

Country Carers Limited

Country Carers Limited

Inspection report

Building 1 & 2 Jempsons Trading Estate
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Rye
East Sussex
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Website: www.countrycarers.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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place between the 15 December 2015 and 5 January 2016. We visited the office of Country Carers on 15 and 16 December 2015. This was an announced inspection. This means the provider was given notice due to it being a domiciliary care provider and we needed to ensure someone was available. The inspection involved visits to the agency's office and telephone conversations with people, their relatives and staff, between the beginning and end dates.

Country Carers Limited (Ltd) is a domiciliary care company based in Rye. They provide support and care for predominately older people living in their own homes. The age range of people was 45 to 104 years of age. Some people were at risk of falls and had long term healthcare needs. The service also provided support to people who were at the end of their lives. Country Carers Ltd provide their services within an approximate 15 mile radius from their office in Rye. The catchment area is predominately rural. At the time of our inspection 52 people were using the service. There was a registered manager in post, a

Summary of findings

registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At Country Carers Ltd, the registered manager was also the provider.

We last inspected Country Carers Ltd on 15 August 2013 where we found they were compliant with the regulations inspected.

People spoke positively about Country Carers Ltd and told us they felt safe using their services. However we found there were areas that required improvement in regard to how the provider managed the administration of medicines. All staff had an understanding of safeguarding and different types of abuse, however not all staff knew the procedure for reporting abuse beyond the provider.

People told us they were usually supported by staff who knew them well and had the appropriate level of experience and knowledge to meet their needs. However due to a staffing issue we found some administration around staff training and induction had begun to impact of the frequency of training delivery.

Peoples care plans were reviewed regularly however they did not consistently reflect the care that was being provided by care staff. Care plans were focused on specific tasks care workers were to complete and did not provide detail on how the individual could be best supported for each identified need.

Although the feedback received on the provider was positive we found they did not have robust quality assurance systems in place which were capable of identifying the areas of improvement we found during the inspection. For example routine quality checks on people's care and medicine documentation were not being completed to see where improvements could be made.

We found further issues which required improvement were related to the leadership of Country Carers Ltd. These were in regard to the submission of statutory notifications to the Care Quality Commission and to the having the correct registration.

When people started using the service they underwent a pre-assessment which identified their care and support needs. Risk assessment was completed for areas where people could be at risk of harm, such as with their walking and medicines. People's care needs were reviewed on a regular basis.

Staff told us they felt supported in their roles. A supervision programme was in place which was used effectively to support them in their roles. People were cared for, or supported by, sufficient numbers of experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work for Country Carers Ltd.

The provider and their staff were familiar with the requirements of the Mental Capacity Act 2005 (MCA) and care documentation reflected action had been taken and appropriate agencies involved where necessary.

People told us they felt their care needs were met by friendly, reliable and caring staff. People had been consulted about their care and were clear how to raise concerns if they had any. The feedback we received about the provider was positive. There was a clear philosophy of care at the service which was understood by staff. This included the importance of privacy, independence choice.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

The provider's management of medicines were not consistently safe.

People told us they felt safe at the service and staff were confident in identifying types of abuse.

There were sufficient staff. The staff had undergone a robust recruitment procedure before staff started employment at Country Carers Ltd.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had access to a range of training designed to support them care for people however most staff had an area of training that required refreshing.

People who required assistance with food and drink were supported effectively.

The provider and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and obtained consent from people appropriately.

Staff had regular supervision which they told us supported them well.

Requires improvement



Is the service caring?

The service was caring.

People told us they were supported by staff who were caring and kind.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People's confidentiality was protected by staff correctly implementing the services policy.

Good



Is the service responsive?

The service was not always responsive.

Care plans did not consistently contain all the necessary information to inform staff how to respond to their care needs.

People's choices were respected and supported.

There was a complaints procedure and people felt comfortable raising any concerns or making a complaint.

Requires improvement



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

There were some systems to assess the quality of the service provided to people in their homes, however not all areas had been considered.

Statutory notifications had not been consistently submitted to the Care Quality Commission.

The provider had failed to ensure their registration with the CQC was up-to-date.

People spoke positively about the provider and staff were well supported in their roles.

Country Carers Limited

Detailed findings

Background to this inspection

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

The inspection took place between the 15 December 2015 and 5 January 2016. This was an announced inspection. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection was undertaken by one inspector.

