

Country Carers Limited

Country Carers Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection at Country Carers Limited (Ltd) on 15 December 2015 where a breach of Regulation was found. We issued a requirement notice for this breach. As a result we undertook an inspection to follow up on whether the required actions had been taken. At this inspection we found significant improvements had taken place and the breach in Regulation had been met.

This inspection took place between the 27 April 2017 and 4 May 2017. We visited the office of Country Carers Ltd on 27 April 2017. This was an announced inspection. This means the provider was given notice due to it being a domiciliary care agency and we needed to ensure someone was available. The inspection involved a visit to the agency's office and telephone conversations with people, their relatives and staff, between the beginning and end dates.

Country Carers Ltd is a domiciliary care company based in Rye. They provide support and care for predominately older people living in their own homes. The age range of people receiving support was to 51-91 years of age. People had been assessed at risk of falls and some had long term healthcare needs such as Parkinson's and diabetes and people were living with dementia type illnesses.

Country Carers Ltd provide their services within an approximate 15-20 mile radius from their office in Rye. The catchment area is predominately rural. At the time of our inspection 58 people were using the service. There was a registered manager in post, a registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At Country Carers Ltd, the registered manager was also the provider.

We found the provider did not have a consistent approach to assessing people's mental capacity in line with good practice. This meant staff could not be assured people who lived with dementia type illnesses had the capacity to consent to all decisions and aspects of their daily living care routines.

People spoke positively about the services they received from Country Carers Ltd and told us they felt safe using their services. Comments from a person included, "I have been delighted with the service." Staff had an understanding of safeguarding and different types of abuse and how to raise and escalate any concerns they had for people's wellbeing and safety.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines records were audited and reviewed to check for errors or omissions.

There were enough staff to meet people's care needs and staff had regular training, supervision and appraisal to support them. Staff gave positive feedback about the quality of the training and people who use the service said staff were well trained. Appropriate pre-employment checks had been completed before

staff began working for the provider.

People's care and support needs were assessed and routinely re-assessed. Care plans were developed to detail how these needs should be met. People and their relatives told us they felt involved in their care. Most people's care plans were detailed and provided clear guidance to staff to be able to provide the individualised care. People knew how to make a complaint or raise concerns with the registered manager. There was an appropriate complaints system in place.

People told us they were supported by friendly, reliable and caring staff who respected their privacy and promoted their independence. People who needed it were supported to eat and drink enough and staff knew what to do if they thought someone was at risk of not eating or drinking sufficient amounts. People were supported with their day to day health care needs.

Incidents and accidents were investigated and action taken to reduce the risk of them being repeated.

The service was well led by an effective registered manager and office staff team. There was a commitment to provide high quality care which was tailored to people's individual choices and preferences.

Regular audits and governance systems were in place to ensure people experienced safe and good quality care. People were asked for their feedback about the quality of the service, and where areas for improvement were identified appropriate action was taken.

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 using the services the provider offered and staff were confident in identifying types of abuse.

Risk assessments were completed to ensure people were looked after safely and accidents or incidents were appropriately reported and investigated.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed. There were enough staff to meet people's needs.

People were supported to take their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider did not have a consistent approach to assessing people's the mental capacity.

Staff had access to a range of training which enabled them to support people effectively.

People who required assistance with food and drink were supported appropriately.

Is the service caring?

Good ●

The service was caring. People gave positive feedback about the care and support they received.

People experienced care from staff who were kind and compassionate. People's privacy and dignity was respected and their independence promoted.

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

People's confidentiality was protected by staff correctly following

the providers policy.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were regularly reviewed and their care plans were up to date. People were able to express their views about their choices and preferences.

Staff knew what people's preferences were and how to meet them.

People knew how to make a complaint and assured they would be responded to if they raised concerns.

Is the service well-led?

Good ●

The service was well led.

Feedback from people and staff about the quality of the leadership was positive.

Staff were well motivated, felt involved and well communicated with.

There were systems in place to monitor the quality of the service and any areas for improvement identified were dealt with quickly.

