Country Court Care Limited

Care At Your Home

Inspection report

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Date of inspection visit: 16 June 2015
Date of publication: 03/08/2015

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

Overall summary

We undertook an announced inspection of Care At Your Home on 16 June 2015. Care At Your Home provides a personal care service to people in their own homes. At the time of our inspection 60 people were receiving a personal care service.

There was not a registered manager in post at the time of our inspection. 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. There was a manager in post and they had started the process to add the service to their current registration with the Care Quality Commission.

We last inspected Care At Your Home in April 2014. At that inspection we found the service was not meeting all the

Summary of findings

essential standards that we assessed. We found that the registered provider could not demonstrate they had on-going quality monitoring process in place which highlighted when improvements were required.

At this inspection we found that the registered provider had ensured that people' care records had been updated and reflected their current care needs and quality processes were in place.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The manager and care staff understood the Mental Capacity Act 2005 (MCA) and had received appropriate training.

When people were visited by care staff they said that they were caring and considerate and they felt safe with them.

There were suitable arrangements in place to ensure people received their medicines safely and checks were undertaken on care staff before they started to work for the service. This ensured that only suitable staff were recruited to provide care and support to people.

Systems were in place to make sure care staff were provided with relevant training so that they had the skills to do their job.

Care plans and risk assessments were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People were supported to eat and drink. Staff liaised with people's doctors and other healthcare professionals as required. Generally, care staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

The manager undertook checks to review the quality of the service provided to people who used the service. There was positive feedback from all staff about the manager of the service and they told us they felt well supported by them.

People and their relatives knew how to raise concerns and we saw evidence that these were actioned.

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 safe.

Care staff knew how to recognise and report any concerns in order to keep people safe from harm.

There were checks in place to ensure that people received their medicines safely.

Background checks had been completed before new staff were employed.

Good

Is the service effective?
The service was effective.

Relevant induction and training was provided to staff to ensure they had the skills required for their role.

People were supported to eat and drink according to their plan of care.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Good

Is the service caring?
The service was caring.

Staff were kind, polite, caring and courteous to people who used the service.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Good

Is the service responsive?
The service was responsive.

Care and support plans were in place outlining people's care and support needs.

People were involved in making decisions about their care and the support they received

There were systems in place to support people to raise concerns or complaints.

Good

Is the service well-led?
The service was well led.

All staff were supported by the manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The manager checked the quality of the service provided and took action when appropriate.

Good

Care At Your Home

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 registered persons are 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 was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

We visited the administration office of the service on 16 June 2015 and the inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service. They supported the inspection process by carrying out telephone calls to people who used the service.

During our inspection we spoke with the manager and five members of staff. This included two field supervisors, a training manager and two administrative staff who were responsible for organising care workers' visits. A field supervisor is a senior member of the care team and they are responsible for supervising care workers. In addition to this, we spoke by telephone with 13 people who use the service and with six of their relatives. Following the inspection we also spoke by telephone with three further members of staff who provided care for people.

Before our inspection visit to the service we reviewed notifications of incidents that the registered provider had sent us since the last inspection. In addition, we contacted local commissioners of the service who pay for some people to use the service and health and social care professionals who support people who use the service. We did this to obtain their views about how well the service was meeting people's needs.

In addition, we looked at the care records of seven people who used the service, reviewed the records for five staff and records which related to the management of the service. This included staff training information, staffing levels, health and safety and arrangements for managing complaints.

Good

Is the service safe?

Our findings

We looked at seven people's care plans and found that assessments were undertaken to assess any risks to each person that used the service and for the staff who supported them. The risk assessments included information about actions to be taken to minimise the chance of harm occurring. For example, one person had restricted mobility and information was provided in their manual handling assessment. This informed care staff how to support the person when assisting them to move around their home and transferring them out of their bed and into a wheelchair. Care staff had identified possible risks to each person's safety and had taken action in conjunction with other health and social care professionals to promote their wellbeing. For example, we saw how care staff followed a manual handling risk assessment which had been put in place by an occupational therapist. In addition, we saw how a risk assessment had been updated when new equipment was installed in a person's home and support from an occupational therapist had ensured that staff used the equipment safely and correctly.

Health and safety risk assessments were completed when a new care package commenced. The assessment highlighted any potential risks for care staff whilst working in a person's home. This risk assessment highlighted areas for care staff which included the security of the property, an over-view of the person's home and any environmental risks.

Most people said that staff treated them well and that they felt safe with their carers. However, several people said that they had different carers on different days and that this made them feel vulnerable. One relative said, "We now feel vulnerable with so many different people coming to our home. We always used to know them all, and new girls [staff] were always introduced to us first, but not now." Other comments from people included, "We never know who's coming now. I never know who's going to walk in my door." and, "This problem is exacerbated at weekends when I'm never quite sure who's coming out." However, we found that the registered provider had systems in place and that consistent care was delivered. The comments were fed back to the manager and the registered provider following the inspection and they confirmed that changes in staffing arrangements had been communicated to people and that these comments would be followed up.