During the inspection process we spoke with ten people who used the service and two relatives. We asked what it was like to receive care and support from Country Carers Ltd. We reviewed 10 people's care plans and associated records. We spoke with six care staff, the head of care, the personnel manager and the provider. We requested feedback from a GP and district nurses who had contact with care staff.

We looked at staff's recruitment, supervision and training records, and spoke with the provider about the systems in place for monitoring the quality of care people received. We reviewed comments staff had made in a feedback survey and looked at a variety of the service's policies such as those relating to accidents and incidents, medicines, complaints and quality assurance.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives, staff and community professionals. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

People we spoke with told us they believed Country Carers Ltd offered a safe service and felt safe whilst they were being supported by staff. Of the people who responded to our pre-inspection survey, 31 (100%) told us they felt safe using the services. One person told us, “I trust and rely on them coming in to look after me.” Although people were positive regarding the service they received we identified some issues with the running of the service in relation to medicines that placed people at risk.

People and their relatives told us that they were satisfied with the support they received with regard to their medicines. Where required, people stated they received their medicines correctly and on time. However, we found some areas which required improvement. We looked at peoples medication administration records (MAR) and found three had multiple gaps. These people’s daily visit records identified they had received care calls on the dates in question and should have been assisted with their medicines. However, the gaps in the MAR meant they may not have received their medicines correctly on the dates the MAR had not been signed. The provider could not explain why there were gaps in the MAR records we identified.

There was no up-to-date staff sample signature sheet available which meant that it would be more difficult to identify which staff member had assisted with or administered people’s medicines.

The provider had policies in place for medicines and guidance for the administration of medicines. However we found these had not been consistently followed. For example, care staff were placing medication for one person into a pill pot so they could take them whilst they were at a day centre. The providers policy stated, ‘care staff must not put out individual doses of medication for service users to take later in the day.’ Care staff had been signing this person’s MAR, however the provider could not be assured this person had taken their medicines whilst at the day centre. The provider accepted that this was not good practise and after the inspection provided evidence they were working on finding an alternative way for this person to be supported with their medicines whilst at their day centre. The issues identified related to the management of medicines require improvement.

There were policies to ensure staff had guidance on how to respect people’s rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff received safeguarding training on an annual basis. All care staff demonstrated a good understanding and were able to describe different types of abuse. However one staff member was unsure of who to report suspected abuse to other than ‘the manager.’ The provider stated they would speak with this staff member to ensure they were aware of the safeguarding reporting protocol. Another member of staff who had returned to their role after a career break had not had their safeguarding training refreshed yet had been back for five months. This is an area that requires improvement.

When people began using the services Country Carers Ltd provided they underwent an assessment by either the provider or the head of care. The information collected included various risk assessments for areas such as continence, skin condition and mobility. This assessment document also included environmental risks such as uneven surfaces and lighting. Risk assessments were regularly reviewed and where appropriate updated. One person told us, “I know my paperwork is looked at and they ask me to see if anything has changed.”

Accidents and incidents had been recorded and staff knew how and where to record information. One member of care staff told us, “There are forms in the care folder if we need them, I would take it back to the office once I have completed it.”

All people spoken with stated they were happy with staffing levels. Staffing levels for individual care calls were determined during a person’s initial assessment of needs. This was then reviewed in line with any change in needs or when care reviews were undertaken. People told us they felt that staffing levels were correct for their calls. One person told us, “No problems, I’m more than happy with the support I get.” Another said, “They are always here, like clockwork.”

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions

Is the service safe?

and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through, which further evidenced correct procedures were followed.

The provider had made provision for unforeseen occurrences in regard to the rural location of the people they supported. The provider had contingency plans and

had 4 x 4 vehicles at their disposals if required. The provider told us that when adverse weather impacted on the operation they used a risk matrix that identified those people who could not go without support. The provider had a 'pool' vehicle that was made available to staff should their own car be required to be repaired at short notice.

Is the service effective?

Our findings

People and their relatives told us they were happy with the care they received from Country Carers Ltd. One person told us, “I’ve been very impressed with them, they are very professional.” However, we found some areas related to induction and training that required improvement.

