

County Care Independent Living Ltd

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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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

County Care Independent Living Ltd provides care and support to people living in their own homes. The service is registered to support autistic people, people with learning disabilities, people with mental health needs, older people, people with a physical disability, and people with sensory impairment. The service is also registered to provide care for children, although was not supporting anyone under the age of 18 at the time of our inspection. In addition to support with personal care, the service provides outreach support, a Community Skills Project, and reablement support.

CQC only inspects services where people 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. The service supported 350 people at the time of our inspection, 14 of whom received support with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

Staff focused on people's strengths and promoted what they could do, and supported people to enjoy fulfilling and meaningful lives. People were supported by staff to pursue their interests and to achieve their aspirations.

The service was exceptionally flexible to meet people's needs. Staff went above and beyond expectations to ensure people received the support they needed to live their lives as they chose. People were supported to be active and valued members of their local community.

Managers and staff worked exceptionally hard to support people to learn new skills, increase their independence and ensure people did not become socially isolated. People were supported to take part in activities they enjoyed and to maintain relationships with their friends and families, which greatly enhanced their quality of life.

Staff supported people to maintain good health and the provider ensured important information was made available to people in formats that were accessible to them.

Staff had the induction, ongoing training and support they needed to carry out their roles. Regular one-to-one supervision provided opportunities for staff to discuss their performance and any further training needs.

#### Right care

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

People received consistent care from staff who knew them well. Staff were kind and caring and responded to people's individual needs. People were able to choose how they used their support, which maximised choice and control over their lives.

#### Right culture

Staff respected people's individuality, protected their rights and advocated for them when necessary. There was a real focus on supporting and enabling people to be involved in their local communities.

The provider was committed to involving people who used the service, their families and staff in developing and improving the service. People and those important to them were involved in planning their care. The provider used any concerns or complaints received as opportunities to improve the service.

The provider's governance arrangements were effective in keeping people safe and ensuring the care they received met their individual needs. Staff felt valued for the work they did and were well-supported in their roles. Managers and staff had established good working relationships with other professionals to ensure people received well-co-ordinated care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 29 November 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Outstanding ☆

The service was exceptionally 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 Independent Living Ltd

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care and outreach support to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short notice period of the inspection because we needed to arrange calls to people who used the service and relatives.

Inspection activity started on 13 July 2023 and ended on 21 July 2023. We visited the service's office on 13

July 2023.

#### What we did before inspection

We reviewed information we had received about the service since its registration, monitoring activity we had carried out with the provider, and feedback forms we received from people who used the service and their families. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 2 relatives to hear their views about the quality of care provided. We spoke with the registered manager and the provider's director of care about how the service was run. We received feedback from 3 professionals who had worked with the service, and from 5 staff about the support and training they received.

We checked 3 people's care records, including their risk assessments and support plans, and 3 staff recruitment records. We reviewed quality audits, accident and incident records, the complaints log, the results of surveys returned by people who used the service, professionals and staff, and the provider's business contingency plan.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The service employed enough staff with appropriate skills to meet people's care and support needs. People told us they received a safe and reliable service. They said staff usually arrived on time for their visits and that they were kept informed if staff were running late.
- The registered manager told us care was routinely provided from 7am until 10pm and that there was always a manager available on-call between these times. The registered manager said on-call support was also available if planned activities went on later into the night.
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider made appropriate pre-employment checks before appointing staff, which included obtaining proof of identity, references, and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. Staff attended safeguarding training and knew how to report any concerns they had. One member of staff told us, "I have never had to report any safeguarding concerns luckily, but if I were to come across any concerns, I would let my manager know straight away and make sure my concerns were recorded so relevant action could be taken."
- Professionals told us the provider investigated any potential safeguarding concerns promptly and took action to keep people safe. One professional said, "I am only aware of one quality alert that required safeguarding procedures to be followed, which they completed promptly, and completed appropriate actions to keep the individual safe."
- Staff had taken action to protect people when they experienced abuse by others. For example, a member of staff identified fraudulent activity on a person's bank account. The management team informed the police and local authority safeguarding team to enable appropriate action to be taken.
- The provider organised events for National Safeguarding Week which provided information for people who use services, their families and the wider community. The events involved agencies including the Fire and Rescue Service, the ambulance service and the police.
- The registered manager took part in a multi-agency engagement forum organised by Surrey Safeguarding Adults Board (SSAB), which was designed to share information around safeguarding and improve the resources available for people who use services.

