

County Care Independent Living Ltd

# County Care Independent Living Ltd (Lincolnshire Office)

## 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

### About the service

County Care Independent Living Ltd (Lincolnshire Office) is a domiciliary care service providing personal care to children and adults who have a learning disability or mental health condition. The service provides care to people living around Skegness, Boston, Spalding and Holbeach.

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. The service was providing personal care to four people at the time of the inspection.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 were enough staff to meet people's needs and calls were completed on time. Staff were kind and caring and put people's needs at the centre of the service. The care provided ensured people's emotional needs were supported as well as their physical needs. Staff supported people's privacy and dignity and helped people to become independent in caring for themselves.

Staff received the training and support needed to ensure the care they provided was safe and effective. This included training on how to support people with their medicines and how to keep people safe from the risk of infection. Staff understood the different type of abuse and were confident to raise concerns.

Care plans contained all the information staff needed to provide safe care. Risks were assessed using good practice guidance and where needed equipment was available to keep people safe. Care plans contained detailed information about people's likes and dislikes and this enabled staff to provide care which supported people's individual needs. Care plans noted when people needed help and support to communicate.

There were systems in place to monitor the quality of care people received and these had been effective in

ensuring people received good quality care. People were offered opportunities to feedback their views on the care they received, and the registered manager took account of these views when reviewing how care was provided. No complaints had been received since our last inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 24 October 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# County Care Independent Living Ltd (Lincolnshire Office)

## **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 Care Act 2014.

### Inspection team

The inspection was completed by one inspector.

### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### 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 16 March 2020 and ended on 17 March 2020. We visited the office location on 16 March 2020.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with the relatives of two people who used the service. We spoke with three members of staff including the registered manager, a senior care workers and a care workers.

We reviewed a range of records. This included two people's care records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative we spoke with told us that their family member felt safe while accessing the community with staff. This was because the family member trusted the staff who supported them.
- Staff had received training in safeguarding people from abuse. They understood the different types of abuse. For example, they spoke about how the people they supported were vulnerable to being taken advantage of. Staff were confident in raising concerns to the registered manager or to external agencies.
- Where staff helped people look after their money, there were policies in place to ensure people were protected against the risk of financial abuse. For example, some people's moneys were looked after by the local authority.

Assessing risk, safety monitoring and management

- People's risks were assessed and action was taken to keep people safe. For example, risks relating to mobility were identified and care plans contained information on what equipment was needed to support people to move safely.
- Risks to people while accessing the community were also assessed. For example, people's ability to keep themselves safe near traffic. Care plans detailed how many staff would be needed to keep people safe while in the community.
- Risk assessments were regularly reviewed to ensure they remained up to date. When people's needs changed, risk assessments were rewritten to take into account people's changing needs.

Staffing and recruitment

- There were enough staff to meet people's needs and for calls to be completed on time. One relative told us, "They turn up on time, if they are going to be late, they will let me know." Relatives were also happy that people received care from a small number of consistent staff.
- The provider had safe recruitment processes in place and had ensured that staff were safe to work with the vulnerable people the service supported.

Using medicines safely

- Staff had received training in how to manage people's medicines safely. At present no one was having their medicines administered, however, staff did prompt some people to remind them to take their medicines on time.
- One person had recently been prescribed a rescue medicine to be used if they were having a seizure. Staff had been trained in the safe administration of this medicine and the provider was working with healthcare professionals to get a protocol in place to support staff.
- Where needed staff supported people to ensure medicines were available when needed. For example, by

going to the pharmacy or supporting medicines to be dispensed in a weekly dosage pack to help people retain their independence.

#### Preventing and controlling infection

- Staff told us they had received training in how to keep people safe from the risk of infection and were able to accurately describe when and how they used protective equipment.
- Relatives told us that staff were good at protecting people from the risk of infection. One relative told us, "They always wear gloves and aprons."

#### Learning lessons when things go wrong

- The provider had systems in place to record and monitor all accidents and incidents. Forms were completed on the provider's computer system and each incident was reviewed by the registered manager to ensure appropriate action was taken to keep people safe.
- Learning was shared at team meetings so that all staff were aware of any changes needed. Where appropriate the registered manager kept people's social workers updated with any concerns.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment before they started use the service. In addition, the registered manager and staff received the assessment from the local authority which detailed the care people needed.
- Systems to assess people's risks based on best practice guidance were in place. For example, Waterlow assessments were used to see if people were at risk of developing damage to their skin.
- Policies and procedures were in place to support staff to provide safe care in line with legislation and best practice. Staff told us they knew how to access this support if needed.

Staff support: induction, training, skills and experience

- Systems were in place to support new staff. Staff completed an induction programme tailored around their needs. Where staff had worked in care before they provided copies of their training certificate so that any gaps in their knowledge could be identified. Training was provided and alongside this staff completed shadow shifts with experienced staff. One member of staff told us, "I found the shadow shifts useful as the staff knew people's needs and introduced me to people."
- Staff who had not worked in care before or who had no related qualifications had to complete the Care Certificate. This is a set of standards which ensure staff had the basic skills needed to provide safe care.
- Ongoing training was also in place to ensure staff skills remained up to date and reflected any changes in legislation or best practice. The registered manager monitored the training staff completed to ensure that staff updated their skills as required.
- Staff told us that they had regular supervisions with their manager. This allowed staff to discuss their performance, any concerns they had and any training they felt was needed.