Although we saw evidence that most staff had completed an induction when they started work at Country Carers Ltd the provider identified that in recent months the staff member responsible for the majority of training had been unavailable. Records reviewed evidenced this had impacted on the frequency of training delivered and the associated record keeping. For example two new starters induction paperwork was not complete and neither the provider nor personnel manager could confirm what aspects of their induction they had completed. Most staff had at least one training course that according to the training spreadsheet was due to be refreshed. The provider said, “I have identified this as an issue and taken steps to fix it.” We saw evidence that the provider had booked another staff member onto a ‘train the trainer’ course so that additional staff were able to deliver training. This is an area that requires improvement.

New care staff ‘shadowed’ more experienced members of staff until they were deemed competent to work unsupervised. One staff member told us, “I worked with someone else until I felt confident to work alone.” All staff received additional training specific to peoples’ needs, for example around food hygiene and diabetes. There were opportunities for staff to complete further accredited training such as NVQ (National Vocational Training). NVQ’s are work based awards that are achieved through assessment and training. To achieve NVQ candidates must have proved that they have the ability and competence to carry out their job to the required standard. One member of staff said, “I was really delighted to have completed my NVQ, it was very useful and helps me in my day to day work.”

Feedback from staff and records reviewed confirmed there were systems in place which ensured staff had regular supervision. These took place on a rolling three month basis. Staff told us that whilst they were working in people’s homes they underwent ‘spot checks’ by senior staff. Records indicated staff would have two a year unless issues with performance had been identified. The findings from

these ‘spot checks’ were discussed at supervision meetings. Supervision notes identified that staff were provided with an opportunity to discuss all aspects of their role. Staff told us these meetings were helpful and felt supported in their role. One staff member told us said, “It makes sense our work and performance is looked at.” The service operated a system whereby if staff noticed anything ‘out of the ordinary’ either with a person’s health or wellbeing a ‘purple slip’ was completed and returned to the office. These were reviewed by senior staff. This system could also be used for staff to identify where another staff member had missed something on a care call. For example one staff member told us they had been spoken to by a senior member of staff when they had forgotten to put a piece of mechanical equipment ‘on charge’. The provider said this system had proved to be an effective way of monitoring changes within the service.

Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA). Staff were aware decisions made for people who lacked capacity had to be in their best interests. All peoples’ care folders contained a signed service user agreement that identified what services the person consented to and would receive. It was evident where appropriate family and advocates had been involved in this process to support people. People we spoke with were aware of these documents and most could recall signing it.

One person told us, “My family buys my food but the carers prepare it all nicely.” People’s nutritional needs, where necessary, had been assessed and care plans showed what support people required to ensure they had sufficient amounts of suitable food and drink. This included meeting dietary requirements for people with health conditions such as diabetes. People’s preferences were recorded and most care plans prompted staff to respect people’s choices about food. Risk assessments showed that where people had been assessed as being at risk of malnutrition, extra measures had been put in place to support them. These included support with shopping and meal preparation to ensure that people were eating food that was appropriate for them. Staff told us they routinely asked people what they had had to eat and drink that day and checked care notes and food supplies in the person’s home.

People told us if required staff would assist to ensure they received appropriate medical care. One person told us, “They (the staff) always make sure I am ok, they have got

Is the service effective?

hold of my GP for me in the past.” Staff told us they were clear on their duties and responsibilities as carers and if there were changes in people’s health and well-being they would raise these concerns with the provider and other health care professionals.

Is the service caring?

Our findings

People told us they had a good relationship with care staff. A person told us, “Staff that visit are kind and thoughtful.” People told us staff were reliable and came at the times they expected. Staff spoke about the importance of compassion and empathy, particularly where people had received bad news or was feeling unhappy. All of the people we spoke with said that staff were approachable and felt they could chat with the staff and were listened to. The provider told us, “Continuity of staff is of real importance for our service.” Staff we spoke with were aware of the principles of equality and diversity and gave examples of how they reflected these values in their work. For example making adaptations to the way they supported people. One staff member told us, “Some small things can make a difference, like being aware where you place items for clients that have sight problems.”

There was evidence that people were involved in planning their care and the routines staff followed. People told us they were routinely consulted regarding the care they received. One person told us, “I know my file is updated and can chat about whether things need to change.” One person’s relative told us, “The care staff were coming in more regularly to start with but now things have settled down we have decreased the number of visits, it’s worked well.”

One staff member said, “Keeping independent is so important for older people living by themselves, I will always see if clients want to do things for themselves if possible.” Another staff member told us how they always encourage a person to help with ‘stripping the bed.’ People told us that staff, although busy, were not rushed. One said,

“They are busy when they come in but will find time to have a natter and a joke.” A staff member told us, “If I feel I don’t have enough time I will speak to the office and see what can be done to change things around.”

