

## Two Counties Care Limited

# Two Counties Care Limited

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 12 and 21 June 2018 and was announced.

The service has not previously been inspected since the registered office moved to its new location.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection there were 37 people using the service, 26 of whom received the regulated activity personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received a service that was safe. Risk management plans were in place, reviewed regularly and gave staff clear guidance on how to keep people safe. Staff knew how to identify, report, escalate and record suspected abuse.

People's medicines were managed safely. People confirmed they received their medicines as intended by the prescribing pharmacist. Issues identified during the inspection in relation to the recording of medicines, was addressed promptly.

People received care and support from sufficient numbers of staff to meet their needs. Staff received on-going training to enhance their skills and knowledge. Staff continued to reflect on their working practices through regular supervisions.

The service had robust systems in place to manage the risk of cross contamination. Staff received personal protective equipment to ensure they adhered to the provider's infection control policy.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received training in the Mental Capacity Act and the importance of gaining consent.

People received support and guidance where agreed in their care package, with food preparation. People confirmed they were happy with the support they received and staff members always ensured food and drink was available to them and within reach.

People confirmed they received care from staff that demonstrated compassion, empathy, kindness and treated them with respect. Staff were aware of their responsibility in delivering care that met people's emotional well-being.

The service continually monitored people's dependency levels to ensure the care provided was in line with their needs. People were encouraged to be independent wherever possible, where changes were identified, this was shared with all staff members to ensure the care provided was adapted accordingly.

Staff were aware of the importance of maintaining people's confidentiality. Records were stored securely with only those with authorisation having access to them.

The service maintained care plans that detailed people's care needs and gave staff guidance on how to meet their needs in line with their preferences. People were consulted on their care plans which were reviewed regularly to reflect people's changing needs.

People were aware of how to raise a complaint, staff were also aware on how to respond, document and report complaints. The service had a complaints policy in place that encouraged positive outcomes in a timely manner.

Where agreed in people's care packages, people were supported to access the community and engage in meaningful activities.

People's end of life care plans were not always completed, however on the second day of inspection the provider had taken reasonable steps to ensure these were completed and regularly reviewed to reflect people's wishes at the end of their lives.

The provider carried out regular audits of the service to analyse and drive improvements. Where issues were identified the service acted to minimise the impact on people.

Staff demonstrated the values of the service.

People, their relatives and staff spoke positively about the registered manager and management team. People found the registered manager approachable, open to ideas and inclusive.

The service actively encouraged partnership working with other healthcare professionals to drive improvements.

## 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 received support from staff that were aware of how to identify, report and escalate suspected abuse. Staff received training in safeguarding.

People were protected against the risk of avoidable harm as risk management plans were up to date and gave staff guidance on how to minimise risks.

People received support from sufficient numbers of suitable staff to keep them safe. Staff underwent comprehensive pre-employment checks to ensure their suitability.

People's medicines were managed in line with good practice. People received their medicine as intended.

The provider had systems and processes in place to safely manage infection control and cross contamination.

### Is the service effective?

Good ●

The service was effective. Staff received on-going training to enhance their skills and knowledge.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received training about consent.

Where agreed in people's care package, people were supported to prepare meals that met their dietary requirements and preferences.

### Is the service caring?

Good ●

The service was caring. People received care and support from people that treated them with respect, maintained their dignity and encouraged their independence.

People had their diversity encouraged and were treated equally.

Staff were aware of the importance of maintaining people's confidentiality.

### Is the service responsive?

Good 

The service was responsive. People received care and support that was person centred and responsive to their needs.

People's needs were assessed to ensure the service could meet their needs, prior to using the service.

Where agreed in people's care packages, people were supported to access the community and engage in meaningful activities.

People were supported to raise concerns and complaints. The provider had systems in place to respond to complaints raised in a timely manner.

### Is the service well-led?

Good 

The service was well-led. People's views of the care provided was regularly sought and analysed to improve the service delivery.

The registered manager carried out audits of the service, where issues were identified action was taken to minimise the impact on people.

Staff demonstrated the values of the service.

People, their relatives and staff spoke highly of the registered manager and found her approachable and encouraging of their views.

The service encouraged partnership working with other healthcare professionals to drive improvements.