The registered provider had experienced a high turnover of staff during the first period of the year. This had resulted in new staff being recruited and an advert remained in place to continue recruitment. There were currently 45 staff in post and the service used its own staff to cover any short term absence. The service had teams of staff in each of the main geographical areas covered by the service and we found that with the addition of new staff that there were enough care staff to ensure all visits were covered.

Any late calls were monitored by the main office and a new electronic call system had recently been introduced and ran alongside a paper system. The aim being that data would be pulled from the new system to monitor when staff arrived and left a person's home. Generally people said that their care and support 'worked well' and they had not had any problems with late or missed calls.

Suitable recruitment procedures and required checks were undertaken before care staff began to work for the service. We looked at the background checks that had been completed for five care staff before they had been appointed. These checks showed that the care staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new care staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Care staff said that they had received training in how to keep people safe from harm and had access to up to date policies and procedures. They were clear about whom they would report their concerns to and were confident that any allegations would be fully investigated by the manager. A member of care staff said, "If I had any concerns I would always raise them and then keep going till they were sorted."

Care staff said that when required they would also escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission. During our inspection in April 2014 we noted that contact details of external authorities which

Good

Is the service safe?

included the Care Quality Commission were not included in the registered provider's whistle-blowing policy. During this inspection we noted that this had been updated with the relevant details.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about the service showed that the registered provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. This had been documented in the accident book. For example, when a member of care staff had sustained an injury from a needle, action had been taken to ensure that the registered providers occupational health policies and procedures were followed.

There were arrangements in place for assisting people to order, store, administer and dispose of medicines. Care staff who reminded people to take their medicines or who administered it had received training and knew how to provide this assistance in the right way. Records showed that people had received the right medicines at the right times and people told us they were confident in the assistance staff provided. Medicines audits were carried out on a monthly basis when people's medicine charts were checked. Any actions identified from the audits had been noted and action taken to address them. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and that we could be assured that people received their medicines as prescribed.

Good

Is the service effective?

Our findings

We looked at seven people's care plans and spoke with the manager and staff and found they were knowledgeable about the Mental Capacity Act 2005 and had received up to date training. This law is intended to ensure that staff support people to make important decisions for themselves. For example, these decisions could refer to the management of someone's finances or significant medical treatment. This involves helping people by providing them with information that is easy to understand. We found that people's capacity to consent to their care and support was reviewed when they started to use the service. For example, we found that people had given their consent for the use of bed rails which kept them safe and prevented them falling out of bed.

We found that care staff had worked in conjunction with relatives and other health and social care agencies to support people to make important decisions for themselves. They had consulted with people, explained information to them and sought their informed consent. Care staff knew what steps needed to be followed to protect people's best interests. Care staff gave examples of when they had contacted other agencies such as Age UK when people required independent advice about their finances. People had also received support from advocates in relation to their finances. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People we spoke with felt that staff were adequately trained, and had the necessary skills to care for them well. One person said, "They are absolutely marvellous, and they know exactly what to do." Another person said, "They are excellent, I think they have very good training, I've never felt uneasy with them."

The registered provider had a training manager in post who planned all care staff training for the service. They also monitored that care staff were up to date with their refresher training. We saw that care staff had been supported to obtain a nationally recognised qualification in care. In addition, records showed that care staff had received training in key subjects including how to support people who lived with dementia, infection control and health and safety. When a person started using the service who had a complex care need, for example, a stomach feeding tube, care staff had received training so that they could care for the person and meet their needs. Care staff were also supported to access external training. For example, care staff had accessed advanced care plan training for people who were nearing the end of their life. This had been delivered by a local hospice and staff said they found this training useful when planning people's care with them and their families. Care staff received regular supervision and an appraisal from the field supervisors. Supervision is dedicated time for care staff to discuss their role, personal development and training and support needs. These processes gave care staff an opportunity to discuss their performance and identify any further training they required.

People were supported at mealtimes to access food and drink of their choice. Due to the nature of the service, much of the food preparation at mealtimes had been completed by family members. However, when the service had been employed to specifically assist people with food preparation, care staff had received training in food safety and were aware of safe food handling practices. Care staff said that before they left their visit they ensured people were comfortable and they had access to food and drink. We looked at people's care records and found that staff had documented when they had prepared food and if the person had eaten well.

