

Town and Country Homecare 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Town and Country Homecare is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 90 people at the time of inspection, including older people, those living with Dementia and people with a physical disability.

Not everyone who used the service received personal care. CQC only inspects 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.

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

People and their relatives told us they felt safe using the service and care staff knew how to report concerns of abuse.

Since our last inspection improvements had been made to safely manage and mitigate risks to people. New risk assessments were implemented where necessary and were reviewed regularly. People were receiving their medicines safely and improvements had been made to the recording and oversight of medicines management. Care staff were recruited safely and people were positive about the care they received from staff that knew them well.

Improvements had been made to people's care plans. They had been reviewed and updated to ensure relevant and up to date information was available for staff to follow. Where people experienced heightened emotions, care plans were implemented to help staff to support them in the best way. Staff training delivery had been changed to a new online system and staff were positive about this change. Lots of training had been made available to help meet people's needs more effectively. People were supported to eat and drink to maintain a healthy diet.

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

People and their relatives were happy with the care and the support they received from the service. They told us staff were kind and caring. People were supported to remain independent and had their dignity respected at all times.

People were involved with their care plans and had reviews carried out with the management team since our last inspection. People felt more involved and care plans were updated and implemented where necessary to provide personalised care. Care plans to help people to talk about end of life care had been implemented and care staff were now receiving training to help support people receiving palliative care.

A new quality assurance system was put in place to ensure effective oversight of the service. Audits were now being carried out on a variety of areas such as medicines and care people are receiving through care notes and charts. Accidents and incidents were also being analysed and reviewed for patterns and trends. Feedback had been sought through questionnaires and actions taken. Meetings were now being carried out with the staff to improve communication. People, relatives and staff were all positive about the management team. Care staff felt supported by their manager and felt confident to raise concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 February 2023) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Town & Country Homecare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

This inspection was carried out by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 July 2023 and ended on 25 July 2023. We visited the location's office/service on 20 July 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed action plans sent since the previous inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 12 of their relatives about their experience of the care provided. We met with the registered manager, business manager, accounts and marketing manager and spoke with 9 care workers. We looked at written records, which included 11 people's care records and 3 staff files. A variety of records relating to the management of the service were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served a concern we had about Regulation 12 safe care and treatment.

At our last inspection the provider had failed to have robust risk management processes in place which meant people were not protected from harm or injury. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Improvements had been made since our last inspection and people's individual risks were well managed. Where a person was at risk of choking, a new choking risk assessment had been implemented. Staff had clear guidance to follow and included information on how to support this person if a choking incident were to occur.
- Improvements had been made to the management of pressure care. New body maps were in place to identify where prescribed creams were to be applied. Repositioning charts were being filled out and reviewed regularly.
- National tools such as Waterlow to assess people's risk of skin breakdown were now in place. We identified multiple people who had concerns relating to their skin integrity. Tools were used to help assess, manage and mitigate risk for skin breakdown or further damage occurring.
- New risk assessments had been implemented since our last inspection. Areas such as falls, diabetes and bed rails risk assessments were now in place. This ensured any risks relating to these areas were being monitored and managed safely.

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- Medicines were managed safely. Improvements had been made since the last inspection to ensure people received their medicines safely. We reviewed a variety of medicine administration records which were recently updated, improvements were made in the signing of topical creams. No gaps were found in

people's records in this inspection.

- Records for the administration of controlled drugs had been implemented. Staff appropriately recorded where pain patches had been applied. This reduced the risk of overdosing and skin irritation due to reapplication in the same area.
- The medicines policy had been updated to include relevant information for staff. Details around controlled drugs administration was included.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. Safeguarding alerts had been made appropriately to the local authority. Investigations and actions were taken accordingly.
- Staff had received training in safeguarding. They were able to tell us how they would look out for any signs of abuse and knew how to report concerns. Staff told us they felt confident in raising concerns with the registered manager and felt they would be dealt with appropriately.
- People and their relatives told us they felt safe when receiving care. A relative told us, "[Person] is definitely safe with their carers and is treated so well by them." A person told us, "I feel safe with the carers. They are good staff; they couldn't be better."

Learning lessons when things go wrong

- Improvements had been made to the reviewing of accidents and incidents. Lessons were learnt when things went wrong. Patterns or trends were looked at to try and prevent recurrence.
- We reviewed an incident that had occurred twice where a person held onto care staff's arms too hard. Actions had been put in place such as flash cards to help aid communication with the person. This helped to prevent further incidents.

Staffing and recruitment

- Staff were recruited safely. We reviewed 3 staff files and they included staff work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.
- People received care from regular carers who knew them well. Feedback we received from relatives included, "My [person] has regular carers that she knows well." And, [person] has good continuity of care and she has got to know the carers well."
- Staff felt there were enough staff to meet people's needs. Contingency plans were in place for staff shortages, standby carers are available each day to help cover staff sickness.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives we spoke to told us care staff that supported them used correct PPE when supporting them.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to provide person centred care plans and did not include relevant information. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- Since our last inspection improvements had been made to the care and support plans. Additional sections were implemented where necessary to give staff guidance and information to follow. Training was being carried out for a new online care planning system for a more effective approach and to allow up for updates in real time.
- Improvements had been made to people's care plans where they had complex health needs. Where we had identified on our last inspection concerns relating to motor neurons disease and diabetes. These had been addressed and appropriate information were included for staff to follow.
- People had their needs assessed prior to receiving care and support from the service. Care plans were put together to ensure staff had the knowledge to support people effectively. A relative told us, "My [person] and I were very involved with their care planning when we first had the service, and we were listened to."
- Care plans had been implemented to support people who may experience heightened emotions. Information was available for staff to identify potential triggers for people. Some further improvements were needed to cover de-escalation tactics, the management team were looking into making these changes.
- Care plan reviews were carried out to ensure up to date information was included. Staff told us they would inform the office right away if any changes had happened. Staff found care plans helpful and kept up to date.

