations, where they shared information and ideas. Staff we spoke with said they felt well supported and listened to. For example, staff had raised concerns about travel time during team meetings last year. Staff told us that this had now improved and they were happy with the time allocated. Staff told us how any compliments were always passed on so they felt valued and appreciated.

The registered provider told us all the people they supported came to the service through recommendations. Either through other people using the service, their relatives and friends, or outside agencies. The registered provider said this was a good testament to the quality and open culture of the service they provided.