

Town & Country Care (Boston) Limited

Town and Country Care

Inspection report

The Ridlington Centre
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Lincolnshire
PE21 6HB

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14 June 2017

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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

Town and Country Care provides personal care to people living in their own home, primarily in the Boston area of Lincolnshire.

We inspected the service on 13 and 14 June 2017. The inspection was announced. At the time of our inspection approximately 100 people were receiving a personal care service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers (the 'provider') 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.

We last inspected the service in February 2015 when we rated it as Good. In February 2017 we re-registered the service to reflect a minor change in the ownership structure of the registered provider. This administrative change had no impact on the day-to-day operation of the service. Although, therefore, this was our first inspection of the re-registered service, we were pleased to find that service quality had been maintained since our visit in 2015 and the rating remains as Good.

Everyone we spoke with told us that they were highly satisfied with every aspect of the service they received. In particular, the provider's careful approach to managing staffing resources which meant staff were rarely late for the start of their care calls. Staff had established warm, friendly relationships with people and their families and went out of their way to help them in any way they could. Staff worked together in a supportive way and participated in a varied programme of training appropriate to their needs. They were proud to work for the provider and felt listened to by the registered manager and other senior personnel.

People were involved in agreeing the type and amount of care they received and their needs and wishes were understood and followed by staff. Staff treated people with dignity and respect and encouraged them to maintain their independence. Staff had the knowledge and skills required to meet people's individual needs effectively and supported them to prepare food and drink of their choice.

People's medicines were managed safely and staff worked closely with local healthcare services to support people to access any specialist support they needed. The provider assessed any potential risks to people's safety and welfare and put preventive measures in place where required. Staff knew how to recognise and report any concerns to keep people safe from harm.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff understood the principles of the MCA and how to support people who lacked the capacity to make some decisions for themselves.

The provider was committed to the continuous improvement of the service and maintained a range of

systems to monitor service quality. The provider sought people's opinions through regular customer surveys and people were confident any complaints would be handled properly.

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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

The provider assessed potential risks to people's safety and put preventive measures in place where required.

Staffing resources were managed carefully to ensure people received their care calls on a timely basis and that staff had enough time to meet people's needs without rushing.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

Staff were aware of how to support people who lacked capacity to make some decisions for themselves.

Staff worked well with local healthcare services and supported people to access any specialist support they needed.

Staff assisted people to prepare food and drink of their choice.

Is the service caring?

Good ●

The service was caring.

Staff had warm relationships with people and supported them in a friendly, helpful way.

Staff encouraged people to maintain their independence.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their changing needs.

Staff knew people as individuals and provided support in ways that reflected their particular preferences and interests.

The provider responded effectively to any concerns or complaints.

Is the service well-led?

Good ●

The service was well-led.

There was an open organisational culture.

Staff worked together in a friendly and supportive way.

Systems were in place to monitor service quality.

The provider was committed to the ongoing improvement of the service.

Town and Country Care

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. The inspection was planned to check whether the provider was 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 was announced. The provider was given notice of our inspection visit because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Our inspector visited the administration office of the service on 13 June 2017. On 13 and 14 June 2017 our expert by experience telephoned people who used the service to seek their views about how well the service was meeting their needs.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with 15 people who used the service, three relatives, the registered manager, two care workers and the chief executive of the registered provider. We looked at a range of documents and written records including two people's care records, three staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe using the service. For example, one person said, "The staff have a way of making me feel safe and secure in my home. It's the way they talk to me." Another person who lived alone commented, "I always know when it's the carer. She has a special knock."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to the relevant external organisations, including the local authority safeguarding team and the Care Quality Commission.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to medicines and mobility. When we looked at the risk assessment documentation in people's care individual records we saw that measures had been put in place to address any risks that had been identified. For example, one person had been assessed as being at potential risk of skin damage and staff had been provided with detailed guidance on how to help the person manage this risk. Staff reviewed and updated people's risk assessments to take account of changes in their needs.

Staffing levels were determined by the number of people using the service and, in scheduling calls, the provider took care to ensure staff started each call at the specified time and had sufficient time to meet people's needs without rushing. Reflecting this approach, everyone we spoke with told us they were satisfied with the staffing and call-scheduling arrangements. For example, one person said, "We have enough time [to meet my needs]. The girls don't rush." The provider also had effective systems in place to ensure that people were informed if staff were ever running late for a call, for example due to traffic problems or the need to provide additional care to someone who was unwell. Commenting positively on the provider's approach in this area one person said, "Occasionally they can be late but I always get told if this is going to happen."