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

- People's ability to eat and drink safely were recorded. Care plans contained information on the texture of food people could eat safely along with the support they required.
- People's ability to maintain a healthy weight was also recorded and any concerns were raised with people's family and healthcare professionals.
- Staff supported people to plan and shop for their weekly meals. They encouraged people to eat healthily and to try different meals.

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

- Relatives told us staff were good at looking after people. One relative told us, "They are good at noticing if [Name] is under the weather."

- Staff worked with healthcare professionals to ensure the care people received was safe. For example, an occupational therapist worked with staff to ensure personalised how they supported a person to move using equipment.
- Staff supported people to attend appointments where needed and worked with healthcare professionals to support people's well-being. For example, staff worked with a positive behavioural support team to see if they could reduce people's distress.

#### 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 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. 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.

- Staff had received training in the Mental Capacity Act (2005) and supporting people to make decisions. Consent to care and people's ability to make individual decisions was threaded throughout the care plans.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Relatives told us that the staff were kind and caring. One relative said, "They [staff] are a good bunch."
- Staff supported people in emergencies. For example, staff stayed with a person overnight when their relative was ill to ensure their needs were met and that their relative could rest. Another example was supporting a person when they were being bullied by people in the town. Staff helped the person contact the police and arranged for them to have a Pegasus card. This card helps the police understand that the person has additional needs so they can provide appropriate support.
- External agencies also recognised the quality of service provided. For example, a social worker had written to the registered manager acknowledging that the service went above and beyond what was required when supporting person with issues with their home.

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

- A relative told us that staff were good at offering choices of what to do. People's likes and dislikes were recorded in their care plans.
- Staff told us how they supported people to make choices but offered guidance where necessary. For example, one person needed support to ensure their clothes were suitable for the weather.
- People were supported to make decisions about their care and future. For example, staff supported one person to move into a care home as their abilities declined. Staff took them to the home for visits, so they felt comfortable and confident when moving in.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training in supporting people's privacy and dignity. One member of staff told us, "I always think about myself and that I'm private." Staff told us that they would always ask if the person was happy to have their care and they would ensure that people were undressed for as little time as possible.
- People's independence was supported. The registered manager told us how one person had been supported to work towards being independent and had achieved this with a job and being able to drive. They no longer needed any support from the service. They encouraged another person to access support by changing the timing of the support to fit with the person's lifestyle and supporting them to complete forms required by the local authority. This enabled the person to move on with their life and be independent.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Relatives told us they and people who used the service had been involved in planning their care. One relative told us, "I have received the care plan." Care plans were personalised for people's individual needs. For example, we saw one care plan noted that the person did not like to have their coat buttoned up.
- Staff and people using the service both signed the daily notes and could assign a rating for the care. Anything rated red meant that action was needed. For example, if a person had a GP appointment booked the registered manager could amend the rota to ensure staff were available to support them if needed.
- Staff told us the care plans contained the information needed to provide safe care for people. Care plans were reviewed annually, when people's needs changed or if people requested a change in their support. The registered manager told us that if anything critical changed they would contact staff to update them before they provided care. Staff told us if they had any concerns, they could ring their line manager who would resolve any concerns.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Some people using the service used a sign language to express their thoughts.

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

- Relatives told us that staff supported people to access the community and offered them a free choice on what they would like to do, but that it needed meet their objectives in their care plan. For example, people had been to the sea side or to see a show and have something to eat.
- The registered manager ensured that people's schedules were flexible to enable them to take part in activities outside of their planned support hours.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Relatives were confident about raising concerns with the registered manager. One relative told us, "If I have any worries they are always at the end of the telephone. If I have any concerns, I could talk to them."

- No complaints had been received since our last inspection.

#### End of life care and support

- The registered manager told us that they had not needed to provide end of life care to anyone using the service. However, they were confident that they would be able to work with healthcare professionals to support people if needed.
- Where people using the service had a bereavement. Staff supported them through their grief and helped them access counselling if needed.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture at the service was person centred and inclusive. Staff were valued for their contribution and their ideas listened to and respected. The service put people at the heart of all decisions. People and staff put this down to the skills of the registered manager. One member of staff told us, "[Registered manager] is very supportive... we have regular supervisions and they are on hand if I need anything, and in a good way, they push me to be better."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us and record showed the registered manager had kept people and their relatives informed about any incidents which had happened. They worked with families and people using the service to provide care which kept people safe.
- The registered manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the service. The registered manager had notified us about events which happened in the service.
- There were effective audits in place to monitor the quality and safety of the care provided. The registered manager ensured when any concerns were found action was taken to make improvements.

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

- People and their relatives had completed questionnaires about the quality of care they received. People had only positive comments to make about their care. People were also able to comment on a daily basis about the care they received either using the provider's computer system or on paper.
- The registered manager told us that she was fully supported by the provider and that they had regular meetings to discuss the service and how it could be improved.
- Staff had regular team meetings and a newsletter to keep them up to date. Staff told us the registered manager was approachable. Staff felt able to raise any concerns they had with the registered manager and were confident action would be taken to resolve issues. The provider had a welfare report system that monitored how staff were feeling and if they had any problems with people using the service. This enabled the registered manager to contact staff, discuss any concerns and offer appropriate support.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept themselves up to date with changes in best practice by reviewing CQC guidance and by accessing training to update their own skills. They were building the knowledge base of staff. For example, one member of staff had recently completed a train the trainer course for moving and handling so that they could support other staff.
- The registered manager had developed partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it. They also worked with other services such as the police to ensure the people they looked after were safe.