

Countywide Home Care Limited

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Inspection report

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Tel: 01562515583

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28 January 2019

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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: Countywide Home Care Limited provides personal care to adults living in their own homes. At the time of the inspection, 25 people were using the service who needed assistance with their personal care.

People's experience of using this service: People told us they received a good service and felt safe. Accidents and incidents were recorded and investigated, and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The provider had a complaints procedure in place, and people were aware of how to make a complaint. An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

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

Rating at last inspection: At the last inspection the service was rated Good (15 February 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Good.

Details are in our Well-Led findings below.

Good ●

Countywide Home Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Service and service type: Countywide Home Care Limited is a domiciliary care agency. It provides personal care to adults living in their own homes.

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

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is a small care agency. We needed to be sure someone would be available to speak with and show us records. Inspection site visit activity started and ended on 28 January 2019. We visited the office location on this date to see the manager and office staff; and to review care records and policies and procedures. Phone calls to people and their family members also took place on this date.

What we did: Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social

care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection: During the inspection we spoke with six people who used the service and four family members. We spoke with the registered manager, director and three care staff. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities with regard to safeguarding and staff had been appropriately trained.
- People said they felt safe. Comments included, "Oh yes, I feel quite safe" and "Oh yes, we feel safe. We've had them [staff] a long time."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Accidents and incidents were appropriately recorded and risk assessments were in place for people. These described potential risks and the safeguards in place to reduce the risk. Records were up to date.
- Lessons were learnt from incidents, and were documented and shared with staff.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.
- There were sufficient numbers of staff on duty to meet the needs of people. Staff used electronic tablets to log in and out of calls, and access care records.
- People and family members were happy with the timeliness and duration of the call visits. They told us they were usually visited by the same regular staff. Comments included, "The [staff] are absolutely excellent. They stay the time and they do what you need" and "Oh yes they are very regular and on time, unless something sometimes happens and then they call me to tell me."

Using medicines safely

- Appropriate arrangements were in place for the safe administration of medicines.

Preventing and controlling infection

- Checks were carried out to ensure staff were following the provider's policies and procedures correctly. This included wearing the correct uniform and protective clothing whilst carrying out visits to people.

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

Good: 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 before they started using the service and continually evaluated to develop support plans.

Staff support: induction, training, skills and experience

- Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.
- Staff training was up to date. Refresher training was planned and booked when it was due. Staff told us they had received sufficient training for their role.
- New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.
- People told us they thought staff were appropriately trained and skilled. Comments included, "They have the skills to do what they do", "I've always been happy. They [staff] know what to do" and "They're skilled enough, quite experienced mostly."

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

- People were supported with their dietary needs. Dietary requirements forms were completed for each person that documented people's individual needs and preferences, and whether they had any allergies.

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

- People were supported with their healthcare needs and to attend appointments when necessary.
- The service worked with health and social care professionals such as social workers, GPs, district nurses, palliative care team and rehabilitation team. The provider told us, "If anyone has specialist needs, we will not stop until we find someone who can meet their needs."

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. The registered manager and staff had a good understanding of the MCA.
- People had provided consent to their care and support, and this was documented and signed.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and considerate. Comments included, "Oh yes, they are kind", "Yes, they are caring on the whole. I've got good relationships with most of the carers" and "They treat me like a family member and like a normal human being."
- Staff had taken part in 'instant ageing training' to experience what it was like to be elderly. The provider told us, "The staff really, really enjoy it." Staff confirmed this.

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

- People's preferences and choices were clearly documented in their care records.
- People were supported with their communication needs. For example, one person was unable to communicate verbally. They used eye movements, pictures and word books to communicate. Clear guidance was provided for staff on how to support the person.
- None of the people using the service at the time of our inspection had independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Comments included, "There's no problem with dignity and respect" and "Yes, I get dignity and respect."
- Care records described how staff supported people to be independent and people were encouraged to care for themselves where possible. For example, "Staff to encourage and prompt [name] to remain independent", "Staff to encourage/prompt [name] to undertake their own personal hygiene needs" and "Staff to encourage/prompt [name] to prepare their own breakfast and hot drink as this maintains their independence."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Records included important information about the person, such as contact details, living arrangements, family history and personal preferences.
- Support plans were comprehensive and detailed, and were regularly reviewed.
- People were protected from social isolation. The service provided companionship visits and some people were supported to access the local community. For example, a memory café, library and lunch club. The registered manager told us, "If anyone turns around and says they want to do something, we will accommodate them if we can."
- The service bought local newspapers for people who couldn't get out. The provider told us. "There are lots of ways of involving people in the local community even if they can't get out."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People told us they did not have any complaints but were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- The provider had an end of life policy. None of the people using the service at time of our inspection were receiving end of life care.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they felt comfortable raising any concerns and the registered manager was approachable. Comments included, "They [management] are brilliant", "I can't fault them [management]" and "There's always someone there to talk to. I can always go into the office if I need anything."
- Staff told us they worked as a team to deliver high standards.
- People and family members told us staff appeared happy in their work and the service was well-led.

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

- The registered manager and staff understood their roles and responsibilities.
- The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

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

- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. People and family members were asked to complete annual questionnaires about the quality of the service. These were analysed and actions put in place for any identified issues.
- The registered manager told us, "We are really flexible to them [staff]. If they come in and ask for something, we will accommodate them." Staff we spoke with confirmed this.

Continuous learning and improving care

- The registered manager told us additional training was provided for staff depending on the needs of the people they supported.
- The provider told us, "We've never wanted to grow too big, we are not money orientated" and "A lot of our staff have been with us for a long, long time." The registered manager told us, "It's just nice being small where we know everyone."

Working in partnership with others

- The service worked with other health and social care professionals, such as the local authority and clinical commissioning group.