Country Carers 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 between the 27 April 2017 and 4 May 2017. This was an announced inspection. 48 hours' notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection was undertaken by one inspector.

During the inspection process we spoke with ten people who used the service and two relatives. We asked what it was like to receive care and support from Country Carers Ltd. We reviewed eight people's care plans and associated records. We spoke with seven staff, the personnel manager and the provider who was also the registered manager.

We looked at staff's recruitment, supervision and training records, and spoke with the provider about the systems in place for monitoring the quality of care people received. We reviewed comments staff had made in a feedback survey and looked at a variety of the service's policies such as those relating to accidents and incidents, medicines, complaints and quality assurance.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives, staff and community professionals. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

People told us they believed Country Carers Ltd offered a safe service and felt safe whilst they were being supported by staff. Of the people who responded to our pre-inspection survey, 24 (100%) told us they felt safe whilst using the services provided. One person said, "I have always felt very safe when they come and see me."

At our last inspection in December 2015 we found some areas related to the support people received with their medicines required improvement. Areas we identified shortfalls in were record keeping in people's medicine administration records (MAR) and staff not consistently following the providers medicines policy if required to leave medicines out for people to take at a later point. At this inspection we found there had been improvements in both areas. Since our previous inspection the provider had established more robust systems to identify and investigate gaps in MAR. The registered manager said, "We have worked hard to make improvements; there are the occasional gap but these are picked up and investigated." People told us they were happy with the support they received with their medicines and considered staff were well trained and confident. One relative said, "I never have any worries about the carers and the help they give with medication, they all know what they are doing." A staff member told us, "When a senior comes round to do a spot check they also check that we are doing medication properly."

The provider had policies which provided staff with guidance on how to respect people's rights and keep them safe from harm. These included systems on protecting people from harm and abuse. Records confirmed staff received safeguarding training on an annual basis. Staff demonstrated a good understanding and were able to describe the different types of abuse and the various reporting mechanisms to escalate their concerns if required. A senior staff member said, "We have play an important part in keeping clients safe and picking up on things if they don't seem right, I would always report any worries I had."

The provider was managing risks associated with supporting people in their own home well. The registered manager said, "Every clients home we go into is unique and will present its own risks which need to be carefully assessed." Risks were assessed when people began using the services of Country Carers Ltd and then routinely reviewed along with people's support needs. Senior staff undertook initial risk and care needs assessments; the effectiveness of these were then followed up by consulting with people and staff after a two week period to assure these had been appropriate. Information collected via risk assessments included areas such as continence, skin condition and mobility and where appropriate for specialist equipment. Environmental risks were assessed and reviewed. A staff member said, "New hazards can appear very quickly, such as if a client's mobility deteriorates."

If people had been involved in an accident or incident staff had recorded their involvement and the actions they had taken on a dedicated form. These had been completed in in detail and provided clear time lines to events so as if further investigation or enquires were required they could be used as a reference for external agencies. Staff knew how and where to record information. Once documentation had been completed it was returned to the office and follow up actions and sign off was completed by a member of senior staff. The

registered manager said, "It would be unlikely that by the time I saw the form I didn't know about any incident already but I make sure I sign them all off and the information gets fed back into clients care plans."

People and their relatives were happy with staffing levels. Staffing levels for individual care calls were determined during a person's initial assessment of needs. This was reviewed in line with any change in needs or when care reviews were undertaken. People told us they felt that staffing levels were correct for their calls. One person's relative said, "My wife needs two carers for most calls but just one in the evening, we've not had any issues, always here round abouts when they should be."

The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. Records demonstrated staff had been recruited in line with safe practice. Previous employment histories had been requested, employment references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff who provided transport to people in their own vehicles to appointments had all appropriate checks completed to ensure they were safe to do so.

The provider had made provision to mitigate the impact of unforeseen occurrences. Many of the people supported lived in rural locations and the provider had developed contingency plans such as access to 4 x 4 vehicles if required. An adverse weather risk matrix had been produced that identified those people who could not go without support. The provider had a 'pool' vehicle that was made available to staff should their own car be required to be repaired at short notice.

Is the service effective?

