# County Medicare Professional Nursing & Care Services Limited

# County Medicare

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We undertook an announced inspection of County Medicare a Domiciliary Care Agency (DCA) on 15 November 2016. We told the registered manager before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in. The inspection involved a visit to the agency's office and telephone conversations with people who used the service and healthcare professionals. This was the first ratings inspection for the service.

County Medicare provides support for people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with early stages of a dementia type illness or other long-term health related condition. Most people lived reasonably independent lives but required support to maintain this independence. County Medicare also provided support for people who required end of life care. At the time of our inspection no-one was receiving end of life care.

There is a registered manager at the service. 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's care was personalised to reflect their wishes and what was important to them. People were supported by staff who knew them well and understood their needs and preferences. They were visited at times that suited them. People were looked after by a team of regular staff who knew them well. People and their relatives spoke positively about the care, support and service they received from County Medicare. They spoke highly of staff and the registered manager.

Staff had a good understanding of the risks associated with supporting people; however we found risk assessments were not in place to reflect all identified risks. Care was personalised and reflected people's individual needs. However, some care plans did not contain all the information staff needed to provide care or evidence the care and support people received.

People told us they received the medicines they had been prescribed, when they needed them. The systems in place meant medicines were well managed. There were enough staff who had been safely recruited to meet the needs of people who used the service. Staff had a good understanding of the procedures to follow to safeguard people from the risk of abuse. Staff were aware of their individual responsibilities.

There was an induction programme in place and staff received the training and support they required to meet people's needs. Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and were knowledgeable about the requirements of the legislation. Staff had an understanding of best interest meetings and told us these would take place when people lacked capacity to make their own decisions.

Where required, staff supported people to have enough to eat and drink and maintain a healthy diet. Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

There was an open and positive culture at the service. The staff told us they felt supported and listened to by the registered manager. The registered manager had a good oversight of the service and was working hard to improve and develop the service. There was an action plan in place to demonstrate the progress that had been made.

People were regularly asked for their feedback about the service and support they received and were aware how to make a complaint. People were put at the heart of the service and staff were focussed on providing high quality care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

County Medicare was not consistently safe.

Staff had a good understanding of the risks associated with supporting people although risks assessments were not in place for all identified risks.

Staff had an understanding of the procedures to safeguard people from abuse. Staff were aware of their individual responsibilities.

Medicines were well managed and people told us they received the medicines they had been prescribed. However, guidance was not in place for PRN medicines.

There were enough staff who had been safely recruited to support people who used the service.

### Is the service effective?

**Good**

County Medicare was effective.

There was an induction programme in place and staff received the training they required to meet people's needs. Staff told us they were well supported by the registered manager and colleagues.

Staff understood the principles of the MCA and the requirements of the legislation.

People's nutritional needs were met and they were supported to receive enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

### Is the service caring?

**Good**

County Medicare was caring.

People were consistently positive about the kind and caring

nature of staff.

Staff had built positive relationships with people and treated them with respect.

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

## Is the service responsive?

Good

County Medicare was responsive.

People received care and support that was responsive to their needs because staff knew them well.

People's care was personalised to reflect their wishes and what was important to them.

People were aware of how to make a complaint.

## Is the service well-led?

Requires Improvement

County Medicare was not consistently well-led.

Accurate and complete records had not been not maintained to ensure care delivery could be monitored.

There was an open and positive culture which focussed on providing a high quality of care for people.

The staff told us they felt supported and listened to by the registered manager.

# County Medicare

**Detailed findings**

## Background to this inspection

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

This was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in. It was undertaken by an inspector and 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, we looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we went to the office and spoke to the registered manager, seven staff members and the providers. We reviewed the care records of five people that used the service.

We looked at staff recruitment files, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

Following the inspection visit we undertook phone calls to six people that used the service and relatives of three people that used the service to get their feedback about what it was like to receive care from the staff. We also spoke with three health and social care professionals to get their views on the service.

Requires Improvement

# Is the service safe?

## Our findings

People and their relatives told us they felt safe receiving care from staff. They told us they received their medicines when they needed them. They told us there were always staff to attend to them as per their arrangements.