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

- Risk assessments had been carried out to identify any risks to people in areas including falls, fire safety, medicines and accessing the community. These recorded any factors contributing to the risk, the potential severity of risk, and measures that could be implemented to mitigate risk. The activities people took part in

were also risk assessed to ensure they were as safe as possible whilst enabling people to pursue their interests.

- Any accidents or incidents were recorded along with the actions taken in response. For example, a person sustained a small cut when washing up, having picked up a knife from the bowl. Staff administered first aid and reported the incident to the local authority duty team. The person who sustained the injury was supported to attend a refresher session on knife safety.
- The provider issued advice to people about how to stay safe, including online safety and fire safety. People were reminded to test the smoke alarms in their homes during support visits and encouraged to arrange a fire safety visit. Some people who had acted on this advice had been supported to have new fire alarms installed following fire safety visits.
- There were systems in place to ensure learning was identified from incidents and shared with staff. For example, 1 member of staff had not attended all their scheduled visits. The provider introduced additional spot checks and an app-based call log system which enabled the management team to have oversight of when staff arrived at and left people's homes. The registered manager and director of care had attended Skills For Care training in 'Learning from events'.

#### Using medicines safely

- The service was not supporting anyone with medicines at the time of our inspection, although staff did administer topical creams for some people. Staff attended medicines training and their competency was assessed before they were authorised to support people with this aspect of their care. If medicines administration was included in people's care, the care planning app staff used did not enable them to complete the call if medicines had not been given.
- If errors occurred, we saw evidence that advice was sought from healthcare professionals. For example, 1 person's topical cream was not applied as prescribed on 1 occasion due to circumstances outside staff's control. The registered manager contacted the pharmacy to seek medical advice.
- Some people had been supported to manage their own medicines and measures had been put in place to enable this to happen safely. For example, some people had been given blister packs which alerted them when they needed to take their medicines. The provider had also provided people with accessible information about the medicines they took.

#### Preventing and controlling infection

- Staff attended training in infection prevention and control (IPC) and understood how to protect people from the risk of infection. Staff had access to personal protective equipment and people confirmed staff used this appropriately during their care visits. A member of staff had been designated as the IPC lead for the service and ensured standards were checked and audited regularly.



# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to the training and support they needed to support people safely and effectively. This included mandatory training and training in areas relevant to the people they supported, such as learning disability, autism, and epilepsy. Staff providing reablement support received training from the local authority reablement team.
- All staff completed the Care Certificate, a nationally recognised set of standards designed to ensure that all support workers have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care. Staff had opportunities to achieve further, relevant qualifications, such as the Qualifications and Credit Framework (QCF) Level 3 Diploma in Health and Social Care.
- All staff had an induction when they started work, which included shadowing colleagues to understand how people's care should be provided. Staff told us the induction process was comprehensive and had prepared them well for their roles. One member of staff said, "There was an induction process when I started the job. I went to the office to meet my manager, who briefed me about my job role and made sure I understood all aspects of the job. I then did some training and shadowed other staff members before I started."
- Staff met with their line managers for one-to-one supervision, which provided opportunities to discuss their performance, professional development and training needs. Staff told us they found supervision useful, with a member of staff saying, "It is a good chance to talk about if I have any concerns with work or in myself. I get asked how I find work is going, if there is anything I would like to achieve, what is going well. My line manager also checks what policies I have read and if there is any e-learning not done. They also ask if I want to do any more training, or what courses I would be interested in."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they used the service to ensure it was suitable for them. People receiving reablement support had an assessment and regular reviews by the local authority reablement team.
- People's support plans were personalised, holistic and reflected their individual needs and strengths. Support plans contained clear pathways to achieve people's individual goals and promoted strategies to enhance independence.