Our findings

At our last inspection in December 2015 we found some areas related to new staff's induction and established staff completing refresher and update training in a timely manner. At this inspection we found there had been significant improvements in both these areas.

However we found some shortfalls in how best interest decisions had been reached for people who lacked capacity for aspects of their daily living routines. Care documentation did not consistently identify how best interest decisions had been reached and who had been involved. The Mental Capacity Act (2005) (MCA) requires decisions made on the behalf of people who lack capacity should be decision specific and identify how the decision had been reached. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves, for example with medicines. The provider had not routinely completed capacity assessments; however care and support was being provided to people who were living with dementia type illness. The registered manager was able to demonstrate that MCA assessments were in the process of being developed and had an understanding of the areas they would progress to improve in this area. Staff did have knowledge of consent and aware routine daily care decisions they made for people who lacked capacity had to be in their best interests. A staff member told us, "I support clients, whose understanding of aspects of their care can change on a regular basis, being aware and sensitive of this is important." The registered manager acknowledged they would include additional content and assessment in care documentation which addressed the MCA; in addition the registered manager assigned further e-learning training to staff in this area during our inspection. This is an area that requires improvement.

Care staff spoke positively of the training and support they had received. A new member of staff told us how during their induction they had 'shadowed' more experienced members of care staff until they were considered competent to work unsupervised. The new staff member said, "It was nice to be able to see how different staff supported clients as everyone has their own approach." Staff accessed additional training specific to people's support needs, for example around food hygiene and diabetes. The administration associated with identifying when staff required refreshers and updates was well organised and staff told us they found the training they completed helpful. One staff member said, "You always learn something new as things never stand still." Another staff member told us how their moving and handling training had been important when they were required to support a person who had fallen. There were opportunities for staff to complete further accredited training such as NVQ (National Vocational Training). NVQ's are work based awards that are achieved through assessment and training. To achieve NVQ candidates must have proved that they have the ability and competence to carry out their job to the required standard. One member of staff said, "This is my first job working in care; I am signed up and completing the care certificate and NVQ."

Staff supervision took place on a rolling three month basis. Staff told us that whilst they were working in people's homes they underwent 'spot checks' by senior staff. Records indicated staff would have two a year unless a concern with performance was identified. Outcomes from staff 'spot checks' were discussed at face to face supervision meetings. Supervision minutes identified staff were provided with an opportunity to discuss all aspects of their role including additional training opportunities. Staff told us these meetings were

helpful and felt supported in their role. One staff member told us said, "Everyone in the office is very helpful, the supervision is a chance to bring up anything related to clients or how work is going."

People and their relatives spoke positively regarding the support they had received from the service in regard to their involvement in accessing appropriate care from health care professionals. One person told us, "They (the staff) always make sure I am ok, they have got hold of my GP for me in the past." Staff told us they were clear on their duties and responsibilities as carers and if there were changes in people's health and well-being they would raise these concerns with the provider and other health care professionals.

Staff told us that they regularly supported people with meal preparation. Where appropriate people's nutritional needs had been assessed and guidance made available for staff. People told us staff were efficient at getting their meals ready; one person said, "They make it look easy, and will offer to rustle something up I fancy if I've not got much of an appetite." People's food and drink preferences were within people's care plans and reminded staff to respect people's choices. A person's relative said, "I have been impressed with the service, they have really assisted with food shopping and supplies if we have asked." One staff member said, "One of my first questions is to ask what the client has eaten and drunk which can often indicate how they are feeling."

Is the service caring?

Our findings

People were positive about the staff that supported them. Of the people who responded to our pre-inspection survey, 24 (100%) stated care staff were 'caring and kind'. People spoke of the 'good relationships' they had with the staff that came into their homes. One person told us, "Really has been the best move I made, I can't speak highly enough of the carers that come and see me."

People told us staff were reliable and mostly came at the times they expected. One person's relative told us, "Bearing in mind we are pretty remote staff are very punctual, on the rare occasion they have been a few minutes late we have had a call," People said staff were approachable and friendly and liked that staff chatted with them whilst completing their caring duties. The registered manager said, "We might be the only the only interaction they have that day so I encourage my staff to make their visit count." People told us they routinely had the same carers supporting them. The registered manager told us the good level of staff continuity attributed to staff building good relations with people.