Some medicines had been prescribed to be taken 'as required' (PRN), for example pain killers. There was some guidance in place for example how many tablets the person could take in 24 hours and the frequency these could be taken. There was no information about why the medicines were required and what actions staff should take if the medicine was not effective. When PRN medicines were given staff had not recorded the reason why and there was no information to say whether this had been effective. There was a medicine's policy and this included a PRN policy however this was not being followed. We identified this as an area that needs to be improved. Some Medicine administration record (MAR) charts were untidy and not clearly written. The registered manager told us this had been identified and MAR charts were now computerised which made them clear for staff to read.

MAR charts were completed to show people had taken their medicines as prescribed. One staff member told us their routine for supporting people with medicines to ensure they were given correctly. The staff member told us, "I have my routine, because I know how important it is to get it right." Where people required skin creams. There was guidance in care plans about where these creams should be applied. This included body maps to demonstrate where each cream should be applied.

There were risk assessments in place, these included individual and environmental risks. However, risk assessments were not in place for all identified risks. For example some people were at risk of falling did not have a risk assessment or guidance for staff to mitigate risks. We identified this as an area that needs to be improved. Environmental risk assessments identified, any aspect of the person's home which may present a hazard to them or staff. For example, whether there were smoke detectors or if people required a referral to the fire service. There were risk assessments in relation to moving and handling, skin integrity and medicines. Staff we spoke with had a clear understanding of the people they supported. They understood the risks to individuals and what actions they should take to mitigate these risks. For example staff were aware of people who may be at risk of developing skin pressure areas, they were aware of what observations to make and what steps to take to prevent pressure areas developing. This included the use of pressure relieving equipment. One staff member told us how they worked with people to ensure they were safe. They said, "I try and encourage one person to use their walking frame rather than holding onto furniture as they walk around."

Accidents and incidents were documented, these included a description of the incident, action taken at the time and steps taken to prevent a reoccurrence. These had not been analysed to identify themes and trends across the service however the registered manager had identified this in the action plan as an area that need to be improved.

Staff had a clear understanding of different types of abuse, how to identify it and protect people from the

risk of abuse or harm. This included ensuring people were safe in their own homes and were not for example, at risk of self-neglect. Staff told us all concerns would be reported to the registered manager or other senior office staff. However, staff were aware of the importance of ensuring concerns were reported to outside professionals if necessary. One staff member said, "It's safety first, I'd always report to the registered manager if I was concerned. It's important to always listen to people and making sure they're not left in a vulnerable situation." Staff had a clear understanding of their roles and responsibilities they told us they would always report concerns even if this related to a colleague.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working in care. These checks took place before staff commenced working unsupervised. Staff were required to drive as part of their employment. There were annual checks to ensure staff had appropriate car insurance, MOT and driving licences.

There were enough staff to meet people's needs. The registered manager told us before accepting people to use the service they ensured there were enough staff to meet their needs, provide the level of care and support they required and ensure continuity of staff. The registered manager said there were enough staff to ensure there was appropriate cover for staff holidays and in case of staff sickness office staff provided care and support to people. Staff we spoke with told us there was enough staff. One relative told us, "We know the staff they have a very stable workforce."

Good

# Is the service effective?

## Our findings

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) in relation to the people they looked after. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. Mental capacity assessments were in place to show whether people had capacity to make their own decisions. Care plans contained information about people's memory and whether they were subject to periods of confusion. The registered manager had identified this as an area that needed to be developed to ensure care plans contained specific information about how people could make decisions. Where people were less able to make their own decisions they had identified the requirement to include information about who could make decisions on the person's behalf. This work had commenced and we saw information about the power of attorney for one person and what this covered. There were no best interest decisions in place at the time of the inspection. However, staff were able to give us examples of when best interest decisions had been previously made.

When staff commenced work at the agency they completed an induction programme and this included a period of shadowing other staff. Staff who were new to care completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us their induction provided them with the appropriate knowledge and skills to support people. One staff member said, "After my induction I went to a lot of double up calls, they wouldn't throw you in at the deep end here. You don't go out unless you're confident to do so." Double up calls are when two members of staff are required to support the person for example when getting out of bed. Staff told us their competencies were assessed by other staff during their induction. This included moving and handling and medicines. However, these had not been documented. We saw from the PIR this had been identified by the registered manager as an area that needed to be improved. There was an action plan in place to develop this.