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

- Staff supported people to maintain good health. Some people told us they used their support hours when they attended hospital appointments and valued the support staff provided on these occasions. One person

said, "[Member of staff] took me into hospital last Tuesday as I needed 3 teeth removing and I was very stressed. She was brilliant; she was great to have around."

- Professionals told us staff monitored people's health effectively and made appropriate referrals if they had any concerns. A professional said, "County Care often raise concerns to the reablement team if they are concerned regarding individuals' health. This is often to inform that they have a concern and the appropriate actions they have taken to seek medical attention."
- The service encouraged people to attend annual health checks and shared easy read information to enable people to understand the benefits of these. Staff also encouraged people to maintain good oral health. We saw that care plan audits checked whether people had oral health care plans in place if they needed them.
- Staff worked effectively with other professionals to ensure people's healthcare needs were met. For example, staff monitored and recorded the fluid intake of a person with multiple sclerosis at the request of a specialist nurse supporting the person.
- Staff supported people to play an active role in maintaining their own health and wellbeing. For example, a person who had diabetes monitored their blood sugar levels, which staff recorded and made available to the diabetes nurse who monitored the person's condition.
- Staff had encouraged and supported people to develop hospital passports, which contained important information about their needs to be shared with medical staff in the event of an admission to hospital. Relatives highlighted the value of these documents, with 1 feedback form stating, 'County Care suggested we produce a hospital passport for [family member]. This document contained information regarding his needs, risks, medication, care received etc. This proved to be very useful during his number of hospital stays.'

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

- Staff supported people to make choices about what they ate and, where necessary, to prepare meals. One person told us, "I choose what meals I want, and staff help me cook them." Another person said, "They know I love cooking and they know I cannot do the prep myself, so they will do that for me; they will do the peeling and chopping."
- A relative told us staff encouraged their family member to make food choices based on healthy eating, which was beneficial for their family member's health and wellbeing. The relative said, "The carers support her to shop for things that are suitable for her, which is what she needs to stay healthy."
- People's dietary needs were discussed at their assessments and, if necessary, recorded in their care plans. None of the people using the service at the time of our inspection had specific dietary needs, such as texture-modified diets.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2002 (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, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the MCA. Staff attended training in the MCA and understood how its principles applied in their work. People were asked to record their consent to the care they received and confirmed staff asked for their permission before providing their care at each visit. One person told us, "I give my consent to [member of staff] on a daily basis."
- None of the people using the service at the time of our inspection lacked capacity to make decisions about their care, or were subject to community DoLS authorisations.
- The registered manager told us the service had supported people in the past who did not have capacity to make informed decisions about their care. The registered manager said the service had worked with the local authority to ensure mental capacity assessments were carried out as necessary and that relevant people had been consulted to ensure decisions were made in people's best interests.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- People felt valued by staff who showed genuine interest in their well-being and quality of life. People told us they got on well with the staff who supported them and enjoyed their company. One person said, "I have known [member of staff] for 10 years; she is a lovely lady. [Another member of staff] is very good too, she is an absolute star. I have got to know them all well." A feedback form stated, 'County Care thank you for keeping me safe, you are such good company, and I have made loads of friends. I love you so much.'
- Relatives told us staff were caring and said their family members had established positive relationships with the staff who supported them. A feedback form stated, '[Family member] has a great relationship with County Care staff. They always ensure [family member] is safe and happy and she responds very well to every carer.'
- Professionals told us staff were kind and caring and attentive to people's needs. One professional said, "Each staff member that I have been in contact with has been kind, caring and compassionate." Staff spoke positively about their roles and the people they supported. A member of staff told us, "I thoroughly enjoy my role, I enjoy the people I support. Best decision I ever made changing my job!"
- People received their care from consistent staff, which they said was important to them. One person told us, "I am very specific about which ladies I want; I like certain people to come. I love the girls I have now; they have bent over backwards to do everything I have asked them to do. I have one particular lady who is absolutely wonderful. She gets my sense of humour."
- Another person said they had not always seen regular staff when they began to use the service, but the consistency of care they received had improved, which had enhanced their experience of care. The person told us, "I now have a wonderful lady looking after me. I get on with her really well, she is great. I feel very happy and comfortable. They have done really well in finding her; it has really improved things for me."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff valued people as individuals and respected their decisions about their care. People told us staff knew their preferences about their care and did their best to accommodate these. One person said, "They make every effort to do things how I like them to be done."
- Relatives and professionals confirmed staff treated people with respect. One relative said of staff, "They are very respectful." A professional told us, "They speak about individuals in language that I would like my future care provider to speak about me."
- Promoting and enabling independence was the focus of the service. The registered manager told us, "We are all about enabling independence and encouraging people to do things for themselves. We have taken on people whose care plans said they needed personal care, but with support they no longer needed to