Care documentation demonstrated people had been involved in planning their care and the routines staff followed. A person's relative told us, "We have worked closely with the agency to get the care calls just the way we want them and that work for us." People told us they were regularly asked about the care they received. One person told us, "I recall a recent phone call from the office asking how things were going with the carers." People told us staff completed documentation when they visited them; this captured the tasks completed by the carer but also how the person was such as their mood and wellbeing. A person's relative said, "I will flick through the carers notes as it gives me a picture of how they (the person) have been since I saw them last."

People spoke of the importance the service played in enabling them to remain living at home. One person had written in recent feedback, 'I know I wouldn't be able to stay at home without Country Carers.' Staff acknowledged the significance of supporting people to remain independent. A staff member said, "I often have to stop myself doing a job if the client is able to do it themselves, with the right encouragement clients can do more than you think." Staff were also sensitive to how people's health conditions impacted on their daily routines, a staff member said, "A client I support needs more time to process information, giving them that time reply really helps them to make decisions."

Staff provided examples of how they respected people's privacy and dignity during their time in people's home; these included covering people appropriately whilst supporting with personal care. One staff member said, "If a client has a friend or relative visiting when I am there I will also make sure they are given their privacy." Staff showed a caring attitude towards people. One staff member said "I really love my job, clients and their families become important to you." A person's relative said, "They have gone above and beyond for us; they (care staff) stayed on for an hour or so recently whilst we waited for the repairman to come out to fix a piece of faulty equipment."

Staff understood the importance of protecting people's personal data and information held within care documentation. The service's new electronic system had appropriate password protection installed to

secure information stored on care staff's hand held devices. Care records were also stored securely in the office and another copy was kept within people's homes. The provider had taken steps to ensure people's records that were held electronically were 'backed up' securely at a different location.

Is the service responsive?

Our findings

At our last inspection we found examples where care documentation had not provided clear guidance for staff on how to meet people's assessed support needs. Care plans were mainly focused on tasks for care staff. At this inspection we found there had been improvements in how care plans were written. One staff member said, "There has been a real push in the office to improve the paperwork for us."

People's support needs continued to be assessed by a senior member of staff prior to them receiving care. The registered manager told us, "I redesigned the assessment tool and care plan we use following our last inspection, they are more detailed." Care plans now had additional headings which linked directly to people's support needs, the registered manager acknowledged this transition had been a 'culture shift' and they continued to embed this within care documentation. They said, "It's still work in progress and improving as we go." We saw examples where there was a good level of detail; such as guidance for staff to support a person who had difficulty walking down stairs. The care plan stated, 'X' will lean to the left as they go down (steps) this is usual and will assist them to remain steady.' People's daily care notes were returned on a regular basis to the office; they provided clear descriptors of the support provided and people's moods and behaviours.

People and their relatives, where appropriate, were involved in developing their care plans and were well supported to make their preferences and choices known. Of the people who responded to our pre-inspection survey, 24 (100%) stated they felt, 'involved in decision made about their care and support.' Since our last inspection the registered manager had established a new system to capture how people's care plans were working after a two week period. They said, "We now routinely call and assess how effective the care plan is and make appropriate changes if required." Additional reviews took place at three and then six months. We saw a person's comment collected via their recent three month review; it stated, 'Carer's are lovely girls, I'm very happy with my care so far.'

Along with routine scheduled reviews of care the provider undertook annual satisfaction surveys. A survey had been sent out to people shortly before our inspection in April 2017. Although still awaiting responses from people 26 had been returned and the feedback was positive. One comment from a person's relative stated, 'I've learnt a lot from the carers on how to support 'X' when they are not here.'