# Two Counties Care 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.

This inspection took place on 12 and 21 June 2018 and was unannounced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

We reviewed the information we held about the service prior to the inspection, this included for example, information shared with us from members of the public, health care professionals and the Providers Information Return (PIR). A PIR is a document the provider sends us, to share key information on how and what the service does well and any areas of improvement they plan to make.

During the inspection we contacted seven people, three relatives and two healthcare professionals to gather their views of the service. We also spoke with three care staff, the deputy manager and the registered manager. We reviewed six care plans, five staff files, the training matrix and other records relating to the management of the service.

# Is the service safe?

## Our findings

People and their relatives were confident the support they received from staff members ensured their safety. For example, one person said, "Yes, we know who's coming to support us and we feel safe." A relative told us, "No concerns about safety of the service."

People were protected against the risk of abuse, as staff received training in safeguarding. A healthcare professional said, "There are no concerns and no on-going safeguarding at present." A staff member told us, "I would contact the registered manager straight away. I'd offer reassurance [to the person] and write a report. If [registered manager] didn't do anything I would take it higher, let the Commission and local authority know." Staff had a clear understanding of the provider's safeguarding policy and how to implement the policy should they suspect abuse was taking place.

People were protected against avoidable harm as the registered manager had developed risk management plans. Staff were aware of the importance of reviewing risk assessments regularly and sharing the information with the registered manager, to ensure people remained safe. Risk management plans were detailed and gave staff clear guidance on how to mitigate the risks, to ensure they were current and reflected people's changing needs. Risk management plans covered, for example, moving and handling, behaviours, mental health, medicine management and infection control.

People confirmed there were sufficient numbers of staff to keep them safe. Records confirmed the service had adequate numbers of staff available to meet people's needs. Staff files showed staff underwent pre-employment checks, to check their suitability. We reviewed staff files and found these contained two satisfactory references, employment history, application form and a Disclosure and Barring Services (DBS) check. We identified one DBS for had not been updated for a period of 9 years before a new one was obtained. We raised our concerns with the registered manager who told us they would take action to address this. On the second day of the inspection the registered manager had implemented a self-disclosure form for staff to sign regularly, detailing if they had been subject to a police caution or conviction. The registered manager also told us they would putting in place a schedule to ensure all DBS's are renewed in line with good practice. We were satisfied with their response.

People's medicines were managed safely and in line with the prescribing pharmacist. One person told us, "I have no concerns with my medicines, the staff help me and are helpful." A relative said, "Staff don't usually help with [relatives] medicine, that's something we as a family organise. When we have been away, we've asked [the service] to prompt [relative] to take the medicines and there's been no problems with that so far." A staff member said, "Contact the [registered] manager if there is an error. We always watch people take their medicines then sign [the MAR]. If people refuse or haven't had their medicines we report it." Medicines administered were recorded on the Medicine Administration Record (MAR) and contained information such as, which medicine, what dose, the time it should be administered and the route. A key code system had been implemented and used, which identified when a person had not received their medicines and the reason as to why. For example, if the person was in hospital or had refused.

The service had systems in place to manage the risk of cross contamination and ensure effective infection control practices were followed. One staff member said, "We have personal protective equipment on us all the time. We come into the office and collect what we need. There's always equipment in the office and someone willing to bring it to you if you need it." Risk management plans identified any infection control risks, which staff had read and understood. Staff received training in infection prevention and control awareness.



## Is the service effective?

### Our findings

People and their relatives spoke positively about staff members skill and knowledge, with one person stating, "They [staff members] are all aware of what they need to do and I would assume they've all had the same training as they're all of a good standard."

Staff received on-going training to enhance their skills and knowledge. One staff member told us, "Pressure care training was really good, the training helped you recognise the signs, what to look out for and where and gave you options on how to report concerns. I enjoyed the food hygiene because we deal with food every day, makes you check for dates on food and labels." Another staff member said, "The last training I had was first aid (basic life support), that's always beneficial to both inside and outside work." Staff training included fire safety, first aid, food hygiene, dementia awareness, medicine awareness and handling and health and safety. At the time of the inspection 80% of staff employed had completed a minimum of the National Vocational Qualification in Health and Social Care training level two.