have personal care provided. That means we can use those hours to support people in a different way."

- Some people had moved from their family home into more independent living having been supported to develop the skills they needed to achieve this. In some cases, staff continued to provide outreach support to people to enable them to manage their day-to-day lives effectively, such as help with correspondence or planning their domestic routine.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff supported them to take part in a wide variety of activities they enjoyed and opportunities to try new activities. A feedback form stated, 'County Care help me with all my social needs. [Member of staff] goes out with me to the cinema and helps me engage with the community. She will also take me to the hairdressers. I enjoy going to cafés and bowling with her.'
- Many people had been supported to go on holidays to destinations of their choice and the provider organised an annual camping holiday, which was well-attended by people who used the service. The provider had also organised a number of events in response to people's wishes. For example, the provider had established a small-scale festival as many people wanted to attend a festival but were discouraged by the prospect of attending a large event.
- We read extremely positive feedback from people who had been supported to attend activities, which illustrated how much they had enjoyed them. For example, a person who had been supported to attend a football match commented, 'Tonight I had the most amazing, brilliant time thanks to County Care taking me to Stamford Bridge to watch my favourite team. I've had the best experience in my life and will never forget this evening out, thank you County Care!'
- Relatives spoke very highly of the positive impact the support their family members received had on their lives. One relative told us, "[Family member] loves live music, live theatre, the cinema. The carer takes her up to London on the coach for theatre trips. They run social events and she has taken advantage of those. They achieve so much in their 13 hours."
- Relatives told us their family members could use their support flexibly to meet their needs and that staff were willing to go the extra mile to support their family members to attend activities they enjoyed. One relative told us, "We can carry hours over if we need to. For example this Saturday [family member] and her carer noticed there was something on at a theatre they wanted to see. The carer does not normally work Saturdays, but she said she was willing to work that day so [family member] could see it. They are very good like that; they fit in with our needs superbly."
- Some people had been supported to take on voluntary roles, such as a person who volunteered at a local hospital each week with staff support. Others were supported to achieve paid employment and to sustain this if challenges occurred. For example, 1 person worked at a local supermarket but had experienced challenges because the employer had not fully understood the person's needs. Staff arranged and attended a meeting to discuss the issues the employer had and supported the person to understand the expectations of them in their role. As a result, the person was able to successfully continue their employment.
- People had been supported to make positive and valuable contributions to their local communities. For example, some people had volunteered with a food bank lunch project through the provider's Community

Skills Project, helping to prepare over 1500 lunches for distribution. Others had taken part in a cycling event raising money for a local charity providing independent advocacy to vulnerable adults and children.