One person said, “Carers are very professional, they look after me well.” Staff were aware of the importance of respecting people’s privacy and providing dignity. They provided examples of how they did this, such as by keeping doors closed and covering people when supporting with personal care. One staff member told us, “I am always very aware if someone is close to the end of life that dignity is so important to them and their families.” Within their PIR the provider stated that a small staff team was used for people who were receiving palliative care. This was supported when speaking to staff, one said, “I am supporting someone at the moment and we have a small tight team so that there is good continuity of care.”

Care staff showed a caring attitude towards people. One care worker said “I always try and do a good job for our clients.” Another said, “I love my job, caring is very rewarding.” Staff said the agency’s systems supported people receiving a service. One member of staff said “I’ve worked for other agencies; this one is very caring towards our clients.” Spot checks on care workers included their attitude towards people.

Care plans were held securely in the office and another copy was kept within people’s homes. The provider had taken steps to ensure people’s records that were held electronically were ‘backed up’ securely at a different location. The provider told us that protecting people’s personal information was important. They said, “Staff are regularly reminded about the importance of privacy of records.”

Is the service responsive?

Our findings

People's needs had been assessed before they began using Country Carers Ltd. People and their relatives told us they felt they had been involved in the design of their care package. Although assessments and care plans identified what people's support needs were they did not always capture detail to provide clear guidance for care delivery for staff to follow. For example within one 'assessment of needs' it referred to a person requiring support with personal care. However their care plan contained limited guidance for staff regarding how they should specifically offer support. It stated, 'assist with personal care.' Care plans focused on the specific tasks care staff were required to undertake whilst with a person. They were not broken down into care support areas such as personal care, mobility, continence care or behaviours. This meant care plans had limited reference to a person centred care approach. Person centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. Another person's risk assessment identified that they were living with diabetes however there was no reference to this within their care plan. Staff we spoke to were clear on the individual support needs of each person however much of this information had not been included within people's care plan. If new care staff began working at the service there was a risk key information related to their support needs may be missed. One person told us, "I generally have the same staff come and see me but if one is off on holiday things can be more difficult and take longer." We spoke to the provider regarding care planning and they agreed that care plans had become 'task orientated' and 'required redesigning'. The areas identified related to care planning requires improvement.

We saw evidence people and their family members were routinely contacted by Country Carers to discuss any changes in support needs. Records demonstrated reviews took place on a three monthly basis or more regularly if there had been changes in a person's support requirements. The provider utilised a computer software package that provided prompts when reviews were required.

Care staff told us they felt they had enough time to spend with people and if they ever felt rushed they would raise

this with the office. One member of care staff said, "I can think of a few occasions when clients' call times have changed because of issues I have mentioned." We saw evidence the provider had liaised with families and commissioners regarding the amount of time people had with care staff to ensure needs were responded to.

We reviewed people's daily care notes that had been returned to the office, these provided clear detail of the care that had been delivered whilst staff were supporting people in their own homes. These were seen to be signed by staff with appropriate annotations of date and time.

Where people received end of life care the service was seen to respond to their needs effectively. There was evidence of liaison with other healthcare professionals to ensure that people had the appropriate equipment and care they required at this stage of their lives.

Care documentation demonstrated that respecting people's choices was routinely undertaken. For example, people had been asked about their preference on gender of care staff. One person told us, "I do not want a male carer and this has always been respected."

No people spoken to identified concerns with missed or late care calls. One person said, "If there is a slight delay, I always get a call." Another said, "Never been a problem." Staff told us they had sufficient travel time between care calls. One told us, "On most routes we are given enough but on some of the country roads it can be tight." The service had suitable systems and resources in place to be able to respond if a staff member was delayed. On the day of our inspection we saw that two staff members had declared themselves unable to work and we saw how the staff within the office managed the situation to ensure all care calls were covered. The provider told us that all but one of the office staff were trained and able to undertake care calls if the 'operation' required.

People and their relatives told us they would be confident to speak to care staff or the office if they had a complaint or concern. One person told us, "I would just call the manager if I had any issues; they are good at getting back in touch." The service had a complaints policy and people received information in a suitable format when they began using the service. The guidance for people contained whom to

Is the service responsive?

contact if the complaint was not resolved to their satisfaction. Care staff were clear on how to support people if they were concerned about anything. At the time of our inspection no formal complaints had been received.