A member of the office staff told us of a recent occasion where the newly established electronic software had enabled a responsive approach. They said, "We picked up where a care call had been completed in 45 minutes rather than the hour scheduled; we called and spoke to the client and they told us 45 minutes was enough so we reduced it immediately." No people identified concerns with missed or late care calls. Staff told us they had sufficient travel time between care calls and were given sufficient time to spend with people; and if they ever felt rushed they would raise this concern with the office. One member of care staff said, "The office staff will always listen and review a client if we raise an issue." We saw evidence the provider had liaised with families and commissioners regarding the amount of time people had with care staff to ensure needs were responded to.

People and their relatives told us they knew how, and would be confident, to raise a complaint or concern with the provider. A person said, "Whenever I phone the office my queries are sorted out, very efficient. The provider had a complaints policy and people received information in a suitable format when they began using the service. The guidance for people contained whom to contact if the complaint was not resolved to their satisfaction. Care staff told us they would support a person to resolve an issue if it was brought to their attention. At the time of our inspection no formal complaints had been received.

The service provided people with a telephone number where they could speak to a member of staff at any time; people told us they were aware of this number. The 'out of hours' number was rotated around the senior members of staff. A staff member said, "Since the new system we can access staff rota's easily when not in the office so sorting out of hours issues is a lot more straight forward."

Is the service well-led?

Our findings

At our last inspection in December 2015 we found the service was not consistently well led and the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to shortfalls and omissions in the provider's governance systems which meant they did not always have clear oversight of the service.

An action plan was submitted by the provider detailing how they would meet their legal requirements. At this inspection we found the provider had taken steps to significantly improve the systems which monitored the running of the service and was now meeting the requirements of the Regulation.

The registered manager was also the provider at Country Carers Ltd. The registered manager was supported by three staff that were predominately office based; one of whom took the lead for recruitment, supervision and training. The provider used the services of external consultants to provide specialised support in areas such as HR and health and safety when required.

At our last inspection gaps in the provider's quality assurance processes meant they did not always have oversight in areas such as recording and tracking late or missed care calls and accident and incidents and people's MAR.

At this inspection we found there had been significant improvements in these areas. The provider had recently begun to use an electronic software package to manage aspects of the operation. The software supported office staff to rota staff; track care staff's 'live' progress and allowed quick interchange of staff if the operation required adjustment. Each member of care staff had a handset which they used to access a range of data such as their rota for the week. A staff member said, "It makes it much quicker to just tap in and tap out of a client's home and the office staff know immediately we are there." We observed office staff sending operational updates to staff's handsets with information that would be helpful to them prior to visiting a person. Office staff were able to see if and when these messages had been read. A member of office staff said, "The system is still new but it has been really excellent so far, makes everything work so much more efficiently." Another staff member said, "We can quickly spot if a carer has got a gap in their day and then fill it if we need to, makes us much more flexible."

A central folder which collated all accident and incidents had been established which allowed senior staff to track and audit this information. All accidents and incidents had been signed off by the registered manager and where appropriate had follow up actions which linked back to risk assessments and care plans. MAR's were now routinely returned to the office and where senior staff audited them for errors and omissions. Other audits were in place such as tracking the number of times people had different staff provide their care. The registered manager told us this helped reduce the likelihood of people not having continuity of care from staff. The registered manager said, "We have worked hard to sort out the areas that were picked up at our last inspection."

Staff meetings had taken place on a three month rolling basis, these had been well attended and meeting

minutes identified a range of issues had been discussed and feedback gained from staff. A staff member said, "Meetings are held on multiple days to enable as many staff as possible to attend."

People and staff spoke positively of the services leadership. A person said, "The manager often comes out to me to do my care, they are very good." A staff member said, "The manager splits their time between the office and doing care, they know all the clients and are very hands on." Staff told us that they liked working for Country Carers Ltd; they said senior staff were accessible and felt comfortable approaching them to raise any concerns or issues.

The registered manager engaged positively with the inspection process and where an area for improvement was identified, such as incorporating mental capacity within care plans, took immediate actions to begin to address the shortfall. A senior member of staff said, "The manager is very proactive and won't shy away from sorting anything if there is a problem."

People continued to receive information about the service's vision and aims when they began using the service. Staff were familiar with these and told us the service provided care which was focused on keeping people independent.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the provider is required by law to inform us of.