Upon successful employment, staff were supported to undertake an induction. One staff member told us, "We were given a handbook and I shadowed [a more experienced member of staff] for a minimum of a week. When we shadow we tell the office if they were competent and if they needed any support or training in another area." The induction process was split into two parts, those staff who had not previously worked in the healthcare field were supported to undertake additional training in principles of care and confidentiality, person centred care and role of the care worker. All staff received training in the provider's policies and shadowed experienced staff until they were deemed competent to work without direct support.

People received support from staff that reflected on their working practices through regular supervisions and an annual appraisal. One staff member said, "Very regularly I have a supervision, its every two months. But we're always in the office if there are any concerns we want to discuss." Another staff member told us, "In the supervisions are for if you have any issues with clients, staff or training. We also talk about performance." Records confirmed staff received a supervision every two months, this enabled the registered manager to ensure they were abreast of any concerns or additional support staff members may require. Supervisions covered, for example, concerns raised at the previous meeting, client issues, staffing issues and learning requirements. Staff were also encouraged to raise any other matters they wished and were also supported to bring forward their supervision if they felt it necessary.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. Staff had an in-depth understanding of the MCA. One staff member told us, "The MCA is there to review if someone has the capacity to make decisions and remain independent. If not to then start the process of putting things in

place to either remain independent or alternatives to be arranged. This is done in a best interest meeting, the registered manager, person, family members, advocate and healthcare professionals are involved."

People confirmed staff sought their consent to care and treatment prior to this being delivered. One relative said, "Staff will ask if [relative] would like help with things, if the answer is no, then they [staff members] won't do it." A staff member said, "We ask [people's permission], we talk to them. Try to encourage them, lots of encouragement. If they refuse you accept their decision, document and report it." Staff were aware of the importance in ensuring people gave consent to support and were respectful of people's decision.

Where agreed in people's care packages people were supported to access sufficient food and drink that met their dietary requirements and preferences. People spoke positively about the support they received with helping to prepare or having their meals prepared for them. A staff member said, "One person was lactose intolerant, so we made sure they didn't have any dairy. People with diabetes, we make sure they eat at the right time and monitor the food intake, encourage them to take their blood sugar levels. If their blood sugar levels drop we would report to the [registered] manager and make sure they are given enough food and contact the GP or 111." People also confirmed staff always left food and drinks within hands reach for them to access later if they wished.

The service had recently implement supporting people to attend healthcare professional appointments, for example, the G.P, hospital and clinics. People confirmed they would inform the office of the dates and time they required additional support and this would be provided. This meant that people's health and well-being was monitored and maintained.

## Is the service caring?

### Our findings

People and their relatives spoke highly of the care and support they received at Two Counties Care. One person said, "They're [staff members] really nice people, I like them." Another person told us, "I Think the staff are excellent, wonderful and nice." A relative said, "They [staff members] help us a great deal and are caring. You can't fault them." People received care and support from staff that demonstrated compassion, kindness, respect and empathy. Staff spoke about people they supported passionately and had a clear understanding of their needs, wants and wishes.

People confirmed staff maintained their privacy, dignity and encouraged their independence where possible. Staff were aware of the importance of ensuring people's privacy was respected. People's independence levels were monitored and support adjusted accordingly. Care plans were regularly reviewed to ensure dependency levels were appropriate and met people's changing needs. One staff member said, "We try to encourage people and [provide] options, especially if it's to do with socialising. Maybe bring in outside professionals to do things."

The service encouraged people to express their views and took their views on board. One relative told us, "They ask [relative] what she wants and what she thinks." The provider ensured people's views were considered regularly to drive improvements. On both days of the inspection office staff were visiting people gathering their views, and care plans were updated accordingly.

People's diversity was welcomed and people were treated equally. Staff were aware of people's need to acknowledge their culture and faith. One staff member told us, "I would always take it upon myself to help people and learn about any differing religions, I'd like to make sure I'm delivering care in a way they wanted and not to upset them." Another staff member said, "We have a lot of people that take themselves to church and are independent enough to do it. We would support them if required."

People's right to confidentiality was monitored and kept securely. One staff member said, "Everything is confidential and we follow the policy. If we are unsure we always have someone to ring and ask if needed." Confidential documentation was stored in locked cabinets with only authorised personnel having access to these documents. Records kept electronically were accessible only to staff who were provided a password.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. One relative told us, "Before we joined they [the service] came and saw [relative] in the hospital. They asked a lot of questions about how we wanted to receive the care. We can make changes as and when we would like. Someone from the office comes out a lot and asks us if we would like any changes." Another relative said, "The service will ask our opinions and changes have been made as a result."

