

County Care Berkshire Limited

County Care (Windsor)

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 (Windsor) is a Domiciliary Care Agency (DCA) providing personal care to children and adults. Staff provided care to people within their own homes. At the time of inspection, the service was supporting 34 adults.

Not everyone who used the service received personal care. CQC only inspects where adults 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.

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

Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried. However, the management team could not always evidence they had taken a full employment history of some staff. We made a recommendation that the provider refers to current guidance to operate robust recruitment procedures, including undertaking any appropriate relevant checks.

People's care plans identified how their medical condition impacts on their lives and the required action to take to minimise pain. Mental health assessments were in place to detail the outcomes people wanted to achieve. The provider had an effective system to ensure that staff received appropriate training, and all mandatory training was up to date.

However, the recording of certain actions taken to keep people safe needed to be further strengthened. We made a recommendation to the provider to consider current guidance on maintaining securely an accurate, complete and contemporaneous records.

There were effective systems in place to safeguard people from harm and abuse. Where a safeguarding concern had been raised, in relation to young people or adults, the registered manager dealt with them appropriately and communicated with all necessary agencies. Risk assessments and care support plans were comprehensive and were reviewed when required to ensure they were kept up to date and reflected any changing needs. People's medicines were managed safely, and new audits system had been put in place to highlight any shortfalls.

People experienced positive relationships with staff who treated them with kindness in their day-to-day care. Staff consistently treated people with dignity and respect and maintained their privacy. Staff had a detailed understanding of people's needs. The service promoted and delivered person-centred care.

There was a clearly defined management structure within the service and quality of the service was monitored through robust clinical governance processes. Staff understood people's needs and preferences and recognised the importance of knowing people well. Staff told us they felt supported by management. Complaints were dealt with effectively. Relative's stated all concerns were dealt with in a timely manner.

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.

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

Rating at last inspection

The last rating for this service was good (report published 24 January 2017) 15 December 2016.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

County Care (Windsor)

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

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

Service and service type

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

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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager. We also spoke with the assistant manager, one care staff and an administrator. We looked at four people's care records and associated medicine records. We looked at records of accidents, incidents, compliments and complaints received by the service.

We looked at audits and quality assurance reports completed, safeguarding concerns, recruitment records, staff supervision, appraisal records and team meeting minutes.

After the inspection

We asked or requested additional information. This included County Care policies and procedures, staff training records and feedback from seven care staff and 15 relatives. We requested feedback from seven professionals but did not receive a response.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse.
- When there had been safeguarding concerns raised in relation to young people or adults, the registered manager dealt with them appropriately and communicated with all necessary agencies.
- Staff knew how to recognise abuse and told us about the actions they would take if they suspected someone was at risk of being abused. One staff member told us, "I would make sure they were safe, if they need medical attention I would call the emergency services and I would let the office know and record all information."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and the care they received.
- Risk assessments and care support plans were comprehensive and reviewed when required to ensure they were kept up to date and reflected any changing needs. For example, one person's moving and handling risk assessment was updated due to their changing mobility needs. The risk assessment was updated to reflect they now required two care staff rather than one to ensure they were kept safe.
- People who had live in carers, had individual emergency evacuation plans which accurately reflected their need to ensure they could be evacuated safely in the event of an emergency. The plans stated where the safe relocation place was for people.
- One relative told us, "I feel [person] is safe with the carers [staff] because [person] is very happy to see them. The carers [staff] understand [person] even though they are non-verbal. They observe, pick up on their mood and take them for who they are..."
- Another relative told us, "[Person] has very fragile bones, therefore, needs to be carefully transferred using the transfer board or the hoist. The carers [staff] use the equipment very carefully. I've had regular carers [staff] and they have been brilliant with [person]. They make sure they are very comfortable in every step during personal care. I have a very detailed care plan for [person] which is usually followed very carefully."

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- However, the management team could not always evidence they had taken a full employment history of some staff. We raised this with the registered manager during the inspection. They confirmed they had a document to record these checks in some staff files, but not all. They stated they would ensure this was in place for all staff.

We recommend that the provider refers to current guidance to operate robust recruitment procedures, including undertaking any appropriate relevant checks.

- There were sufficient staff to meet people's needs. The registered manager told us that they had taken over the duties of scheduling visits for staff had new software in place to assist with this.
- Staff told us they felt there were enough staff to meet people's needs.

Using medicines safely

- People's medicines were managed safely.
- All staff received e-learning in "Medication (support and assistance) training" and further completed competency-based training. Records showed all staff had up to date medication competency training. Staff confirmed they had received this training.
- Records showed there had been eight medicine errors and 32 recording errors prior to January 2019. The registered manager had introduced a new medication audit that highlighted any issues or concerns in a timely way, as well as a new medication risk assessment and medicines recording charts for controlled medicines. Following the introduction of this audit, this had successfully decreased the number of medicine errors.
- Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance for medical creams in place to ensure that staff knew when to administer PRN medicine. We raised this with the registered manager who stated they would put this into place immediately.