People's care records included the contact details of their doctor so that care staff could contact them if they had concerns about a person's health. There were also contact details for other health and social care professionals should care staff need advice or assistance which included social workers and occupational therapists. For most people who used the service, care staff were not routinely involved in decisions about people's healthcare and whether they needed to see their doctor or other health professional. However, care staff did tell us that they would report to the office, the on call person for the service, the person's GP or emergency services if they arrived to deliver care and found that someone was unwell. One relative told us about a recent event when their relative had been unwell, and how their member of care staff had called their local doctor. The relative was very grateful for this pro-active care, telling us that this had been very helpful. However, they added, 'Of course it's only the regulars who would understand when their unwell, that's why lots of different carers can be unsafe."

Good

Is the service caring?

Our findings

People were generally happy with the care provided by the service. One person said, “They are wonderful girls [staff], nothing is ever too much trouble for them.” and another person said, “I cannot fault the carers, they are superb and will do anything we ask of them.” One relative said about loved one’s care, “They seem very nice, very kind and considerate.” People said that care staff would always ask if there was anything else needed before they left and this was appreciated as some people said that care staff were their only regular visitors.

However, we did receive comments from people supported by the service that due to the recent turnover of staff this had impacted on relationships that they could build with staff. One relative said how their relative was cared for in bed during the day and how for this reason they really valued regular care staff, as they got unsettled with, “Lots of different people coming to the house.”

Care staff were respectful of people’s privacy and maintained their dignity. Care staff said they ensured people privacy’s whilst they supported them with aspects of personal care and ensured they maintained the person’s safety for example, if they were at risk of falls. One relative said how their relative could sometimes display quite challenging behaviour, refusing to move or cooperate with care staff at times. They confirmed this is because of their mood swings rather than a dislike or dissatisfaction with the care staff. They said, “They [the care staff] understand they sometimes don’t want to be bothered. They treat them very respectfully but will try to encourage them whenever they can.” They added, “They can be very low at times, and I’m grateful that they [the care staff] are as empathetic as they can be.”

Care staff recognised the importance of not intruding into people’s private space. When people had been first introduced to the service they were asked how they would like care staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people’s wishes while ensuring that people were safe and secure in their homes.

Care staff were knowledgeable about the care people required and the things that were important to them in their lives. One person said, “They [the staff] know what I like to do when we go out and about. We do what I want to which is important to me.”

The manager was aware that local advocacy services were available to support people if they required assistance, however, there was no one who currently used the service who required this support. Advocates are people who are independent of a service and who support people to make and communicate their wishes. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people.

Written records that contained private information were stored securely and computer records were password protected. Care staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Good

Is the service responsive?

Our findings

During our inspection in April 2014 we found that the registered provider did not ensure that people's care records were accurate and documented their current care and support needs. For example, master copies of people's care plans had not been signed by them or a representative. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted. We found that the registered provider was no longer in breach of this regulation.

During this inspection we found that each person had a written care plan and people had been invited to meet with senior staff on a regular basis to review the care they received. This was to ensure that it continued to meet their needs and wishes. If people's care needs changed we saw examples of how care staff responsible for reviewing the care plans made the necessary amendments. For example, a person's review meeting had been bought forward due to a change in their needs. The care plan had been updated and then a further review was undertaken 24 hours later and the support plan updated again. The seven care plans we looked at demonstrated how people's individual needs were met. They had been summarised to cover important information. This included how people wanted care staff to access their home, what support people required, how people wanted to receive their care and how people wanted their spiritual and social needs met. We found that all seven care plans we looked at had been signed by the person or their representative.

Care staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. One staff member said, "I know my clients and I work hard to make sure they are well cared for." Another member of staff said, "I have been in post a couple of months but I am getting to know the person I support and what they like and don't like. It's all about the person and what they want."

Care staff supported people to access the community and minimise the risk of them becoming socially isolated. One person said how care staff took them shopping and into the local town. They said, "They [the care staff member] will always ask me what I want to do, and will listen to how I'm feeling on the day. I never feel that I'm being bossed around." Several other people were supported to attend day centres and one person attended a local gym twice a week.

When a person started to use the service they were given an information guide. This included the contact details for senior staff out of hours, the standards that people could expect from staff, how to raise a safeguarding concern and how their care plan would be complied. This information ensured that people were able to make an informed decision before they started using the service. People told us that they were able to make choices about their care. For example, some people told us told they could ask for either female or male carer workers but none said that they felt the need to.

People generally said that their care could be changed at the last minute and that the service was responsive to their needs. For example, one person said how care staff would work with them if they had a hospital appointment. The person said, "I don't bother ringing the office, but I'll mention to my carers if I have an appointment. They make sure I'm early that day." Another person told us how they would cancel their care at short notice if they had appointments or social events to attend. They said, "It works well and efficiently". A relative we spoke with explained how their relative would send their hospital appointments to the main office and how care staff would, "Make every effort to provider care in ample time so that they are not rushed before going out. This is much appreciated."