There was an ongoing training update programme which included medicines, first aid and moving and handling. Staff also completed other training which included end of life and dementia and staff were supported to complete diplomas in health and social care. Staff told us further training was identified through supervision and general discussion. Staff gave us examples of how their training had enabled them to support people effectively. The registered manager had identified in the PIR there was no overview of the further training staff had completed. People told us staff knew what they were doing." another person said, "They're trained, they help when it's needed." A healthcare professional told us the registered manager was proactive in ensuring staff had the appropriate skills to meet the needs of people who used the service.

There was a supervision programme in place, this included one to one supervision and spot checks. Spot checks are when a member of the management team observes a staff member providing care and are usually unannounced. One to one supervision and spot checks took place but there was no structure in place to ensure this happened regularly. This had been identified by the registered manager and steps had been taken to ensure they took place regularly. During one to one supervision staff discussed the needs of people they supported and addressed any concerns. One staff member told us spot checks were important

to, "Make sure we are doing our job properly." Staff told us they valued one to one supervision as it was an opportunity to discuss their development. However, they told us they were able to discuss issues with the registered manager at any time and did not need to wait for supervision. One staff member said, "We are well looked after, if staff are looked after then clients are looked after." The registered manager had identified that whilst supervisions did take place these were not regular or consistent. There were plans in place to formalise this and include regular staff meetings.

Some people required support to help them meet their nutritional needs. Staff had a good understanding of people's individual needs, likes and dislikes. Where concerns were identified in relation to people's nutritional needs appropriate actions had been taken. Staff were concerned about one person in relation to their choking risk. There had been contact from the speech and language therapist (SaLT) and guidance was in place. Staff monitored how much another person was eating and drinking each day to ensure they were adequately nourished. Staff told us they offered people choices of meals each day. Their preferences were recorded in care plans. Staff explained people often had meals delivered or had a selection of meals in their freezers. Staff knew people's dietary choices well and how they liked their food served. People told us staff supported them to prepare meals and eat food of their choice.

People's health and wellbeing was monitored at each visit. Staff knew about people's day to day health needs and how to meet them. They knew how to identify changes in people's health and what actions to take. There was evidence staff had contact with a range of health professionals. This included the GP, district nurse, occupational therapist (OT) and dietician. Staff told us if they had any concerns about people's health they would inform the registered manager who would contact the person's own GP. Health and social care professionals we spoke with told us the staff had a good understanding of people's needs and would contact them appropriately if they had any concerns. One health professional told us, "The registered manager will always contact us if there are any concerns about people, they will always feedback about any changes."

Good

# Is the service caring?

## Our findings

People and their relatives spoke highly of the staff. One person said, "They are very kind and caring." Another person said, "They're quite satisfactory, very good." One relative said, "I can't speak highly enough of the staff and their ethos, they're our saving grace." Staff demonstrated a caring attitude. All staff told us they enjoyed caring for people. One staff member said, "There's not many jobs where you can make a difference to someone's life." Another staff member said, "I always want to give a bit of tenderness and care to people especially at difficult times." Staff recognised the importance of ensuring people received good care and had a good quality of life. One staff member said, "We recognise how our own demeanour may have an effect on people."

People received care and support that helped them maintain their independence and were involved in decisions about their day to day care and support. One relative said, "My relative has a clear view of their needs and requirements. Staff have their routines but my relative is very much involved day to day and receives the care they want and need." Care plans showed people and where appropriate their relatives had been involved in their development. People told us they were involved in planning their own care. One person told us, "Staff remember every detail of what I need, in fact sometimes I forget and they remind me."

Staff spoke about people with affection and respect. They demonstrated a good understanding of people and were able to tell us about people's care needs and preferences and how they supported them as individuals. A staff member told us they cared for a person who had some memory loss. They told us the person was distressed due to this. Staff had introduced a white board into the person's home which they wrote important information on. This information was important to the person and included the date, if they had any forthcoming appointments or family events.

