Care Counts Limited

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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

The Inspection took place on 26 May 2016.

Care Counts provides a range of personal support services to people living in their own homes across the Kirklees area. At the time of our inspection 110 people were receiving support.

The service had a registered a manager in post. 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 Act2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff that supported them.

Staff received training in how to safeguard people from abuse. Staff were supported by the provider who had policies and procedures in place to support staff to act on any concerns raised. Staff were familiar with these policies and procedures. Staff understood what action they should take in order to protect people from abuse.

Risks to people's safety were identified, minimised and risk reduction measures were tailored towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People and their families had been involved in planning their care.

People were supported with their medicines by staff that were trained and assessed as competent to give medicines safely. People told us their medicines were given in a timely way and as prescribed. Checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively.

The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who received services.

People told us staff asked for consent before supporting them in ways they were comfortable with. People were able to make their own decisions and staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act.

People told us staff were respectful and treated people with dignity, and records confirmed how people's privacy and dignity was maintained.

People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities and access the community.

People's care records were written in a way which helped staff to deliver personalised care and gave staff detailed information about people's likes and dislikes.

People were involved in planning how their care and support was delivered.

People told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way.

Staff told us the management team were approachable and responsive to their ideas and suggestions.

There were robust systems in place to monitor the quality of the support provided.

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.

People told us they felt safe.

Staff and management were knowledgeable in regards to safeguarding and whistleblowing.

Staff recruitment was safe and robust.

Risk assessments were personalised and detailed.

Medication administration, documentation and auditing was completed effectively.

Is the service effective?

Good

The service was effective.

People felt staff were skilled and experienced to meet their needs.

Staff had an induction and shadowed more experienced staff before working alone.

All staff were up to date with training.

People were supported with nutrition and hydration needs with extra fluids being offered in warmer weather.

Staff had a good understanding of the Mental Capacity Act (MCA).

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring going beyond what was expected of them.

Staff were knowledgeable about equality and diversity, recognising people's rights.

Staff told us how they would protect people's privacy and dignity and people told us this was carried out.

Is the service responsive?

Good

The service was responsive.

People told us and we saw they had been involved in planning their care.

Care plans were detailed and provided a clear picture of how to support each person with each specific activity.

People and their relatives were aware of the complaints procedure and knew how to make a complaint should they need to.

Is the service well-led?

Good

The service was well led.

People knew the manger and were able to make contact with them as needed.

Staff felt able to approach the manager with any issues.

Robust auditing was in place.

Policy and procedures were reviewed regularly

Care Counts Limited

Detailed findings

Background to this inspection

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

The inspection took place on 27 May 2016 and was announced. We told the provider in advance so they had time to arrange for us to speak with people who used the service.

The inspection was conducted by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone using a similar service.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

Before our inspection we reviewed all the information we held about the service including the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We spoke with five people who received care and support in their own homes and four relatives of people who used the service by telephone.

We spoke with the registered manager four care staff, the training facilitator and a care supervisor.

We reviewed three people's care plans to see how their care and support was planned and delivered.

We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the

provider's quality assurance audits and records of complaint.

Good

Is the service safe?

Our findings

We asked people whether they felt safe. One person told us "Yes I am [safe] they are adaptive to my needs." Another person told us "They are great. I have a key safe. Other agencies weren't locking it and they brought it to my attention." A relative told us "They [the staff] couldn't be better, like at the minute my relative has a sore toe and they are so careful."

Staff had received training in how to protect people from abuse and understood the signs that might be cause for concern. Staff knew who to report their concerns to. One member of staff told us "We can always contact the office with any issues." Another member of staff told us "We can call them any time of day or night for advice." Another staff member told us, "We all have mobile phones with the local safeguarding number saved in them so we can make referrals or ask advice if we need to." We were shown a document that staff had been given with some 'dos and don'ts' on it for quick reference. These included documenting conversations, contacting managers and not promising that information would not be shared, as other agencies need to be contacted if someone is at risk. There was an up to date policy on safeguarding. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There was a whistleblowing policy in place and staff told us they had read this. One member of staff told us "If I had concerns I would raise them with my manger and if they weren't listened to I would contact their manger." Another member of staff told us "If I have any concerns I would come in to the office. We can call or come in any time for a chat."