Preventing and controlling infection

- Staff received training in the control and prevention of infection.
- Staff were provided with personal protective equipment when going into people's homes.

Learning lessons when things go wrong

- The registered manager recorded and reviewed all accidents and incidents, and highlighted any future learning needed.
- Regular contact and communication within the staff team provided opportunities for the service to learn from past events and put measures in place to ensure everyone's safety.
- Following the introduction of the medicines audits, the registered manager introduced a 'medication care plan' as a way to communicate to staff and highlight when things had gone wrong or not been actioned. The care plan highlighted areas that staff needed to address and actioned immediately.

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 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's needs were assessed, planned and reviewed to ensure they received support that met their changing needs.
- People's risk assessments and care plans were person-centred and considered all aspects of their lives.
- People's care plans identified how their medical condition impacted on their lives and the required action needed to support people effectively.
- Mental health assessment tools were detailed and highlighted the outcomes people wanted to achieve and how they wished to be supported. Where people had a mental health need, a "Support planning pack" identified the impact of these needs on the person. It was also to ensure people were able to live life to the full potential and as they chose.

Staff support: induction, training, skills and experience

- The provider had an effective system to ensure that staff received appropriate training. The care certificate modules formed part of the induction training. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve.
- The registered manager had a list of training they deemed mandatory for staff members. This included moving and positioning, fire safety, Infection control, safeguarding, dementia, and mental health awareness.
- Records showed all training the provider considered to be mandatory was up to date.
- Staff confirmed they received an induction and sufficient training to undertake their roles.
- The registered manager stated care staff who supported people with epilepsy, were trained to administer epilepsy medication safely in the event of a seizure.
- The registered manager stated that staff received supervision twice yearly and one appraisal. Records seen in staff files evidenced that supervision and appraisals took place.
- Relatives confirmed that staff were trained to administer percutaneous endoscopic gastrostomy (PEG) tube medicines to people. One relative stated, "Because they are trained, we can go out into the community. We take [person] to places like the cinema, into town and parks sometimes."
- One staff member told us, "I've done various training including medication, health & safety, safeguarding, manual handling and information governance. Yes, I was well equipped to perform my role well."

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

- People were supported to have a healthy diet.
- All staff received training in food hygiene.
- Where required people had a food and fluids daily log sheet so staff could monitor their intake and ensure

they their dietary requirements were being met.

- People's care records contained information on how to support people to support people safely when eating and drinking. One person's care plan stated, "Always upright position when eating and drinking."

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

- Staff worked in partnership with professionals from health and social care to meet people's needs.
- Care records contained evidence of communications to relevant professionals to meet people's healthcare needs.
- One person's care records contained a hospital passport that highlighted specific details such as their health requirements, ways of preferred communication, current medication and their likes and dislikes.

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

- People's rights to make their own decisions, where possible, were protected.
- All staff stated that they had received training and had an understanding of the MCA.
- Care staff told us their understanding of MCA was, "Everyone is presumed to have capacity, clients should be supported to make decisions", "Every adult is assumed to have capacity unless it is proved otherwise."

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 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 about the professional and friendly support their family member receives from County Care and the positive impact they have had on their lives.
- One relative told us, "This agency has turned my life around, I couldn't do without them. [Person] looks forward to the carers coming, even though [person] has complex needs and are non-verbal. They smile when they see them [staff]. They [staff] come in the morning to give personal care and get them [person] ready for school; they put [name] on the bus and then leave. Without their help, I couldn't have coped."
- Staff knew people well and promoted their equality and diversity. Staff had a detailed understanding of people's needs and supported them.
- One staff member stated, "I know people well enough through information passed on to me by their family, other carers and professionals involved in their lives. I also read and follow the care plans when I'm assisting them, and I ask them how they want me to support them."

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

- Care plans were drawn up with people, using input from their relatives where required. All care records had evidence that people had consented to their care.
- People's care records clearly evidenced the support and personal preferences people had asked for at each visit. One person highlighted their morning routine and their preferred option regarding their food and drink.
- Care plans and risk assessments were reviewed regularly, which allowed people to make sure they accurately reflected their current needs and preferences.
- One relative told us, "The carers [staff] are really very good, they come twice per day. Communication is good. They have never missed a visit and there have been times when management staff have come themselves instead. They have never let us down. Carers are very well trained to do the job and use the equipment."

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was protected. All personal records were kept locked away in the office and in a place of their choice within people's own homes.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.
- One relative told us, "I have 100% faith in [persons] carer [staff] and they respect their dignity by placing a towel on them [during personal care]. I've come from a terrible service and these carers [staff] are much

better. The carers are engaging [person] and talking to them which is good, sometimes [person] can be difficult too."

