

Town & Country Care (Whitby) Ltd

# Town and Country Care (Whitby) Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 20 May 2016 and was announced.

Town and Country Care (Whitby) Ltd. provides care and support to people who live in their own homes within the Whitby and district area.

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 using the service told us they felt safe while staff were supporting them with personal care. Staff told us they were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or to relevant external agencies.

Potential risks to people were assessed and used to develop plans of care to protect them from harm while maximising their freedom.

Staff had undergone a robust recruitment process and received training and supervision to enable them to meet people's needs in a safe and timely way.

People's needs were met, which included support with meals and drinks when required.

Staff liaised with health care services and external agencies where appropriate.

People's choices and decisions were recorded in their care records. Staff gained consent from people before delivering care. Staff promoted the rights and decisions of people and were aware of the principles of the Mental Capacity Act 2005.

People's needs had been assessed prior to them receiving a service and they told us they had been involved in the development and reviewing of their care plans.

People were very happy with the care and support they received. People made positive comments about staff and told us they were kind and helpful.

We saw appropriate information was given to people using the service to ensure they knew how to raise concerns, or make a complaint. People also told us they were aware of how to raise concerns. Complaints had been addressed and actions had been recorded.

The service responded to people's individual needs and preferences and care plans reflected the knowledge staff had of each person, so that they could be placed in the centre of care.

Staff were organised into specialist teams which meant that people most often received care from staff they were familiar with and who knew their needs well.

Systems were in place to check the quality of the service provided. The registered manager sought regular feedback from people in order to develop and improve the service.

Regular staff meetings were held where staff were encouraged to voice their views. They told us that communication was effective and that they felt supported by the registered manager.

## 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 protected from abuse because staff knew what abuse was and understood their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and plans were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Medicines were administered safely. People received support with their medicine where it was required.

### Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to enable them to provide appropriate care and support.

Staff asked people for their consent to care and treatment and people were protected around their capacity to make decisions about their care.

People were provided with support to ensure their dietary needs were met.

People were supported by staff who liaised with health care professionals when needed.

### Is the service caring?

Good ●

The service was caring.

The staff knew people well and had formed positive relationships

with people.

People were treated with respect and regard to their dignity.

People were supported to make choices and decisions for themselves.

### Is the service responsive?

Good ●

The service was responsive.

Staff responded to people's individual needs and preferences.

People were aware of how to complain.

People were asked about their views on their care and supported to be involved in the local community.

### Is the service well-led?

Good ●

The service was well led.

The registered manager provided staff with good leadership and support.

There were developing quality assurance systems in place to monitor the quality of care and act on identified required improvements to the service.

Staff supported people to comment on and influence the running of the service.

# Town and Country Care (Whitby) 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 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 the 20 May 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by one inspector. Before the inspection visit, we reviewed the information that the provider had sent to us. This included notifications of significant events that affect the health and safety of people that used the service. We did not request that 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. PIR requests are not always sent to coincide with inspection visits. However, we gathered the information we required during the inspection.

During the inspection we spoke with a training specialist who was visiting the service offices. Following the inspection visit we spoke with a health care professional and a health and social care professional. We also spoke with five people who were supported by the service, two relatives, the registered manager and three care staff.

We looked at the records of three people, which included their plans of care, risk assessments and records about the care they received. We also looked at the recruitment, training and supervision records for three members of staff, a range of policies and procedures, quality assurance audits and minutes of staff meetings.

# Is the service safe?

## Our findings

People told us they felt very safe with the staff who attended them. One person told us, "They are really confident, that's what I like about them. I feel very safe." Another person said, "There are plenty of staff, and they work well in teams, so when two are needed they are always here." Another person told us, "I have great faith in them. They are a solid reliable team and that makes me feel that I am in safe hands- definitely." A relative of a person told us, "They have equipment at the day centre where [the person] can have a bath. They all know how to use the equipment safely." One person had written in a survey carried out by the service, "If I am away I don't worry at all."

Staff understood the safeguarding and whistleblowing policies of the service and knew what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of the Care Certificate, and were trained in this separately also. The registered manager told us that safeguarding was regularly discussed at staff meetings and staff confirmed this.

The service had raised safeguarding concerns with the local authority and CQC had been informed as necessary. Copies of completed alert forms were kept securely in the office and the details were discussed in team meetings as learning points.