Care plans were carried out in conjunction with the assessment of needs document and people's views and those of their relatives were sought. These assessments were undertaken by senior staff and detailed people's care, health, medical, social and physical needs. The service then reviewed the information gathered to ascertain if they could meet their needs, prior to a placement being offered. On the first day of the inspection management were visiting a potential client to carry out an assessment of needs.

Care plans clearly detailed people's preferences and the care they wished to receive. They also contained information about people's dependency levels, diagnosis, hobbies and interests and set out target outcomes. One staff member said, "We always look at the care plan, it's there to provide information on the person's needs, daily routine, what they like, medical history and risk assessments. I'd inform [the registered manager] if it needs changing and look at the care plan on each visit." Care plans were reviewed regularly to identify any changing needs and any changes were promptly shared with staff members to ensure the care provided reflected this.

People were encouraged to participate in activities, if agreed in their care package. One relative told us, "[Relative] does go out, but the staff don't take her, that's not what we need. They do help [relative] get ready for the activity." A staff member said, "We take people shopping, to the hairdressers, for coffee or lunch and attend doctor appointments. We are allocated enough time to do that." Records confirmed staff supported people to carry out errands and attend appointments which they requested.

The service had a complaints policy in place to manage complaints received. People were provided with the complaints policy upon using their services. One person told us, "I can speak to [staff member] if I need to, I would also contact the office." A relative said, "I haven't had a need to complain." Staff were aware of the importance of reporting all complaints and ensuring people were aware that they may need to share information. At the time of the inspection we reviewed the complaints file and found there had been no complaints received in the last 12 months.

Although the service had an end of life section in people's care plans, these had not always been completed or reviewed. We raised our concerns with the registered manager who ensured us they would address this by the second day of the inspection. On the second day of the inspection the registered manager showed us two completed end of life plans. These detailed people's preferences in relation to food, music, people they wanted to be with them and what support they wished to receive at end of their lives. The registered manager had also recorded one end of life plan whereby the person did not wish to discuss such matters. The registered manager informed us they would review these regularly in collaboration with people and

their relatives. We were satisfied with the provider's response.

## Is the service well-led?

### Our findings

People, their relatives and staff spoke positively about the service they received and the management of the service. One relative told us, "Aware of who the managers are, I can email them which I have done." Another relative said, "I know who the managers are and do see them. I can't recall their names but they're helpful."

The registered manager operated an open-door policy, whereby staff were able to meet with her at any time to discuss their concerns. Staff were positive about the level of support they received and told us the registered manager was approachable. This was evident during both days of the inspection, with staff members popping into the registered office and speaking freely with management. Comments included, 'I love [registered manager], I love that she comes out to visits and know what we are doing.', '[Registered manager] wouldn't expect us to do anything she wouldn't do herself', 'You don't have to keep reporting things, it's always dealt with straight away' and '[Registered manager] is interested in us personally, she will always communicate with us to let us know what's happening.'

People received care and support from staff that were happy in their role and supported each other. One staff member said, "I think morale is brilliant with everyone. We don't see each other every day but we communicate all the time." Another staff member said, "You're free to be yourself [here]."

Although the service had not submitted any statutory notifications within the last 12 months, the registered manager was aware of what notifications they were required to submit and when.

The service carried out regular audits to monitor and inspect the service provision. Audits included for example, medicines management, staff training, care plans, risk assessments and environmental risk assessments. Audits were carried out weekly, monthly and bi-monthly, this then meant that issues identified were acted on in a timely manner. The registered manager and management team also carried out spot checks on staff members, to ensure they arrived on time, stayed the duration of the visit, wore identification and delivered care in line with people's care plans. Feedback from people was then incorporated into the feedback given to staff.

People received a service that encouraged and sought partnership working with other healthcare professionals to drive improvements. A healthcare professional told us, "The registered manager is keen to engage in partnership working and will use guidance given to improve the service." The registered manager told us, "We work in partnership with the day centre who supports one of our clients, we communicate well with them. We work in partnership with the G.P, social services, relatives and district nurse teams. We work together to provide the best quality outcomes and care to people and in their best interests. We call on them to gain their professional advice in specific areas."