- The service had enabled people to develop skills which ensured their right to family life was protected. For example, staff had supported a person who used the service and their partner when they became parents. Through the support of skilled staff, and training and support, the person and their partner were able to care for their child and achieve independence in this area.
- Staff had advocated for people when necessary to ensure their rights were respected and protected. A professional told us, "County Care has sought to make available advocacy to any service user who needs support and help with presenting their views."
- Staff promoted people's rights and had advocated for people when supporting them to ensure they were treated with respect. For example, at a medical consultation, a healthcare professional was speaking only to the member of staff supporting a person whose health was being discussed. The member of staff explained their role was to support the person receiving treatment to understand information and asked the healthcare professional to direct speak directly to the person themselves.
- The provider ensured people's rights under the Equality Act 2010 were respected and that people were not excluded from activities because of their protected characteristics. For example, a member of staff who had been instrumental in setting up a woodwork project had adapted the workspace to enable a person who used a wheelchair to attend. The person attended the project each week and we were told benefited greatly from their participation.
- Staff had supported people to overcome significant challenges, which had greatly improved their quality of life. For example, a member of staff had supported a person to become debt-free after they had received letters from debt collectors for overdue accounts. The member of staff supported the person to set up payment plans to clear their debt. The member of staff had also supported the person to apply for the benefits they were entitled to, which had improved their financial stability.
- Managers and staff had gone to great lengths to prevent people suffering social isolation. For example, the service had regularly enabled people who would otherwise spend the day alone to spend time with others on Christmas Day. Staff collected people from their homes and brought everyone together so they could enjoy a Christmas dinner with others. We met a member of staff whose sponsored marathon run raised funds for people who did not have families to have a meal and presents on Christmas Day. When lockdown restrictions were in place due to COVID-19, staff delivered Christmas meals and goodie bags of chocolate, fairy lights and bubble bath to people who lived on their own.
- Staff had enabled people to maintain contact with their friends and families when this would not have been possible without support. For example, some people had been supported by staff to visit their families in Sussex, Kent and Dorset. Another person was supported by staff to go out for the evening with old friends, something the person had not been able to do for over 10 years due to their physical disability. Following this, the person met with their friends on a regular basis, enabling them to re-establish their social network.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was highly personalised and planned to meet their individual needs and wishes. People's feedback highlighted the positive impact of the support they received. One person commented in a survey they had returned, 'They consistently provide excellent, respectful, caring, person-centred, supportive, & empowering care. Without them I would not have made the progress that I've made.'
- The provider involved people and their families in planning their care, which meant they felt consulted, listened to and valued. People's care and support plans were reviewed and updated as their needs changed. A feedback form from a relative stated, 'Things the team do well: the team are very professional, thorough, and good listeners, resulting in support plans reflecting [family member] as an individual and a good record of his needs. This in turn provided the carers with all the information to provide the service [family member]

required.'

- Professionals confirmed that people's care was planned in a person-centred way and helped ensure people lived empowered and fulfilling lives. One professional told us, "My experience with County Care has always been positive and I often speak of how person-centred that they come across. They appear to really value the people who use their service." Another professional said, "They always discuss individuals in a person-centred way and I can tell that they know the individual very well."
- The provider carefully considered people's personalities when planning their support and gave thought to which staff would be most likely establish a strong relationship with them. A relative told us, "They put staff in that [family member] can relate to, and that has made such a massive difference." A feedback form highlighted that 1 of the strengths of the service was, 'Matching carers to clients. Throughout the years, care was taken to ensure the right carers, with the right skills and personality were allocated to us. We believe this is so important when providing care in someone's home. It could be make or break.'
- People were valued as individuals and treated as equals by staff. When we asked whether there was anything the service did particularly well, 1 person told us, "Differentiating between each person, because everyone is different and has their own needs." Staff had opportunities for learning and reflective practice on equality and diversity, which influenced how the service was developed.
- The provider ensured people received their support in line with the principles of Right support, right care, right culture. This meant people were supported in a way that maximised their choices, independence, and ensured good access to local communities. For example, the provider had implemented a number of initiatives which enabled people to develop life skills and increase their independence and opportunities for employment. These included a Community Skills Project (CSP) where people were able to work in the on-site café and develop customer service, money management, and food preparation skills. The CSP also had an on-site studio from which a community radio station broadcast. A number of people were involved in creating and broadcasting content. One person told us, "I go to the CSP on a Thursday. I have been making a radio programme that goes out on a Thursday afternoon. It is called the healthy lifestyle show. I will choose a subject like diabetes and try and get someone in to talk about it. It has been amazing to do that and meet other people." The provider also ran a travel training project which supported people to develop the skills needed to travel independently.
- People told us the service was exceptionally flexible to meet their needs, including if their needs changed. One person said of staff, "They are so flexible; they will do everything they can to accommodate me. Another person told us their healthcare conditions meant the care they needed varied from day to day. The person said staff adapted the care they provided at each visit to take account of this, saying, "It depends on the day what I need doing; it is not set in stone, it is very flexible. They ask me what I need help with at each visit."
- Professionals spoke extremely highly of the flexibility of the service and the responsiveness of the registered manager. A professional commented in a survey, 'County Care have expedited the timely discharge of several patients that I have been working with. I nearly always deal with [registered manager]. [Registered manager] has always been extremely helpful and responsive. She is aware of the nature of the clients that we work with and adapts support accordingly to meet the needs of each client. Nothing seems to be too much trouble for County Care, they will always be flexible and do their best to support where possible.'
- Some people had been supported to regain their independence through reablement support following a stay in hospital. The provider's reablement team worked closely with the local authority reablement team to understand people's needs and the support they needed to regain their independence. A reablement professional told us, "County Care have been successful in achieving positive outcomes with individuals and enabling them to be independent within their own home, or reducing the need for formal support."