Care plans provided guidance for staff on how to manage situations to ensure the safety of each individual. Staff told us about how risks were managed which reflected the information seen in the records. We found staff had a positive attitude to risk taking, which allowed people to take risks safely. For example, we heard that people were supported to take part in activities in the community, such as shopping or involvement in clubs and that plans were in place to ensure the risks involved were minimised.

Our discussions with staff showed that staffing levels were good and sufficient to meet the needs of people supported in their own homes. Team members were on rota with easy access to other staff which they worked alongside. This was particularly helpful for people who required two members of staff to support them. Staff told us they were allocated travelling time between calls which meant that they did not need to rush. People agreed that staff did not rush and that they always had time to ask if there was anything further they needed. The registered manager explained that the service operated a system of specialist teams. They made a point of matching staff skills and experience with the people who were receiving the service.

People told us that staff arrived on time and that they stayed for the time they were allocated. They told us this made them feel secure and cared about. If staff were going to be late, people told us they were always contacted and reassured about when they would receive their call. One person said, "They never leave without asking what else they can help with. If we need a little extra time that is never, ever a problem." Staff told us there was always either the registered manager or a senior member of staff on duty who was responsible for any emergencies during the day or night. Staff told us they had access to this support should they need it at any time.

The registered manager told us that staffing levels were monitored and were flexible to ensure that people

received support when they needed it. Staffing levels were planned in relation to people's needs. For example, more staff were on duty if people had more complex needs or if day care, outings or activities were planned. Staff told us that staffing levels enabled them to support people to lead active lives in the community and follow their interests safely.

We looked at the recruitment records for three members of staff. Each applicant completed an interview process which tested the applicant's knowledge, values and behaviours. We saw essential checks had been completed for each member of staff such as two references and a Disclosure and Barring Service check (DBS). The DBS check ensures that the service does not employ people who are known to be unsuitable to work with vulnerable people. Staff confirmed this recruitment process had been followed. The service had disciplinary procedures in place and the registered manager told us that they had used this to ensure people were protected.

The registered manager ensured that equipment used for moving and handling such as hoists, were regularly serviced so that they remained safe for staff to use and for the people they cared for.

We examined the way in which medicines were managed. We saw that the service had a policy on the safe handling of medicines. Staff told us they followed this. All staff received safe medicines handling training in their induction and they received specific instructions from care staff they were shadowing before they worked unsupervised. Medicine handling training was up to date for all staff.

Medication Administration Records (MARs) where the medicines people received were recorded were kept in each person's home. We were able to check archived records which showed that staff had signed for medicines correctly and that the right medicines were given at the right time. Medicines which were to be administered as needed (PRN) were recorded and accounted for according to the medicines policy. Medicine handling practice was regularly audited and staff were given feedback individually and in team meetings to improve practice.

Staff told us that they involved the GP if they considered that medicines needed to be reviewed, if this was part of their duties. When we spoke with staff they were knowledgeable about individual's needs around medicines and what risks were associated with this.

The service had a policy and procedure on infection control and staff confirmed that they followed this. Staff told us that they received infection control training in their induction, and we saw that staff had received training in this area. Staff understood good infection control practice and told us that they had ready access to aprons, gloves and hand gel so that they could carry out safe infection control practice.

The service had policies and procedures around lone working. Staff had an emergency call signal to use on their phones in the case of requiring urgent support. Staff usually worked in pairs in the evening to reduce the risks associated with being alone at that time of day. The service had a system where staff informed whoever was on duty when they were finished any call where there were inherent risks. Staff were also supplied with personal attack alarms to protect them. Staff told us that the registered manager considered their safety and protected them from the risk of harm.



# Is the service effective?

## Our findings

People told us that they were supported by staff who were competent and knew what they were doing. One person said, "Every single one of them has been shown and is sure about what help I need. I can't fault any of them." Another person said, "They always ask if it is okay to do what they need to do, and they make sure that everything is alright by us." A relative said, "The staff never ever seem unhappy with how they are supported in their job, they have nothing but good things to say about the way it is run. They are always on the ball and professional." Another person said, "They work really well with the nurses. They are a real team."

The registered manager told us that care workers had received induction that included training in all the essential areas of their work. Records of training showed that staff had completed induction and that this covered all core areas of training so that staff became familiar with these areas of competence. Staff also worked alongside experienced members of staff until they were confident and competent to work unsupervised.