People told us that staff visited them at the time they were expected. One person said, "It might be a few minutes either way but if it's any more than that they let us know and send someone else if necessary." Another person said, "They're always there when they say they will be." Staff told us they had schedules to follow but they would always spend as much time as necessary with the person they were looking after. One staff member said, "We focus on who we are with." Another staff member said, "We don't clock watch."

People told us they were always treated with dignity and respect. They told us staff were always polite and courteous. One person told us, "Sometimes I just need to have a chat and they will, they're really kind and considerate." Another person told us, "They take great pride in what they do." Another person told us they enjoyed the company of staff. They said, "It's like an open house here, we have a joke and a bit of fun. We're over the moon with the care."

People were treated with kindness and compassion by staff. One person's relative was in hospital and the person had been told they were now receiving end of life care. Staff took the person to hospital to visit their relative, they then spent the night with the person, in hospital, until their relative passed away. They then supported the person during the funeral. Another person's health needs had changed and they needed to be admitted to a short stay facility for an assessment. The person was reluctant to leave their home. Staff

knew the person well and the person responded well to one staff member. This staff member spent time with the person and made sure they had items of comfort with them. The staff member then accompanied the person to the new facility to ensure they were settled in and offer reassurance.

The registered manager told us they were often asked to provide end of life care to people. All staff we spoke with were committed to this aspect of the service and told us it was an important part of their work. The registered manager said, "Even if people are only with us for a few hours or a few days it's important they can die at home if that's what they want." Health professionals we spoke with told us staff were very caring and had a good understanding of how to provide appropriate compassionate care to people at the end of their lives. One healthcare professional told us, "Staff go above and beyond what is required of them to help people stay at home."

People told us they were able to maintain relationships with those who mattered to them. Relatives we spoke with told us they were very much involved in their relatives care. They told us they also were supported by staff who reminded them to, "Take time for themselves."

Good

# Is the service responsive?

## Our findings

Before people started to use the service the registered manager completed an assessment to ensure people's individual needs and choices could be met. As well as their care and support needs the registered manager also ensured there would be enough staff available to provide the care and support at a time of the person's choice. The registered manager and care staff told us of the importance of being able to meet people's assessed needs and this included visiting at a time of the person's choice.

People were given a rota each week so they knew who was coming to visit them. The registered manager told us people were visited at a time of their choice and they were reminded to contact the office if staff had not arrived within 15 minutes of their call. Staff told us they had regular people they visited although this may change on occasions. People told us they had regular staff. One person said, "I have two different carers." Another person said, "I have my regular team." A relative said, "We have the same carers, if there's someone different because of sickness or holiday then we're told." Another relative said, "We have regular carers but if they have to change it really doesn't matter who comes through the door they all know what to do." Staff visited the same people regularly. This ensured continuity of care and enabled staff to identify changes to people's health, care and support needs. People received the care they required, for example in relation to their pressure area needs and mobility. Staff told us they observed people's pressure areas when they provided care. They were aware of equipment such as pressure relieving mattresses and mobility aids that people used.

Prior to their first visit to a person staff were given information about the person and the care and support they required. This helped ensure they had good knowledge of the person and their needs prior to meeting them. Staff told us whenever they were unsure they would contact the office for further information and guidance. One staff member said, "If I don't know I ask before I go in and there is always the care plan which we can follow."

People told us they and where appropriate their relatives were involved in the development of care plan and review of care plans. One person said, "Staff from the office call in for a chat about what I need." Relatives told us they and their relative were involved. One relative said, "We discuss the care and what is needed." Reviews were completed every three to six months or more frequently, if required, dependant on people's needs. Where people's needs or preferences had changed these were reflected in their records. This showed that people's comments were listened to and respected. The most recent feedback survey highlighted some people were not involved in care reviews. The registered manager had highlighted this as an area for improvement to explain the review and ensure people understood the process.

Care plans reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. Care plans were detailed and person-centred. They reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. In addition to the care plan there was a task list. This detailed step by step guidance for staff to follow to help ensure care and support was delivered the way the person wanted it. The registered manager had identified care plans and task lists needed to be more person centred and they were in the process of being redeveloped to reflect this. For example one care

plan said the person could choose what to wear each day however there was no information about how the person made their choices. However, people received care that was person-centred because staff knew them well, and had a good understanding of them as individuals, their routine, likes and dislikes.