Outlining her approach to staff recruitment, the registered manager told us, "We have enough capacity to cover existing calls [and] won't take on any [new clients] we can't service properly. [But] we are always recruiting [to] allow us to expand naturally." We reviewed staff personnel files and saw that the provider had completed the necessary checks to ensure new recruits were suitable to work with the people who used the service.

The provider was also aware of the need to ensure the safety of staff, all of whom worked largely on their own, often at night. Discussing the provider's lone worker policy, the registered manager told us, "I've [recently] changed one run from a bicycle user to a car user [to improve the safety of staff] working at night. [We provide staff with] 24 hour [on call] support."

Where people needed support with their medicines, we saw that this was managed in line with good practice and national guidance. Since our last inspection the provider had implemented a number of

additional measures to further safeguard people's safety and welfare. For example, re-designed medicine administration records (MARs) had been introduced and were reviewed by senior members of staff to ensure they had been completed correctly. Although we were satisfied that the review process was operating effectively, the registered manager agreed to document this more clearly in the future. The registered manager also told us that she planned to contact local pharmacies to see if pre-printed MARs could be provided, to further reduce the risk of any administration errors. Talking of the importance of checking each person's MAR carefully before they supported them to take any medicines, one member of staff said, "Things change and we have to be careful to make sure nothing has changed in their blister pack."

Is the service effective?

Our findings

Everyone with spoke with told us that staff had the right knowledge and skills to meet their needs effectively. For example one person's relative said, "The care staff really know what they are doing when it comes to looking after my husband." Another person said, "I couldn't be treated better by anyone. [The staff] are top class."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started delivering care on their own. Reflecting on their own induction, one staff member told us, "It was a good refresher for me. A lot had changed in [the] four years I had [been out of care]." As part of their initial training, new employees also completed the National Care Certificate which sets out common induction standards for social care staff.

The provider maintained a record of each staff member's annual training requirements and organised a varied range of courses to meet their needs. Talking positively of their personal experience of training provision in the service, one member of staff told us, "It's about the only care company I have worked for where we get regular training updates. I've just had food hygiene. I believed we weren't allowed to cook eggs but [on the training] I found out we can!" Commenting appreciatively of the provider's commitment to effective staff training, one person told us, "The staff who look after me have the right skills to look after me. They are well trained by the company." The provider also encouraged staff to study for nationally recognised qualifications in care, including National Vocational Qualifications (NVQ). One member of staff said, "I've got NVQ2 [and] I am sure they would encourage me to do Level 3 if I wanted. Some [colleagues] are going for it."

Staff told us that they felt well supported and supervised by the registered manager and other senior staff. Senior staff conducted regular 'spot check' supervisions of each staff member's care practice in a person's home. Talking positively about this system, one member of staff told us, "The team leader comes out [to] watch what we are doing. [My] last one was a couple of weeks ago. I got some positive feedback!" To supplement this approach, the registered manager told us that she had also recently introduced office based supervisions to give each member of staff the chance to raise any issues on a one-to-one basis with senior staff.

Staff were aware of the provisions of the Mental Capacity Act 2005 (MCA). The 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. Commenting on the importance of respecting people's right to make as many decisions for themselves as possible, one staff member told us, "[We] try not to take over their lives, not to think for them. Let them decide what's what."

There were no formal best interests decisions in place for anyone using the service at the time of our inspection. However, the registered manager told us she was planning to obtain further training in this area

for her and her team, to ensure they had a full understanding of the issues involved, in case this was ever needed in the future.

People told us that staff assisted them to eat and drink whenever this was required. For example, one person said, "I [usually] sort out my own food but the [staff] never leave without asking if I need anything to eat [or] a drink getting." Staff were aware of each person's particular likes or dislikes and the importance of offering people choice. For example, one member of staff said, "Everyone has their own individual styles. One lady has porridge and bread and butter for breakfast and a microwave meal at dinner. Some we make a salad up for. It's whatever they decide." People's care records detailed any risks that been identified in respect of their nutritional requirements and food and fluid charts were available for staff to use where necessary. Staff were also aware of the need to encourage people to keep well hydrated to avoid urinary tract infections and other potential health problems. Describing their approach in this area, one staff member said, "One lady came out of hospital and wasn't drinking much. We recorded how much [she was drinking] for two to three weeks. [And] she's picked up a lot now."

Staff worked closely with a range of local health and social care services on behalf of the people who used the service, including district nurses, GPs and occupational therapists. Talking appreciatively of the staff team's approach in this area, one person said, "I wasn't very well a few weeks ago and my carer rang the doctors for me. They were concerned about me." Describing the responsiveness of senior staff in the service, one member of staff commented, "We normally relay any concerns to the team leader. They'll get onto the doctor straight away, if there is no family to arrange a visit [although] we always ask the person first."