After induction staff completed a comprehensive range of training suitable for their role. This included training in specialist areas of care such as pressure care, epilepsy awareness, diabetes, Parkinson's disease and care for people who are reaching the end of their lives. Staff told us that the registered manager was proactive about sourcing training that was needed. The registered manager showed us a training matrix which gave evidence that training was up to date and highlighted when this needed to be refreshed. Training was through face to face in house training or through external providers, depending on what was most effective. This showed that staff had the training to offer people appropriate care.

A training assessor who was visiting the service told us that staff could demonstrate understanding of key areas of care which reflected the training they had received. They told us that staff attended meetings with them and were committed to providing quality care.

The registered manager told us that all care workers received regular supervisions and appraisals and records confirmed this. Staff told us that supervision was an opportunity for them to discuss their developmental needs and any issues that affected their work. They told us that the registered manager was available to discuss concerns or to communicate information and that they regularly met with them.

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.

People's plans of care showed that the principles of the Mental Capacity Act 2005 (MCA) Code of Practice had been used when assessing people's ability to make decisions. The service also had a policy and procedure on the MCA and Deprivation of Liberty Safeguards (DoLS) to protect people. Staff understood the principles of the MCA and DoLS and were able to tell us about the five main principles, for example that they should always assume capacity and support people to make their own decisions. They were able to tell us about when a Best Interests Decision may be made and who might be involved in this to protect a person receiving the service. A Best Interest Decision is one which is made on a person's behalf when they lack capacity to make the decision for themselves. This involves a multidisciplinary team to ensure the decision is appropriate for the person's needs and is in their best interests.

Applications to Deprive a Person of their Liberty when they live in the community must be made to the Court of Protection. The registered manager told us that no applications had been made to the Court of Protection.

People were supported to make decisions about the care and support they received and were asked for their consent. It was clear from speaking with people that they were actively involved in making decisions about their care and support needs. Records also showed that people were involved in making decisions about their care and support and their consent was sought and documented. Care workers displayed a good understanding of how and why consent must be sought.

People were supported to access healthcare as required. People's health care needs were recorded in their care plans and professional advice had been incorporated so that staff had the information they needed to meet people's needs. We saw in daily notes that when people had a medical or health problem the service was quick to refer to health care professionals with people's consent. Risk assessments related to health care needs were in place, for example nutritional needs, pressure care, moving and handling and falls so that staff had guidance in these areas.

The registered manager told us that they had regular contact with the local GPs and district nurses, diabetes nurse, the tissue viability nurse (TVN) who specialised in guidance around pressure care, and the community mental health team. Professionals' advice had been incorporated into care plans. Staff were knowledgeable about the advice and understood how to put this into practice.

One health care professional told us that the service were very good at liaising with them and that they followed their advice and made informed suggestions which were helpful. They told us that the service was very reliable. Another told us that the service was good at working with complex care needs, and that they always listened to guidance and included this in care plans. This showed that the service worked in partnership with health care professionals.

Where the service was responsible for needs relating to eating and drinking, care plans included instructions for staff on how to meet people's needs in this area. Risks were assessed and the registered manager told us that guidance from health care professionals such as the Speech and Language Therapy team (SALT) would be included when necessary.

Care plans contained details about people's dietary needs and included specialist diets, for example fortified diets or soft diets. People's likes and dislikes were recorded and any food allergies or intolerances. Where relevant, care plans included specific instructions about healthy eating plans and shopping arrangements. People told us that the staff supported them appropriately with their needs around eating and drinking. They were particularly pleased that the staff did not rush them at meal times and took the time to prepare the meals they wanted, which were well presented and to their liking.

# Is the service caring?

## Our findings

People told us that the staff were kind and caring. One person said, "There is good team work. We talk things through with the staff and [the registered manager] so we really feel that they are hearing what it is like for us." A relative had written in a survey carried out by the service, "[The person] says how kind and caring all the carers are... [they] trust them all completely which is so important. I have peace of mind and know that [the person] is in good hands." Another person said, "They are more than kind, they put it into action. They really understand."

Care workers told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support, for example with their choice of meals and food. We saw that the care plans contained assessment information that helped care workers understand what people's preferences were and how they wanted their personal care to be provided for them.

Staff also told us that their induction contained guidance on how to treat people with kindness and compassion. They also told us that the registered manager placed emphasis on staff caring about the welfare of each other and being valued members of a team. Staff told us that they felt supported and valued in their role. One member of staff said, "I like being in a specialist team, we get to know each other and our strengths and we can help each other give the best care to people."