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The training facilitator told us "We re-do the DBS check every three years." The DBS is a national agency that keeps records of criminal convictions. The training facilitator told us "Records are kept centrally and we cannot employ anyone until we have an email confirming the DBS and the two references have been received and one checked by phone." This showed the provider completed a series of pre-employment checks to make sure potential candidates were suitable and safe, before they started working with people.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. These were categorised into low, medium or high risk with specific issues and what action needed to be taken. We saw for example that one person was unable to see labels on food and food was often out of date. The specific instruction for this was to let office staff and family know and ask family to remove the food. The manger told us "These [the risk assessments] were discussed with the person and their relatives at an initial meeting and developed over time." The care plans we looked at were detailed and including information on how many carers were required for each task and what colour towels to use. In one person's file we saw instructions on how to access the building, detailed instructions on how to use a specific hoist and what the person preferred for breakfast. The care plan had been signed by the person and

the staff member completing it.

There were enough staff to meet people's needs effectively. One person told us "The staff are very flexible another person agreed telling us "They are good at fitting in around my work and coming in before 7am if I need to catch the train." We asked people if they had occasions when calls were missed one person told us "They have never missed a call I always get a phone call if staff are going to be ten minutes late." Another told us "They sometimes stay longer and are always here the allocated amount of time." The manager told us "We don't use agency staff. I like staff to meet people before providing care and get to know them. We couldn't do that if we used agency staff. If we are short staffed due to holidays or sickness team leaders or managers would go out."

People told us they received their medicines on time and as prescribed. One person told us, "My pharmacy prepare my medication and the staff pass it to me. They make sure I get all my medication on time. I can't do that myself anymore." Staff told us they had training in how to administer medicines safely as part of their induction. After this, they watched experienced members of staff administering medicines, and were then assessed by their manager to ensure they were competent. People's care records included information about the medicines they were taking, what they were for and possible side effects They also included information on how people preferred to take them. For example, some people could take their own medication but needed staff to remind them. Staff told us "We remind them of the time and which medication to take then check it's the right amount, they [the person] sign the medication administration record (MAR) sheet with us. They are the second signature." Where people took medicines on an 'as required' (PRN) basis, for example for anxiety or agitation, plans were in place for staff to follow so safe dosages of medicines were not exceeded and people were not given medicines when they might not be needed.

Medication administration was documented in each person's file and included the medication dose, time and a signature. We saw staff completed this in accordance with the provider's policies and procedures. Medication audits were in place and were robust. The manager told us " all medications given were recorded in a book kept in each person's home". The records we checked showed this to be the case. Once the book was complete it was taken back to the office and audited. We were shown how a recent audit had picked up blue pens being used to record medication for several people. We saw that a reminder was sent to all staff by text message. This was recorded in the online system along with staff acknowledgment. A list of staff that had done this was kept and the manager told us if the issue continued staff would be spoken to individually. Appropriate arrangements were in place in relation to the recording of medicine. Medicines were given to people appropriately.

We asked about infection control. Staff told us they were issued with personal protective equipment (PPE) as needed and had stocks in people's homes and could go in to the office at any time to collect extra supplies as needed. This showed the service provided protection for staff to prevent and control the risk of infection.

Good

Is the service effective?

Our findings

We asked people using the service and their relatives if they thought the staff who supported them were skilled and experienced. One person told us "They understand my needs; it's got better as it's gone along." Another agreed "They are up to date. My needs are specific; the staff have been trained to help me." A relative told us "Very much so they look in care plans if they need refreshing or if someone new comes."

Staff told us they had an induction before they started working with people. They told us they worked alongside experienced staff who knew people well before being on shifts alone. They also told us they were given time to read people's care records and to talk to people about how they wanted to be supported. The manager told us "All new staff are given time to get to know people. They go out first and meet the people they will be supporting. We don't just send people in to someone's home."

The training facilitator told us the induction included the care certificate. The care certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Staff then shadow experienced staff and are observed before they are ready to work alone. One member of staff who was recently employed told us "I have had a lot of training and support I am still going to calls where two people are needed. I met with each person before going in to provide care. I would go in to meet them and get to know them." Another staff member told us "When we first go out we go with someone so we can get to know the people we are supporting." Another staff member told us "The person I support lives with their wife so I can ask her about likes dislikes if I am not sure." One staff member told us, "It is good training because things are always changing." Staff also told us they had specific training which helped them respond to the individual needs of people they supported. For example one member of staff had received training in diabetes as they cared for two people who had diabetes.

A training record was held centrally for each member of staff. Staff logged in to their own online account to see when training was due. The training facilitator had oversight of what training each member of staff had undertaken and when it was due for renewal. The provider had guidance in place which outlined what training staff should complete. This showed staff had the appropriate knowledge and skills to perform their job roles.