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.

- The provider information return (PIR) set out how the service ensured compliance with the AIS, stating, 'County Care follows the 5 steps which make up the Accessible Information Standard. At the referral stage we discuss the service user's communication and information-processing needs. We record this clearly and consistently on their records.'
- The PIR also highlighted how the provider ensured information provided to people who used the service was accessible to them, reporting, 'Any information that needs to be passed on to the service user will be communicated in the appropriate way. Methods include photos on support plans, easy-read documentation and forms, providing paperwork in large print, and also the ability to record messages/information through dictation and translation services.'
- We saw evidence that important information had been made available to people in ways that were accessible to them. For example, easy-read material had been provided to people to support their understanding of how to vote and comply with voter ID requirements in recent local elections. The provider had also sourced easy-read information about medical procedures for people, which enabled them to understand why their treatment was needed and what would happen during the procedure.

#### Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how any complaints would be managed. This was made available to people who used the service in ways they could understand. None of people we spoke with had complained, but all said they would feel comfortable raising concerns and were confident these would be dealt with appropriately. One person told us, "I know how to complain if I need to; I am confident it would be taken seriously if I did."
- Any complaints received had been investigated in line with the complaints procedure and action taken to resolve them. We saw that complaints had been used in a positive way to improve the service. For example, in response to a relative's complaint that their family member had not been informed about changes to their support times, the provider had improved the systems in place to ensure effective communication with people about any changes to their support.

#### End of life care and support

- The provider did not routinely provide end of life care but had provided care to people already using the service who had become terminally ill. For example, when a person using the service became unwell, they wished to continue receiving their care from their existing support workers. Staff supporting the person were given additional training and worked collaboratively with palliative care specialists until the person's needs increased to a point where they needed to move into a hospice.
- Professionals provided positive feedback about the care staff had provided to people towards the end of their lives and the support given to their families. A professional told us, "They have received many compliments and one that sticks out to me was a family they supported at the end of an individual's life. They provided the whole family with the support they required and treated the individual with such dignity and respect."