Is the service caring?

Our findings

Without exception, the people we spoke with told us that the staff who worked for the service were caring and kind. Describing the care team, one person said, "Angels in disguise, that's what they are." Another person's relative commented, "I think the carers who come to us are genuinely caring people. They show concern on a daily basis, for both of us."

Outlining his personal philosophy of care, the chief executive told us, "We are a family run affair [and] we treat the clients as we would treat our own. We say to all the staff, we want you to look after the clients as you would want your mum and dad to be looked after." This commitment to putting people at the heart of the service was clearly understood by staff and reflected in their work. For example, one member of staff told us, "I do enjoy my job. I have a good old chat and a chin wag [trying] to put a smile on people's faces." Talking positively of the way staff engaged with her loved one, one person's relative commented, "I can hear the carers speaking to my husband in a way that treats him as an individual. I listen to him and the carers chatting while I am downstairs."

Staff told us of other ways in which they tried to meet people's individual needs and preferences, in ways that sometimes went above and beyond the formal requirements of the homecare contract. For example, talking of a person they supported, one staff member said, "[She] has no family nearby [so] I took her curtains home and washed and ironed them and hung them up [again]. Just to cheer her up." Talking of another member of staff, one of the directors of the registered provider told us, "[Name] knew one lady liked fish and chips on a Friday from [name of shop]. So she went to get them for her [on] her day off." This commitment to the provision of truly person-centred care was clearly appreciated by the people who used the service and their families. For example, one person told us, "I couldn't have better care. Nothing is too much trouble."

Staff were also committed to helping people to maintain their independence. Describing how they encouraged people to do as much as they could for themselves and exercise as much control over their lives as possible, one member of staff said, "I try not to take all the jobs off people. For example, one lady likes to slice up her own salad. If they want to do it, [it's important] they can carry on with their lives." Confirming the approach of staff in this area, one person said, "I am encouraged to do what I can for myself." Another person told us, "We discuss what my choices are together. They always do what I want."

People told us that staff supported them in ways that maintained their privacy and dignity. For example, one person said, "It's just the way they treat you that makes me feel safe and secure." Another person told us, "The staff have a way of making me feel at ease." Describing their approach to providing people with personal care, one staff member said, "I make sure the curtains are closed and the door is shut. I always talk to [people] and explain what I am doing." Confirming this approach, one person said, "My modesty is protected by all my carers and always has been." The provider was also aware of the need to protect the confidentiality of people's personal information. For example, care records were stored securely and computers were password protected.

The registered manager was aware of local lay advocacy services and told us she would not hesitate to help someone obtain the support of an advocate, should this ever be necessary. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

The registered manager told us that she maintained a close interest in any new enquiries and referrals to the service. Stressing the importance of managing this process carefully she said, "I look to see if we have availability in that area. We want to look after people well [and] wouldn't take anyone on that we couldn't accommodate to the standard we would want." If she felt the service did have the capacity to meet someone's requirements, the registered manager told us that senior staff met with the person and their family to discuss their situation and develop an initial 'quick reference' care plan, detailing the person's key preferences and requirements. Over time, this was developed into a full personal care plan. Talking positively of the provider's approach in this area, one person told us, "Before [the service started], staff came and visited me and we sat and filled in my care plan together." Another person's relative said, "I read the care plan on a regular basis. It allows me to see just what the care staff do for my husband."

The personal care plans we reviewed were well-organised and set out, in a high degree of detail, each person's particular needs and wishes for staff to follow. For example, the plan for one person's morning call stated, "I would want you to prepare my breakfast and a cup of tea. I like a jug of juice leaving and a few snacks for later. Please put my washing machine on when required and, on the lunch call, please hang my washing outside or put onto the airer for me." Staff told us that they found the care plans helpful when providing people with care and support. For example, one member of staff said, "There is a description of what is required of each call. It's very helpful [particularly] if we are new to a call." Senior staff kept people's care plans under regular review, updating and amending them in line with changes in their requirements and wishes. Confirming the provider's approach in this area, one person said, "About every six months someone comes and goes over [my care plan]. Which means if things change it is put in my file." Looking ahead, to further improve the effectiveness and ease of use of the care planning system, the registered manager agreed to review the content of the 'quick reference' plan to ensure it included any significant risks identified in the full care plan.