Staff told us how they would support to people to eat and drink what they liked. One staff member told us "Families buy food. We see what is available and offer a choice." We saw one person had a food and fluid chart in place. This was not for medical purposes but to evidence that there was a choice of food. This had been accurately filled in dated and signed after each meal. The manager showed us how office staff and managers were able to send text messages to all staff with updates. For example the week before our inspection had been particularly warm weather and a text message had been sent to all staff asking them to ensure everyone was offered extra fluids and supported to drink. This showed people were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff told us they attended regular one to one meetings with their manager, which gave them the

opportunity to talk about their practice, raise any issues and ask for guidance. This helped staff reflect on their knowledge, skills and values so people were supported by staff who were effective in their role. However we found staff had not had formal one to one supervision in line with company policy which stated that each staff member would have two formal supervision sessions per year. Staff were regularly supported by managers and the training coach had their practice observed, one formal supervision and an appraisal each year. There were regular staff meetings and we saw, and staff told us, they were in regular contact with managers. One staff member told us "If I need anything I call the office or come in and it's sorted really quickly." Another told us "If I need advice whilst with someone I call and if a manger is free they will come out to me."

We saw that people were encouraged to access health care services as required. One person told us "If I need to see my GP they would help me prepare for that." A staff member told us " I support people to attend appointments when needed." Whilst another told us " one person I support has the district nurses come in we work with them and can call them for advice or to request visits" This meant that peoples healthcare needs were considered and responded to in a timely manner.

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. People told us they were asked how they wanted to be supported, and were asked to give consent to their care plan. We saw these had been signed by people using the service. The manager told us the care plans were "Started at a welcome meeting where the person, and relatives if the person wanted them to be involved, discussed care needs. People were asked about their needs and how best to support them." One person told us, "My wife has lasting power of attorney. The staff know to speak to my wife." A lasting power of attorney (LPA) is a legal document that lets you appoint one or more people (known as 'attorneys') to help make decisions or to make decisions on your behalf. There are two types of LPA: health and welfare and property and financial affairs. One or both of these can be chosen. We saw this was documented in the person's care plan and staff were aware of which decisions to take to the person's wife.

Staff understood and applied the principles of the MCA. However they did not recognise the term when asked. One staff member told us, "People have the capacity to make their own day to day decisions. If there was a big decision to be made like medical treatment we might need to involve other people and professionals if someone did not understand the issues involved." The training facilitator told us "We do the training in with the safeguarding training and some online but it's a lot to take in. They [the staff] do know it. We have quizzes after the training." We saw all staff had completed MCA and DOLs training.

People told us they were offered choice whilst being supported. One person told us "They always make what I want." Another person agreed "They prepare the food I want and request." A staff member told us "The person I support likes to be out and about. One day he might want to go bowling the next he might want to work in the garden. It's their choice."

Good

Is the service caring?

Our findings

We asked people and their relatives if they thought the staff were caring. One person told us "They are really nice to me." Another told us "They go far beyond the requirements of their role." Another person told us "They help out as much as they can and show real concern if I am ill. A relative told us "They [the staff] are pleasant and helpful they never grumble if I ask them to do something." Another relative told us "I am really happy with Care Counts. I wouldn't want to change them."

Staff told us they were encouraged to support people in a compassionate and caring way. One staff member told us, "It's people's homes we have to remember we are in someone's home. I treat people the way I would like to be treated."

The staff we spoke with demonstrated knowledge of equality and diversity and had received training in this area. One staff member told us "We encourage people to make decisions. They might not be the decision we would make but so long as they are safe we encourage this. Everyone is different and has the right to make choices."

People's care plans were written from the person's point of view, and helped staff get to know people and their likes, dislikes and preferences. People told us they were involved in planning their care before the care started. The registered manager told us " we carry out a welcome visit where we discuss with people what support they need and how we can provide that. This forms the persons initial care plan and risk assessment which will be updated over time as things change." People's daily care records showed staff encouraged people to be as independent as possible. Records clearly indicated what people had been able to do for themselves and what they needed support with. For example one person was able to wash themselves but needed support to wash their back and for towels to be handed to them.

Staff told us they would always knock on doors before entering to maintain people's privacy and dignity. One staff member told us "I always close curtains and doors before supporting someone to wash or dress. Some people choose to get dressed in the living room so we have to be sure no one can see in through the windows or doors." One person told us "They [staff] always put towels over me when washing me." Another told us "They [the staff] are careful not to wear uniform when we go out and not discussing personal things with others." A relative told us "They do take his pride into consideration.

Care records were kept in people's home and removed to the office once a month when the books were full. This ensured staff had up to date information at hand in the person's home. The manager told us two people who had capacity to make decisions had declined to have daily notes in their home. The manager had discussed this with the local authority and agreed not to keep daily notes in these two homes. This was documented and signed by the people and the manager All staff had mobile phones from which text messages could be sent to the office computer system. If anything happened out of the ordinary staff would send this to the office and it would be logged on the system. Office staff would then generate a message to other staff supporting that person to let them know of the changes. The manager showed us an example where a person had declined a drink in the morning, This was communicated to staff going in later in the

day and monitored by text messages. This meant staff had relevant information whilst unauthorised access to this was prevented.

