

Town and Country Care Services Ltd

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Inspection report

Unit 23
Bude Business Centre, Kings Hill Industrial Estate
Bude
EX23 8QN

Tel: 01288255970
Website: townandcountrycs.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Town and Country Care Services Limited is a domiciliary care service providing personal care to people living in their own homes. The service provides support to older people, people with dementia, people with physical disabilities and younger adults. At the time of our inspection there were 33 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. 29 people were in receipt of personal care at the time of the inspection.

People's experience of using this service and what we found

Some people had health conditions which were not included in the care planning system used by the service. No care plans or risk assessments had been developed to provide staff with the appropriate information and guidance. The registered manager took immediate action to start updating the care plans in place.

Recruitment systems were not robust, application forms did not request all the relevant information. References had not always been followed up.

Training identified as necessary by the service had not been completed by all staff. New staff completed shadow shifts before working independently. Staff told us they were well supported by managers and there was a strong sense of team working.

We identified shortcomings in how the administration of medicines were recorded. We have made a recommendation about this in the report.

There were enough staff to cover all planned visits. People told us staff were caring and unhurried in their approach. People were supported by staff they knew and who were familiar with their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a strong community based ethos. The service supported people to be active members of the local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 20 August 2021 and this is the first inspection.

Why we inspected

We inspected this service in order to provide a rating for this previously unrated service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing, recruitment and management of the service. We have made a recommendation about the recording of the administration of medicines.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Town and Country Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 29 September 2022 and ended on 3 October 2022. We visited the location's

office on 29 September 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 12 April 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We visited the location's office where we met and spoke with the registered manager, deputy manager, office manager and administrative assistant. We looked at four care files, one person's Medicine Administration Records (MAR), three staff files, rotas and visit time records and other records relating to the running of the service. Following the site visit we spoke with a further three members of staff, 12 people who were using the service and six relatives. We contacted an external professional to ask for their views on the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Systems to protect people from risk were not robust. Some people were at risk associated with their specific health condition. There were no care plans or risk assessments in place to guide staff on how to support people in this area. For example, one person had a catheter fitted. Staff had no information on how to monitor this aspect of their care and the action to take if any issues were highlighted.
- Environmental risk assessments were in place so staff would be aware of any risks within people's homes. However, one person had an oxygen supply in their home which can be a fire hazard. There was no associated care plan or risk assessment in place.

The failure of the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager created a care plan and risk assessment in relation to catheter care during the inspection. They told us they would audit all care plans in order to identify, and address, any further gaps. Staff had completed training in catheter care.
- Staff wore uniforms and carried identity cards so people would be assured of their identity when they visited.
- People received visits in line with the arrangements in place. Staff stayed for the allocated time. If staff were running late, or unable to attend the registered, deputy and office managers were all able to cover the visit.

Staffing and recruitment

- Recruitment systems to help ensure staff were suitable to work in the care sector were not robust. The application form did not require applicants to give an employment history or provide explanations for any gaps in employment.
- As part of the application process applicants were asked to complete a health questionnaire. In one of the staff files we checked the questionnaire had not been fully completed or signed.
- One member of staff, who had been working at the service since July 2022, only had one reference on their staff file; this was from a past employer where the applicant had worked in 1999. No reference had been provided from the most recent employer. Following the inspection, the service obtained a second reference from the staff members previous employer

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act

- Disclosure and Barring Service (DBS) checks were completed before new staff started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to cover all visits. The registered manager told us they always made sure they had enough staff available before accepting any new packages of care.

Using medicines safely

- Systems to check people had received their medicine as prescribed were not robust. Staff recorded when people had been supported or prompted to take prescribed medicines on paper Medicine Administration Records (MAR) and electronic MARs. We looked at one person's MARs in both formats and found there were several discrepancies between the two.
- Due to IT issues the electronic MARs were not always completed to indicate people had received their medicine. In these circumstances staff used the paper records. However, it was not recorded when this had happened meaning it was not possible to evidence clearly when people had been supported with their medicine.

We recommend the provider seek advice and guidance in relation to recording the administration of medicines.