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- Senior managers promoted an open culture in which people who used the service, their families and staff were valued and listened to. Relatives told us the management team were approachable and available if they needed to discuss their family members' care. One relative said, "It is very well run. I can either email them or phone them if I need anything; they are always friendly and willing to talk things through."
- Professionals told us the registered manager led by example in their approach and behaviours. One professional said, "[Registered manager] always discusses individuals with obvious personal knowledge, which shows that she is aware of who is being supported in the service and their needs. She speaks of individuals in a person-centred way and with care and compassion." Another professional told us, "I speak with [registered manager] very regularly and have a positive professional relationship. [Registered manager] is very responsive and is always contactable when I need to discuss something with her."
- Staff were well-supported by the management team. Staff told us advice was available to them when they needed it and their managers took an interest in their wellbeing. One member of staff said, "I feel I am very supported by my manager as she always responds straight away to any questions or queries I have and she checks in with me regularly to make sure I'm comfortable and okay." Another member of staff told us, "I feel supported by the managers. If I ever need advice or support, they are quick to respond."
- Staff felt valued for the work they did and found their jobs satisfying and worthwhile. One member of staff told us, "They make everyone feel welcomed and valued as a team member, and will support and help guide you to become a great support worker for the community." Another member of staff said, "I am very happy in my job role and feel supported by all members of staff. I think County Care is an amazing place to work and the job is very rewarding."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance processes were effective and helped keep people safe, protect people's rights and provide good quality care and support. Senior staff had the skills, knowledge and experience to perform their roles and a clear oversight of the services they managed. They understood and demonstrated compliance with regulatory and legislative requirements.
- Key areas of the service were checked and audited regularly, including accidents and incidents, complaints, safeguarding and staff training. Visit times were monitored through the app used by staff, with any late calls flagged to the office for action. Managers carried out spot checks on staff to ensure care was being provided safely and in line with people's care plans. The provider had developed a business

contingency plan to ensure people would continue to receive their care in the event of an emergency.

- Staff told us they felt able to speak up if they had suggestions or concerns and said their views were listened to by their managers. One member of staff told us, "I definitely feel that I can speak up if I have any ideas or concerns as I have done this many times. My manager always takes any suggestions on board and responds to them positively."
- Relatives told us staff shared important information about their family member's needs to ensure they provided support in a consistent way. A feedback form stated, 'There are good reporting systems and handovers. This changed over the years from a paper recording system in the home to online. From our experience all the team were kept up to date with [family member's] requirements.'

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

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.

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

- There was a commitment to involving to listening to and acting on feedback from people who used the service, their families, staff and other stakeholders. The provider distributed satisfaction surveys to people who used the service, their families and professionals each year. People were asked whether they felt listened to, whether staff supported them to be independent, and whether staff were appropriately trained to provide their care. Professionals were asked whether staff worked collaboratively with them and followed their advice and guidance.
- The provider took action in response to any feedback received. For example, some people said they were not aware of the cancellation of visit policy, mileage rates that may be payable or important contact numbers. The provider introduced a checklist to ensure people had received all this information before they used the service.
- Surveys were also distributed annually to staff. Staff were asked questions including whether they had the training and support they needed, whether care plans accurately reflected people's needs, and whether information was communicated to them in a timely manner. Where staff identified areas for potential improvements, the provider fed back to staff about the actions they would take to address these.
- The provider responded well to the feedback we received from staff, which we shared during the inspection. For example, some staff said they did not always get sufficient breaks during long shifts and others told us they would welcome support with the upkeep of their cars. In response to this feedback, the registered manager spoke with team leaders about scheduling breaks for staff and agreed to discuss how staff could be supported with maintaining their vehicles.
- The provider had a staff recognition scheme which included 'Going the extra mile' and employee of the month awards. Employee of the month award winners were rewarded with a stay in holiday accommodation owned by the provider. The provider also organised events for staff, such as summer barbecue and an annual Christmas party, and celebrated long service with gifts for staff who had completed 5 and 10 years of service.

Working in partnership with others

- Professionals told us the management team worked effectively with them to ensure people's care was planned and co-ordinated well. A mental health professional told us, "[Registered manager] is great at communicating, she is prompt with her replying and asks good questions. Where possible County Care attend the discharge CPA [Care Programme Approach] meeting via Teams to ensure a good transfer of care.' The Care Programme Approach aims to identify the health and social needs of people with mental health

needs before they are discharged from hospital.

- Reablement professionals said the management team worked in partnership with them to make sure people received consistent support in a timely way. A reablement professional told us, "County Care are fantastic with communicating with in-house [local authority] reablement. We hear from them with any concerns, if they require advice or support and they always meet our 2-hour response time for referrals. They are clear, concise and leave no room for misinterpretation. They are easily contactable through phone, email and Teams meeting."