The service provided people with a telephone number where they could speak to a member of staff 24 hours a day

365 days a year. The provider said, “It is reassuring to clients knowing that can get hold of us out of hours.” People we spoke to were aware they could call this number if required.

Is the service well-led?

Our findings

Although all people, relatives and staff told us they held the provider in high regard. We found Country Carers Ltd was not consistently well led.

We found there were gaps in the provider's quality assurance processes. The systems being used had failed to identify the issues of concern we found at this inspection. There was no system in place to record or collate late or missed care calls during a designated time period. This meant there was an increased risk that patterns of concern could be missed. Accident and incidents were recorded in a people's care folders however there was no system for trends to be identified or to evidence staff learning from these. There was no routine quality assurance of people's care plans or MAR. The provider told us historic care documentation held in people's homes returned to the office on a six to eight week basis. However, we found examples where people's most recent MAR documents to return to the office were dated July 2015, this delay meant any meaningful audit process to highlight concerns in a timely manner would be missed. We found the shortfalls in care plan documentation and their focus on tasks, rather than the person being cared for, had not been identified by the provider.

The issues identified with governance are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the provider had failed to keep their registration updated correctly. They were registered to provide two regulated activities however they were only providing one of these. The provider had made a previous attempt to amend their registration to reflect their current status but had completed the documentation incorrectly; this had been returned to the provider by the CQC for them to correct. This is an area that requires improvement.

The provider had not consistently notified the CQC of incidents that affected people. Under the Health and Social Care Act 2008, providers are required by law to submit statutory notifications. A notification is information about important events which the provider is required to tell us

about. We identified a recent safeguarding incident which had not been notified to us; however the service had notified the Local Authority. This is an area that requires improvement.

The registered manager was also the provider at Country Ltd. This means they did not have another individual within the service with whom they could routinely discuss the complexities of running and managing Country Carers Ltd. They had not engaged with any external adult social care support networks which would enable sharing of best practice and provide professional support for them.

We recommend the provider join a professional network for Registered Managers.

Staff told us the provider held staff meetings one or twice a year. We reviewed the most recent meeting minutes. The meeting had provided an opportunity for staff to raise and discuss issues and also for senior staff to remind colleagues about key operational issues. Staff commented that they found these meetings useful however one told us, "I know they can be difficult to organise, it would be nice to have them more frequently."

People told us that they held the registered manager in high regard. All of the people who responded to our pre-inspection questionnaire stated they knew how to contact the agency if they needed. Most people spoken to could recall a recent occasion when the provider had visited them. One person said, "I know I can always get hold of them." Staff told us that the provider had a good understanding of the pressures of the job and regularly undertook care call themselves. One staff member said, "They wouldn't ask you to do something they wouldn't be prepared to do themselves."

There were systems in place to seek the views of staff. However the results were not collated to provide an overview of staff feedback. The completed forms we looked at contained positive comments. The provider did not currently survey people or their families using a questionnaire however all people we spoke to told us they had regular contact with the office staff and felt confidently their comments and suggestions would be listened to.

The provider told us that providing people with continuity of staff was an important aspect of the services they provide. They undertook a routine audit which identified

Is the service well-led?

the number of times people had different staff provide their care. The provider said, “This has been useful to see when a client has had a period of time where they may have had a run of different staff.”

The providers PIR stated they had an ‘open door’ policy with regards to staff wishing to discuss issues. Staff we spoke to confirmed that this was the case. One said, “I will regularly pop into the office and if I have got something I want to run past a senior member of staff there is always someone around.” Another member of staff said, about the provider, “They wouldn’t expect carers to do something they wouldn’t do themselves.”

People received information about the service’s vision and aims when they began using the service. Staff were able to describe these and said the service focused on providing care that was respectful, caring and encouraged people’s independence. One staff member told us, “It’s got a family feel to it” another said “They put clients first. I wouldn’t want to work for them if they didn’t.” Staff told us that they liked working for Country Carers Ltd; they said the provider and senior staff were approachable and accessible and knew all the people being cared for.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>There were not effective systems to assess, monitor and improve the quality and safety of the services and mitigate risks relating to the health, safety and welfare of people.</p> <p>Regulation 17(2)(a)(b)</p>