- Following the inspection the registered manager told us they had introduced new weekly auditing systems to monitor MARs. They were working with the care planner provider to improve the recording system.
- Some people had prescribed creams which were applied by staff. Body maps were used to clearly indicate where the creams should be applied.
- People told us they were well supported with their medicines. One person said, "They make sure I have taken them."

Systems and processes to safeguard people from the risk of abuse

- There were good systems in place to protect people from the risk of abuse. Safeguarding concerns had been raised to the appropriate agencies when staff had reported concerns about people's safety and well-being.
- Staff had a good understanding of the types of abuse and the potential signs of abuse. One staff member described an occasion when they had escalated concerns to the registered manager and told us this had been dealt with appropriately resulting in a positive outcome for the person at risk.

Preventing and controlling infection

- There were plentiful stocks of Personal Protective Equipment (PPE), such as gloves and aprons.
- The service had followed government guidance in relation to staff testing for COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were recorded and highlighted to the management team.
- There had been a recent event when a visit was missed. This had occurred after the visit had been reallocated due to staff sickness and the staff member newly assigned to the visit had not picked up the message. In response a new system had been put in place which would allow managers to check messages had been seen.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Systems to ensure staff had the appropriate skills and knowledge to fulfil their roles were not robust. We looked at the service training matrix and identified gaps in staff training. For example, out of 16 staff only four had completed food hygiene training, five had completed dementia training and four had completed training for personal care.
- The service statement of purpose stated: "As a basic minimum all of our care staff receive training and have experience in the following areas." It then went on to list a range of areas including end of life care and the Mental Capacity Act. In fact, only two members of staff had completed training in either of these subjects.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager assured us they would prioritise staff training needs immediately. When talking with staff following the inspection visit they told us they were attending training sessions at the office.
- Staff received regular supervision which was an opportunity to discuss any working practice.
- Newly employed staff worked alongside more experienced staff until they, and the registered manager, were confident they were able to work independently.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out comprehensive assessments before people started using the service to check they were able to meet people's needs.
- When new guidance was published the registered manager took steps to help ensure staff were aware of the guidance and working in line with it.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people required support to prepare meals. Staff prepared meals in line with people's preferences and ensured drinks were available for people.
- During a heatwave shortly before the inspection, staff had been extra vigilant when ensuring drinks were always accessible to people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked closely with other professionals to make sure people had access to the support they required.
- An external healthcare professional told us staff took heed of any suggestions and guidance they provided.
- People told us staff contacted other health care professionals if needed. One commented; "I have not been feeling well and they have been keeping an extra eye on me. Call me throughout the day. If I need the doctor, they will call"
- Staff supported people to access the community and maintain a healthy lifestyle.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of the inspection no-one had been assessed as lacking capacity. The registered manager spoke of the importance of working with people to support their understanding when making decisions about their care and support.
- The registered manager was aware of any Power of Attorney arrangements in place and what they covered.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's preferences were known and respected. One person had morning visits at a specific time but wanted to attend an exercise class one morning a week. Their visit time was changed for this one day to allow them to start a new hobby.
- Most people received support from a small group of care staff. This meant people received care from staff who knew them well and understood their needs. One person preferred to see a larger number of staff and their visits were arranged to accommodate this.
- The registered manager was supportive of people's diverse needs. They described the support one person needed and how their needs had led to them being restricted. They told us; "It was unfair, not inclusive." They had taken steps to rectify the situation and improve the person's circumstances.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager told us; "We value people's independence. We use a person-centred approach to make sure the care [provided] is their own choice."
- An external professional had suggested that one person could be supplied with a particular communication tool to support their understanding. The registered manager was sceptical but told us; "I don't think it will work for them; we'll give it a try though. If they don't like it, that's up to them."