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 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

- People's care plans were personalised and placed people's views and needs at the centre. People received support that was individualised to their personal needs. People's care plans clearly highlighted information about the person and how they liked to receive care.
- One person's care plan was set out in a traffic light format, which highlighted risks and the requirements care staff would need to take under each traffic light colour. For example, under the amber section it stated, "May want carer in room at all times."
- Care plans showed staff held regular reviews with people to assess their needs and make any necessary changes. Staff checked that people understood these changes.
- The registered manager told us the service had a 24-hour duty system in operation for both care staff and people that used the service. This allowed the service to support people out of hours and offer advice.
- The service used a "Quality review form" with people to gain their feedback around the personalised care they received. This form identified "What actions will the branch take" to ensure people's needs are being met.
- One relative told us, "The carers are very friendly, helpful and they understand [person], they make every effort to engage with them. They are non-verbal but they understand them whether they are in pain, happy or unhappy and this makes all the difference for us, so we trust them so much... They use different coloured towels for different parts of the body."

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.

- We asked the registered manager how they work with the accessible information standard, they told us, "We have a policy for this. We work with a young person who is non-verbal. To meet their needs and views we do this through technology and use an iPad." We found the service worked in accordance with its policy.
- Staff used an assessment tool to clearly highlight people's preferred method of communication. For example, one person's communication record stated, "[Name's] [hearing impairment] means clear visual and verbal communication needed."

Improving care quality in response to complaints or concerns

- The service had received 13 formal complaints in the previous 12 months prior to inspection.
- Complaints were managed robustly and in a timely way. The registered manager completed a review of

complaints in September 2018 that looked at inconsistent carer staff, poor communication and staff shortages.

- Relatives spoken with confirmed they had not made any complaints. They advised any concerns are usually dealt with immediately.

End of life care and support

- Staff received training in "end of life care."
- The registered manager stated, "We talk to people about how they would like their care to progress and to their family members. We find out what they think is important. We also talk to families about what they know about that particular end of life medical condition."
- The service had an adults and children's end of life champion.
- Staff who worked with people at the end of life confirmed they had completed online end of life training.

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 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; 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

- There were effective management systems in place to promote person-centred care.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us. One care staff member told us "...Because I work part time I have a good mix of regular clients [people] and some clients [people] who I see if the main care worker is off work. I make sure I have a handover from the office to maintain continuity of care. I quickly adapt to client's personalities and let them take the lead in their care delivery."
- The registered manager understood their Duty of Candour, to be open and honest when things went wrong. They stated, "This is one of the agenda items we always talk about in staff meetings, around the need for transparency."
- Staff felt managers were accessible and approachable and dealt effectively with any concerns they raised.
- One member of staff told us, "Yes, I can always speak to my manager or other members of the team when I need help/support."
- However, the recording of certain actions taken to keep one person safe needed to be further strengthened. For example, following a risk assessment review it stated, "Make an occupational therapist referral" and "Discuss with [person] re methods used at college..." There was no documentation to show this had been done. When we raised this with the registered manager during the inspection we were assured action was taken, but they stated the person did not cooperate with the referral, however this had not been recorded.

We recommend the provider consider current guidance on maintaining securely an accurate, complete and contemporaneous records for people and take action to update their practice accordingly.

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

- There was a clearly defined management structure within the service.
- The quality of the service was monitored through robust clinical governance processes. For example, a clinical audit and peoples care file audits were carried out each month. The registered manager undertook yearly full audit of all care files. .
- The registered manager was aware of their responsibilities to report significant events to the Care Quality Commission and other agencies. Notifications had been received in a timely manner which meant that we

could check that appropriate action had been taken.

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

- The registered manager told us team meetings were held on a quarterly basis. They used this environment for staff learning. For example, case discussions that the service has been involved with around safeguarding took place during these meetings.
- Relatives told us, "I've given verbal feedback during the review meetings but don't recall any surveys as such" and "We discuss how things are going during the review meetings and if anything needs to change, I suppose you could class this as feedback too."
- The registered manager told us they had weekly management meetings where they would discuss any possible issues for the coming week. The registered manager stated doing this as a meeting often helped to find solutions. We found that there were not always recorded minutes for this meeting.
- The service held a staff satisfaction survey in June 2018. A number of concerns had been raised regarding insufficient travel times. An action was identified where the registered manager to responsibility for scheduling visits and the service invested in a new scheduling system. However, this staff survey should have been repeated in December 2018, but we found this had not taken place.
- The registered manager stated the service has produced newsletters for staff which celebrated success and have a care worker of the month initiative.

Continuous learning and improving care

- The registered manager told us that following feedback received from staff and 23 missed visits recorded in 2018, they purchased a new electronic system which helped them plan and was more visual to show any gaps. This system highlighted the time needed to travel between visits to assist with planning. The registered manager stated they had seen an improvement.
- The registered manager told us they have a new system in place that identified vulnerable people. For example, people that are unable to get out of bed, have dementia or live alone. The service would then monitor all late alerts on their electronic system where they would immediately call the care staff to check they had attended the call. If the management team was unable to speak to the care staff member the person or their relative would be called as a measure of safety.

Working in partnership with others

- There was evidence in people's care records where the staff had built working relationships with the local authority, social services, safeguarding, GPs and occupational therapists.