Records confirmed that staff had received training in equality and diversity. This ensured that staff had information necessary to offer support which did not discriminate against people on the grounds of gender, sexual orientation, marital status, race, colour, nationality, ethnic or national origin, religion, age or disability. People told us that staff respected their choice to live their lives the way they wanted to.

Staff told us that they always placed the person at the centre of care and considered what the experience of care was like for each individual. They told us that although they had tasks to complete they always approached the care they offered from the point of view of that person's experience. One member of staff said, "The way we work allows us to put each person first. We can be flexible because we work in teams that help each other. We always have time to chat with someone and to find out how they are." They talked about the importance of maintaining each person's dignity and the ways that this could be achieved. For example, being kind when offering personal care and being aware of the way they addressed people to show respect. Staff told us that they respected people's need for privacy and that they made sure that they intervened only as much as was necessary to provide the care and support people needed.

People were supported to maintain relationships with their families and friends. Staff accompanied people into the community for outings, and supported them to access the day care facility run by the service, which focused on offering care for a range of needs. This included caring for the needs of people who were living with dementia on specific days.

People told us the registered manager and care workers responded quickly to their requests for assistance. One person said, "I could call them any time and I have. They come quickly when we need them and they

are excellent." A care worker said, "I always ask people if there's anything else they need me to do for them."

The service respected the confidentiality of people using the service. People told us that they were sure their care workers did not share information about them inappropriately with other people and respected their confidentiality. Care workers confirmed this with us. Care workers told us that they made sure that confidential information in people's homes was securely stored and that the information in the office was kept locked away in secure filing cabinets.

## Is the service responsive?

### Our findings

People told us that the service was very responsive to their needs. One person said, "They are very good if we need to change anything at short notice. They understand what it is like for us and they rearrange things so that we can have the staff we are familiar with." A relative said, "We get out sometimes because the staff support us to do this. We wouldn't be able to do it without them." A relative told us, "They really enjoy the day care facility. Staff go with them to this and stay with them all day. I know there is someone with [them] the whole day and they do some interesting things with them. It gives us both a boost." Another relative said, "This service is excellent. They really go the extra mile to give you what you need when you need it. They are very good in every way."

Staff worked in specialist teams. For example, there was a team which focused upon care for people who required significant support with moving and handling, another team who had extensive experience of supporting people who had experienced a stroke, another team worked closely with people who were living with dementia, while another team worked mainly with people who required assistance with domestic tasks such as shopping, cleaning and laundry. People told us that the team specialist knowledge gave them confidence that staff understood what support they needed. Staff told us this way of working was helpful and that they gained the knowledge and skills to give people the care they needed. This meant that support was organised to respond to people's individual needs.

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. People felt they were involved in organising their care plans and described how they had been involved in the assessment and on-going review process.

The registered manager or a senior member of staff assessed people's care and support needs. Care files were personalised and reflected that people were at the heart of planning their care and support. Some plans had identified specific goals, such as around developing mobility or support to improve mental health. One person said this made them feel positive about the future and that they knew all the staff were working towards improving their independence. Staff commented that the information contained in care files enabled them to support people appropriately in line with their preferences.

Care plans were regularly reviewed and updated when people's needs changed. People told us they were involved in this process and were asked for their ideas and opinions which were acted on.

Care files included information about people's life histories and included their interests and goals. Care plans were very detailed and included the things which mattered to people, such as when they preferred to rise in the morning, or what their preferred routine was for bathing and getting dressed, their preferred drinks and snacks.

Care plans identified significant people involved in people's care, such as their relatives, friends, and health care professionals and identified ways to maintain people's support networks. The registered manager told us that they liaised with the community mental health team to support people to integrate into the

community and to live as fulfilling a life as possible.

Plans included encouraging people to be as independent as possible and addressed people's social and recreational needs. The registered manager told us that plans considered people's emotional wellbeing and improving people's quality of life. We saw that plans were holistic in this way. People told us that the care workers supported them in a way which improved their sense of confidence and happiness. One person told us about how the staff adjusted the care they offered depending on how they felt that day.

The service offered a day care facility. A relative told us that the day care facility was very helpful and that support staff there engaged their relative in rehabilitative activities such as craft work, reminiscence and exercises to develop confidence with transferring and moving.

The day care facility offered hair dressing and a range of social and recreational activities and staff supported people to engage in these. For example, staff told us about supporting people to order goods on line with the computer at their disposal, completing memory books about people's lives with those who wished to do this, watching films together and taking part in board games, dominoes and completing puzzles.