Staff clearly respected the people they supported and understood the importance of taking the time to get to know them individually. One member of staff said, "Everything is based around communication. We need to talk to and listen to the clients." Staff used this knowledge to provide support in a responsive way that reflected each person's particular preferences. For example, a staff member said, "Each has their own ways. With one lady's bedtime call [we just] have a cup of tea and a chat. She wouldn't want me to help her with her nightwear." Another member of staff said, "One client decided she wanted her ornaments rearranging. We had time [to help her] at the end of the call." This responsive, person-centred approach was clearly appreciated by the people who used the service. For example, one person said, "We discuss what my choices are together. They always do what I want."

People told us that they found it easy to contact office-based staff by telephone if they needed to make any changes to their scheduled care calls or discuss any other issue. For example, one person said, "I never have any trouble getting to speak to someone in the office." Another person told us, "I am treated with the utmost respect all the time. By the carers and by all the staff in the office."

Information on how to raise a concern or complaint was included in the pack people received when they first started using the service. Although people told us they rarely had reason to complain, they were confident any issues would be handled properly if they did. For example, one person said, "I had a problem that needed sorting and I rang the office and it was sorted very quickly." Describing her approach in this area, the registered manager told us, "[If someone calls the office] we don't leave it to develop into a full complaint. Everyone is involved in [trying to resolve it]." We reviewed the provider's complaints log and saw that the small number of formal complaints that had been received since our last inspection of the service had been handled properly in line with the provider's policy.

Is the service well-led?

Our findings

Everyone we spoke with told us how highly they thought of the service and the care they received. For example, one person told us, "They do all they can to make my life better." Another person said, "They are ... brilliant." I am very happy with everything that is done for me by everyone." Reflecting positively on her first few months in post, one member of staff commented, "They are flexible and friendly. A family run business supporting families."

Throughout our inspection visit, both the chief executive and the registered manager demonstrated an open and reflective leadership style. Describing his view of the culture of the service, the chief executive said, "It's not transparent. It's totally see through!" Confirming the importance she placed on having regular interaction with front line staff, the registered manager said, "They collect the rota [from the office] every Friday and bring their timesheet in every Monday. So I see them all twice a week [and] if they have any issues they can pick it up then." The supportive approach of the registered manager and the chief executive was clearly appreciated by the staff team. For example, one member of staff said, "I always feel listened to if I have an issue. I have been with them for a few years and they've helped me no end. They are in [the homecare industry] for the right reasons." Another staff member told us, "[The registered manager] is friendly and approachable [and the chief executive] is around a lot. If you need to you can ask for a meeting with them both together."

Staff were proud to work for the service and worked together in a friendly and supportive way. One member of staff said, "We all get on really well together. Communication is good." Daily logs and regular staff meetings were used to maintain effective communication between staff, many of whom worked primarily on their own. Talking positively of their experience of attending staff meetings one member of staff told us, "The atmosphere is good. We can all openly say what we like [and] can bounce ideas off each other."

As described elsewhere in this report, the provider maintained a range of systems to monitor the quality of the care provided including the regular audits of people's medicine record sheets, the regular reviews of people's care plans and the direct observations of care staff practice in delivering care. The provider also reviewed any accidents or incidents to identify any learning for the future. For example, following a recent incident involving the administration of medication, the registered manager had brought the care team together to provide additional guidance and refresher training to try to minimise the risk of something similar happening again in the future.

The provider also regularly surveyed the people who used the service to seek their feedback on the service provided. We reviewed recent survey returns and saw that these were overwhelmingly positive. For example, one person's relative had commented, "As his daughter and a registered nurse, I am so grateful to you all for attending to my dad as you do. He never has any complaints and the documentation by the carers is clear and concise. I am also very grateful that you contact me with any concerns you have [which] enables me to try and rectify any problems as quickly as possible. Thank you very much!" People's satisfaction with the service was also reflected in the letters and cards received by the registered manager. For example, one relative had written recently to say, "Thank you all so, so much for all you did for my very special mum. You

gave her comfort and laughter. She wanted to be at home and we couldn't have done it without you. You were all truly wonderful. Not only to mum but us as a family."

Despite people's evident satisfaction with the service they were receiving currently, the registered manager remained committed to the ongoing development of the service. Since our last inspection improvements had been made in a number of areas including measures to reduce staff turnover and the introduction of the new 'quick reference' care plan to further strengthen the provider's approach to care planning. Talking positively of some of the changes since our last inspection, one member of staff said, "[The service] has improved. Staff are a lot happier. Communication is better. A good set of staff and a bit more stable." Looking ahead, the registered manager told us she was working on a new initiative to strengthen information sharing with other homecare providers, facilitated by a local university.

During our inspection we saw a copy of the report of our last inspection was on display in the service office, as required by the law. The provider told us they were in the process of creating a website and would ensure the rating of our inspection was displayed on it, again as required by law.