Some people had complex support needs which were frequently changing. The registered manager told us they regularly visited these people to ensure they received the care and support they needed and where appropriate to update the care plan. As part of the action plan the registered manager had introduced a weekly review form which staff completed when a person's needs changed to ensure all staff had the information they needed in the care plans. This had commenced and the registered manager had identified staff needed further training to ensure they were fully embedded into practice.

There was a complaints policy in place, people were given a copy of this when they started using the service. No complaints had been received. People told us they had no cause to make a complaint but if they did they would ring the registered manager. One relative told us they had never had to make a complaint but added, "If things go wrong, which they can do, they will address it straight away." People were asked for their feedback about the service and support they received and if they had any complaints. We saw quotes from recent feedback forms. One person had said, "Complaints, what are they?" and clarified this by saying they had never needed to make one.

People were asked at their reviews if they were happy with the service provided. The registered manager recognised there were no complaints because minor issues were dealt with promptly, however there was no record of these. The registered manager had an action plan in place to address this to demonstrate how issues were addressed and identify any themes or trends. The registered manager had also identified feedback surveys needed to be completed more often and include more people. Therefore plans were in place to increase the surveys to every six months and include visiting health and social care professionals.

Requires Improvement

# Is the service well-led?

## Our findings

People and staff told us the registered manager was open and approachable. They were able to contact them and discuss any issues they had. One staff member said, "It's an open door here, I can come in whenever I need to." One person said, "I can contact them whenever I need to, even the middle of the night." People told us they would recommend the service to other people.

The registered manager had good oversight of the service, people and staff. She had worked at the service for a number of years but not in a managerial role. When she became registered manager she identified improvements were required to ensure the service met the current regulations and improved and developed. She was in the process of developing a quality assurance system to monitor the quality of the service and the care. She had identified in the PIR areas that needed to be improved. Prior to our inspection there had been an audit by an external consultant and the registered manager had used this and their own knowledge to develop a robust and thorough action plan. This highlighted areas that needed to be improved, their priority and progress. This included ensuring care file audits were completed.

Records did not reflect all the information required to ensure the smooth running of the service. The registered manager had identified some of this in her action plan for example not all interactions with or about people had been recorded in an accessible way. This included telephone calls to the office which were recorded in a communication book and not in the person's individual notes. We saw action had commenced to address this but had not been successful therefore alternative methods were being sought.

However, other areas had not been identified. People's care plans had been updated to be more person-centred however care plans did not include all the information staff needed. For example there were pressure area risk assessments but no information about the actions staff should take to prevent people developing pressure sores. Daily notes were detailed about the care and support people received but did not include anything about people's mood or well-being. MAR charts were audited but there was no information about actions taken when shortfalls were identified. Although the registered manager and staff were aware of individual risks and what actions were required to manage the risks to people safely risk assessments were not in place for all identified risks for example falls risks. This did not impact on people because staff had a good understanding of people's care and support needs and the registered manager had good oversight of the service. However, the lack of documentation meant people could receive treatment that was inappropriate or inconsistent. We identified these as areas that needed to be improved.

The registered manager had introduced a range of policies however these had not been personalised to the service. For example the safeguarding policy did not include the contact details of the local safeguarding team. We identified this as areas that needed to be improved

The registered manager had developed an open, person centred culture. She regularly supported people at home and had a good understanding of their individual needs and choices. She was well thought of and respected by everybody we spoke with. She had a good understanding of staff's individual skills and abilities. She worked with staff to enable them to provide good person-centred care for people. One staff

member told us about some staff who needed extra support. They said, "The registered manager bends over backwards to support staff, I have seen staff really develop in ways I never thought they would due to the support they are given." Another staff member said, "The registered manager really believed in me, saw that I could do the job."

The registered manager also worked to improve her own knowledge and skills to drive improvement across the service by attending regular training and working with other professionals to attain updated information about current best practice and use to develop the service. She had also developed links with another provider who was responsible for a similar service. This person offered support and guidance and provided regular supervision for the registered manager.