Staff were aware that people's needs may fluctuate and told us that care plans were flexible to take account of any changes in people's needs. Staff told us they supported each other so that they could respond at short notice when people needed extra care. People told us that if they fell ill or had an extra task which needed to be done, staff were "always available" and were quick to respond to changes in people's needs.

The registered manager explained how the service shared information with health care and other professionals, and that they were aware of the importance of supporting people in transition between services, such as hospital, day care and community support. A health care professional told us that the service was skilled and attentive around ensuring people were supported at times of transition. They said that the service was efficient at communicating significant changes and that they often provided more intensive support to people at these times.

People told us they were encouraged to raise any concerns or complaints and that these were quickly and kindly dealt with. People were made aware of the complaints system when they started using the service. People told us they knew how to complain and that their concerns had always been listened to and acted upon. The service had received a small number of formal complaints. These had been addressed and the registered manager had involved the complainant in the investigation and informed them of the outcome. The complaints procedure set out the process to be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. This ensured people were given information about how to complain.

## Is the service well-led?

### Our findings

People told us that the service was very well managed and run. One person said, "The registered manager has it really well organised. The specialist teams are a brilliant idea and it means we get used to a small group of care staff." Another person said, "I can call the office any time and get a kind and helpful reply." Another person said, "They keep in touch with us about any changes, the office staff are always polite and sort things out."

There was a registered manager in place for the service. Staff told us and records confirmed that staff turnover was low. This meant that the staff team had consolidated and were in a good position to offer continuity of care. Care staff told us that they were very happy with the management arrangements. One member of staff said, "We can talk with [the manager] at any time, they ask us what we think and listen to what we say." Another member of staff agreed, "I really like the way we are arranged in specialist area teams. I think this is very well organised by the manager and uses staff skills and experience well."

The registered manager organised staff into specialist teams which staff and people who used the service felt worked well. The service did not accept or carry out 15 minute calls as they felt this meant an inevitable element of rushing for both the people supported and for staff. The registered manager explained that the geography of the area meant that a number of calls were a distance from one another and that staff were allowed travelling time so that they were able to give people the full time they were allocated.

Care workers told us that they worked together well as a team and covered for each other in the case of staff absence owing to sickness or leave. The registered manager told us that every member of staff was invited into the office regularly for meetings and at other times so that they could see the management team face to face and pass on any concerns or issues. Staff told us this was a good opportunity to catch up with news and to touch base so that they felt part of a team. The registered manager also told us that they operated an open door policy and staff told us they felt confident about approaching the registered manager at any time.

The registered manager was supported by team leaders who were responsible for the day to day smooth running of each team's work. Staff told us that they were clear on who they needed to report to and who could offer them support. This meant that the management structure supported the delivery of a quality care service.

Staff told us there were six weekly staff meetings, where they discussed any concerns, ideas and suggestions. Staff meeting minutes provided evidence that staff were consulted and that their suggestions were considered.

The registered manager told us that they valued their staff. They arranged team building events and social occasions to show their appreciation and to improve the way staff worked together. For example, they told us about a recent staff treasure hunt and a Christmas meal. Staff told us they felt valued and respected by the registered manager and management team.

The registered manager was aware of the requirement to submit notifications to CQC for a range of incidents and situations and notifications had been sent to CQC and other agencies as required.

People who used the service had been surveyed for their views. The results of surveys were collated and analysed. Plans for improvements were drawn up using the results of these surveys and the registered manager told us that if people were dissatisfied with any aspect of their care they would visit them personally to address the problem. People receiving the service and staff confirmed that they were regularly asked for their views and that they were encouraged to raise any issues which were swiftly dealt with.

The registered manager had a quality assurance system in place. We saw a number of internal audits including medicine management, spot checks on staff performance, moving and handling and infection control. The results of audits were discussed in team meetings and records showed that any improvements identified were acted upon. Staff told us that they were informed of the results of audits, and that any individual areas for improvement were discussed with them on a one to one basis, in a way which made them feel supported to improve.

The registered manager kept up to date with current best practice in care topics, through bulletins from the Independent Care Group, and the Home Care Association. They also attended conferences, for example on changes around commissioning, and specific care subjects relevant to the needs of people they supported.

The registered manager was clear on the key challenges to the service. They recognised the need to ensure sufficient staff were on duty to operate as flexibly as was required and were developing the quality assurance system. They expressed a wish to keep on improving the quality of care for people through enhancing the personalised approach of the service and continuing to involve people at every stage of their care and support.