Good

Is the service responsive?

Our findings

We asked people if they had been involved in planning their care. One person told us "I was when I first came out of hospital. We had a meeting with the manager." Another told us "Frequently as I have a Care Programme Approach (CPA) in place. The staff from Care Counts are part of the reviews." The CPA is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. This meant the service was supporting people to plan car that is person centred.

We saw that care plans were regularly reviewed and updated to reflect changes in peoples needs. Spot checks were carried out for each person at least twice a year by managers. These checks included looking at care plans and risk assessments to ensure the had been reviewed and updated at least six monthly. One staff member told us "If risk assessments and care plans need to change we let the office know and changes are made." The registered manager told us these changes would be communicated by text message to the relevant staff members,and documented in the file kept in peoples homes.

Staff told us they were supported to understand people's needs, and to adapt the support they provided so they could respond to changes in people's needs. They told us people's care plans were useful in helping them to do so. One staff member told us, "The care plans are very good. I have worked in other places. These are the best I have seen; they are so clear." We looked at three care plans and saw they were clear and detailed and provided staff with instructions on how to support people throughout the day. For example one care plan detailed which towels a person liked to use. A second care plan detailed the order in which the person liked to put on their clothes in the morning. Capturing this detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences and support them in an appropriate manner.

We looked at a care plan for someone who had recently begun to be supported by the service. This included information from family members and previous staff who had worked with the person. It was clear the service had obtained as much information as possible prior to the person being supported by the service, to ensure they could meet their needs effectively.

People told us they felt able to complain if they were unhappy with anything. One relative told us "I had to contact the office about a window being left open. I called the office and it never happened again. It's only trivial things. I have never needed to complain." Another relative told us "I had to call at 2.30am once to cancel the morning visit. They didn't answer but called me straight back and then called in the morning to check everything was ok." We saw the complaints policy and procedure. The manager told us this was given to everyone using the service at the welcome meeting. The manager told us there were no complaints in the last twelve months. They told us "We try to catch things before they become complaints. We are in regular contact with people and their relatives. When we first start providing care we complete a twenty four hour check." This was a form designed to pick up any initial concerns. If any concerns were noted they were rectified there and then.

Good

Is the service well-led?

Our findings

We asked people if they knew the manager and if they felt they were effective. One person told us "I am only one person but she looks after me. I can see her doing it with everyone." Another person told us "They are fantastic. Very helpful." One relative told us "They are easy to contact. We work well together you know."

There was a registered manager in post at the time of our inspection. They had been in this post for 6 years. 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.

Staff were positive in their comments about the managers. One staff member told us, "We are always listened to by our manager. I like the way they treat people." They added, "People enjoy working here; it's the best place I have worked in." Staff also told us they felt well supported by the registered manager and there was an open, honest culture which meant they were able to ask for help, advice and guidance. This made staff feel valued and respected.

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people being supported and share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. They told us issues were discussed, actions were agreed and progress on actions was fed back by managers.

We saw that people who used the service and their relatives and staff were asked for their views about their care and treatment and they were acted on. We asked people if they received a questionnaire about their care. One person told us "I do but I don't fill it in." Another told us "Yes I do at least once a year, maybe more." We saw the completed forms. On one form a comment had been made about out of date food in the fridge. The manager showed us how this had been investigated, and fed back to staff. This showed that people's comments were taken into account and acted upon.

We reviewed records which demonstrated there was a system in place to continually audit the quality of care provided. This included a range of weekly and monthly checks relating to all areas of the service. We saw how each set of daily notes was audited once a month for quality assurance purposes. We saw how issues from the audits were recorded and actions taken. For example on the day of our inspection an issue had been identified with blue pen being used in daily notes. This was recorded and a text message sent to all staff. The manger told us there was a staff meeting that night and said "We will discuss it again and take black pens for everyone." This demonstrated the registered provider had a system in place to ensure that identified shortfalls were addressed in a timely manner.

Staff had access to policies and procedures held within the service so they could do their job more effectively. This was also available on the provider's electronic system. These included, whistleblowing, complaints and safeguarding policies. These were reviewed and kept up to date by the provider. Reviewing

policies enables registered providers to determine if a policy is still effective and relevant or if changes are required to ensure the policy is reflective of current legislation and good practice.

The registered manager understood their legal responsibility for submitting statutory notifications to the Care Quality Commission. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.