Respecting and promoting people's privacy, dignity and independence

- Some people preferred to receive support from female staff only. The registered manager told us they made sure personal care was provided in line with people's requests.
- An external healthcare professional commented; "The care staff appear to be friendly when we meet them in patient's homes and treat them with dignity and respect."
- Feedback from people and their relatives was positive. Comments included; "They are angels. Wonderful all of them", "Magnificent. I have a laugh with them", "They are really nice. Really impressed with [registered manager], very experienced. I feel reassured they are going in. They keep an eye on [my relative]" and "It's a small community, but nothing is discussed outside of the house."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for a range of areas including mobility, nutrition and hydration and medication.
- People's paper care records did not contain details about people's preferred routines and the support they required at each visit. The registered manager told us staff used an app on their phones which included a 'task' list where some of this information was recorded. For example, if bedding was due to be changed. Staff told us they were confident they knew how people wanted to be supported.
- Following the inspection, the registered manager sent us a copy of an updated care plan which contained information about the person's routine during a visit.
- The care plans in place were reviewed regularly; the service used a 'client of the day' system whereby one person's records were reviewed each day. This meant people's records were reviewed approximately every six weeks.
- There was an ethos of involving people in their plan of care and ensuring people were supported in line with their preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff took people's communication styles into account when providing them with information. One person's care plan stated; "It is important not to overload [person] with instructions and information and it is important to check that [Name] has understood those instructions."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people had told staff how they had enjoyed a weekly fish and chip supper in the past. In response the management team had organised a weekly 'chip supper run.' They collected orders from people on a Friday and then dropped off their supper. The registered manager told us people really appreciated this.
- People were encouraged and supported to be active members of their local community.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy in place. There were no ongoing complaints at the time of the

inspection.

End of life care and support

- The service was able to support people at the end of their lives. Information about people's preferences and beliefs at this period of their lives was recorded in care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Audits and checks of the service were carried out. However, these had failed to identify, or address, the shortcomings found at inspection.
- Staff meeting minutes showed gaps in training had been discussed at meetings in May, June and September. However, as reported in effective, we found there were still gaps in training. The registered manager told us they were aware of this and had spoken to staff about the need to complete training, but they had either not complied or were only making very slow progress.
- Care plans were regularly audited but this had failed to identify areas for improvement. Due to an IT issue, boxes to indicate the level of support people needed had not been populated when records were printed off. Some care plans which were needed, had not been developed and there was no information in people's care plans about people's routines and the specific support they required during a visit.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager was supported by a deputy manager and office manager and an administration assistant. They each had clear roles and responsibilities.
- The registered manager was aware of their responsibilities under the Duty of Candour. There was an appropriate policy in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us the management team and staff were all locally based and knew the community well. They were committed to supporting people to access, and be a part of, their local community. For example, a local farm had agreed for staff to support people to visit the farm and see the animals.
- People and their relatives commented on the community ethos. For example, "I would recommend it. It is a good locally based company working within the community" and "Some (staff) are interested in Bude, and we have conversations about it."
- The registered manager told us they always tried to carry out the first visit to new clients themselves as they liked to get to know people and give them an opportunity to voice any worries they might have.

- Staff were positive about the management of the service reporting they felt well supported and 'part of a team.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager valued the staff team and had introduced various incentives to support staff well-being. This included an employee of the month scheme and investment in a pool car and a bicycle for staff who preferred to use one.
- Staff told us they felt well supported by managers. One commented; "Really lovely working there. [Registered manager] and [deputy manager] really care about staff, they are very supportive, very involved with clients."
- Surveys were circulated to people, their relatives and staff to gather their views of the service.
- Staff meetings were held which gave staff an opportunity to raise concerns and make suggestions. In addition, there was a suggestions box in the staff room so staff could raise any issues anonymously if they preferred.
- The registered manager described how they had been particularly attentive during a recent heatwave to ensure people and staff remained well. They told us "We made sure staff on the walker's round had extra drinks and were resting. We checked clients had access to drinks."

Continuous learning and improving care

- People were asked for their views on the care provided. Comments cards were left with people so they could feedback at any time.
- The registered manager and deputy manager had recently completed a train the trainer course so they could deliver moving and handling training in-house.
- The service was raising money to invest in a defibrillator and a specialist chair to use to help people get up following a fall.
- The registered manager received regular updates from CQC and Skills for Care to help them keep up to date with any developments in the sector.

Working in partnership with others

- Records showed the service worked pro-actively with external professionals and agencies.
- An external healthcare professional told us; "We have found Town and Country Care to be approachable and open to our suggestions and recommendations. They are always accommodating when we need to undertake joint visits with them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service were not robust.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The information specified in Schedule 3 was not available for each person employed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider did not receive the appropriate training necessary to enable them to carry out the duties they are employed to perform.