People using the service and their relatives told us they were aware of the formal complaint procedure. We saw that the service's complaints process was included in information given to people when they started receiving care. We noted that the registered provider had received one formal complaint since our last inspection. Records showed that the concerns had been investigated properly and resolved to the complainant's satisfaction so that lessons could be learnt for the future.

Several people said that they had contacted the service on several occasions to complain, for example, about bad time-keeping, and most felt that the office staff had been understanding and had tried to help them. One person said, "They are apologetic if I have to rung the office to

Good

Is the service responsive?

complain or query something, and they do their best to sort it out for me." We found the registered provider had a log of informal concerns raised and saw that action was taken when issues were highlighted.

Good

Is the service well-led?

Our findings

During our inspection in April 2014 we found that the registered provider could not demonstrate to us that all actions resulting from their on-going quality monitoring process had highlighted the improvements required. This was to ensure that people using the service were protected against the risks of inappropriate, inconsistent or unsafe care. For example, we found that not all care records we looked at were an accurate record of the care and support being delivered. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted.

During this inspection we found the manager had checked the quality of the service provided. This had been done so that people could be confident that they would reliably and safely receive all of the care they needed. These checks included environmental risk assessments and checking people's care plans to ensure that they reflected the care and support people needed. In addition, this included checks of people's medication charts to ensure that people had been assisted as appropriate to take their medicines. We also found that checks were in place to ensure that care staff had the appropriate documents in place to safely drive their vehicle whilst they undertook their work. This included items such as valid car insurance and a current driving licence.

The field supervisors monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. The field supervisors completed monitoring forms during their spots checks and fed back to the manager and the registered provider. If any concerns were identified during spot checks this was discussed with individual staff members during supervision meetings with the team leaders. Care staff said that the field supervisors advised them of any changes they needed to make.

We found that the registered provider was no longer in breach of this regulation.

There had not been a registered manager at the service since October 2014. There was a manager in post who confirmed that they had submitted their application.

People who used the service were asked for their views about the care they received. The registered provider had recently commenced a telephone monitoring service where they rang a sample of people who used for the service on a regular basis. We saw records that people had been called earlier in the month and their comments noted. There were corrective action sheets in place where office staff could document any concerns and these were followed up with the relevant member of care staff. Satisfaction questionnaires were used to obtain feedback from people and their families. The last survey of people's opinions of the service had taken place in October 2014. 98 surveys had been set out and 48 returned. People had fedback that at that time they were happy with the service they received. The service also received compliments on the care and one recent comment read, "Kindness, patience and resilience over the years. Unfailing cheerfulness and professional from staff."

However, some people we spoke with fedback that they felt the service had changed in the last few months and that communication could be improved between the main office and care staff. People told us that they would appreciate a weekly rota which showed which care staff were planned to visit them. We fed this information back to the manager of the service and the operational manager for the registered provider following our inspection. They confirmed that rota's were available for service users and were sent out when requested. We asked that they investigate the concerns raised and found that they responded quickly and took appropriate action to follow them up.

There were clear management arrangements in the service so that care staff knew who to escalate any concerns. Care staff we spoke with confirmed that they were aware of the on call system which they could use should they require advice. For example, care staff would call if a person who used the service was unwell when they called or if they had fallen. The manager was available throughout the inspection and they had a good knowledge of people who the service supported, their relatives and care staff.

Good

Is the service well-led?

There was an open and inclusive approach to running the service. Staff we spoke said that the manager had made a real difference since they started. One staff member said, "[The manager] is very supportive, both professionally and personally. You can go in and see them and not feel intimidated. They don't judge and point you in the right direction. Just small things have made a big difference to the way we work. When they started they changed the layout of the offices and clarified people's role. It's really helped." All staff were confident that they could speak to the manager if they had any concerns about another staff member. All staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. One staff member said, "I know that [the manager] would always sort it out. They are very responsive."

There were periodic staff meetings attended by care staff which allowed them the opportunity to voice any concerns and the registered provider also sent out a monthly staff newsletter. This informed staff of any new policies and procedures shared positive feedback from people who used the service and welcomed new staff. The registered provider had also introduced a 'Carer of the Month' scheme and details of care staff who gained the award were shared in the newsletter and also displayed in the main office. Due to the nature of the work and that care staff worked alone a lot of the time, the manager had organised a Christmas party for care staff and hired a local community hall. This was very well attended and was referred to by staff we spoke with and they said they felt this was a great opportunity to spend time together.

The manager had developed links with the local community. For example, a local business planned to sponsor an event for the service and use a local community centre and provide a lunch for service users. This would be an opportunity for service users to meet each other and also spend time with care staff and the team from the main office. The service also had access to a mini bus and provided a dial a ride service.