Staff support: induction, training, skills and experience

- New staff received an induction, shadow shifts were available until staff felt confident to work on their own. A member of staff told us, "I had a good induction, I had a follow around with two experienced care workers and I knew I could ring the office anytime if I needed too."
- Since our last inspection training had improved and a new training system had been introduced. It provided training that all care staff required to work safely and additional training was available when needed. For example, care staff had received specific training based on people's needs, such as for motor neurons disease.

- All of the staff we spoke to were really positive about the new training. They found it up to date and relevant, staff found it really accessible and enjoyed doing additional courses. A staff member told us, "The training is much better now and management are on to us to get it completed. The office contacted us and told us certain courses we had to do. They put specific training suggestions to match the people we care for as well."
- Staff received a regular supervision and appraisal. These had all been done up to date since our last inspection and spot checks had been carried out on staff. Staff told us they found supervisions useful and gave them a chance to improve their practice

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

- Carers support people to eat and drink to maintain a balanced diet. One person received support with their weekly shopping, a list was put together with the person to help choose meals. Care staff would prepare meals which were to be mashed and bite sized, and staff supported them to eat their meal safely.
- Relatives and people we spoke to told us care staff always ensured people were left with drinks. Where food was prepared for by family and staff didn't need to assist. People were never left without a fresh drink till the next shift.

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

- The care staff worked with other agencies to provide consistent effective and timely care. When people required a visit from the GP care staff would help arrange this with the office. One relative told us, "My [person] has a health condition which they are being treated for, the care staff went out of their way to call the GP when I wasn't around."
- People received regular care and support from the local district nursing team. Where people required regular dressings and support district nurses attended to people's needs. Staff made calls to refer people when required or for increased visits if people showed deterioration.
- We reviewed peoples care plans which identified support from the speech and language therapists (SALT). This was to provide support to people who were having trouble swallowing. Actions were put in place and followed by care staff.
- Support had been provided by occupational therapists when they needed support with equipment. If people's mobility had decreased, additional equipment was provided to assist staff to support people safely. Equipment was also put in people's homes to help them to maintain independence.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- Since our last inspection improvements had been made to ensure people had their capacity assessed when necessary. Capacity assessments and best interests decisions were now included for people to ensure they were being supported in the least restrictive way.
- Care plans identified what support people needed in regard to complex decisions and who advocated for them. All the principles of the mental capacity act were considered when the assessments were carried out. Where it was possible people made decisions about the care and support they received.

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 requires improvement. At this inspection the rating has changed to 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 were well treated and individuality was respected.
- Staff and managers knew people well and spoke about people in a respectful and caring way. They said, "I really do enjoy my job, getting to know people, they are like family." and "I sing to [person] when they become a bit anxious, as they really like singing and it helps to relax them."
- People and their relatives spoke highly of the care and support they received. Comments included, "I am never rushed when the carers are here, they all have such a lovely manner and are kind and friendly. And, "The quality and structure of [persons] life has certainly improved since he has had the carers."

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

- Improvements had been made to ensure people were involved in their care and support. Quality assurance visits were now being carried out every 6 months with people in their homes. Care plans and routines were reviewed and a chance to feedback on care being received.
- People were respected and had their privacy, dignity and independence promoted. Care staff told us how they ensured people were cared for in a dignified way. Care staff told us, "I always make sure I keep them covered as much as possible, not exposing them too much and not having other people enter the room." And, "I always try to keep a jolly atmosphere so they feel relaxed around me when delivering care."
- Care staff promoted people's independence. One staff member told us, "We are not there to do everything, we are there to help them be as independent as possible. I always encourage them, talk to them and ask them what support they need. Including them in day to day decisions all helps with independence."
- Relatives told us how support from the care staff enabled more independence for their loved ones. One relatives told us, "[Person] is now back to feeding himself and buying more healthy food and eating more vegetables."

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to provide person centred care plans and did not include relevant information. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- Since our last inspection improvements had been made to ensure people received personalised care. Some areas still needed to be worked on to include information such as life histories and personal aspirations. But this was a work in progress and an area, which was evident the management team were working on.
- Care plans had been reviewed and updated with people since our last inspection to ensure they were accurate and up to date. Relevant information was available for staff to follow and staff felt care plans were useful in providing them with information. People we spoke to felt involved, one person told us, "I have a care plan in place and it's kept up to date with my involvement."
- People's daily care notes had improved. They were person centred and included information about how the person was feeling that day and what they were able to achieve for themselves.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People who had specific communication needs had their needs assessed and actions were put in place to support them. For example, one person with poor hearing had flash cards to help them to make decisions about his daily care. This enabled them to feel included and in control of the support they required.
- Staff told us about people's individual communication needs. One person used an iPad and a picture book to point at to communicate to staff their needs and wishes. Where they could struggle to finish sentences it could cause them to be upset, staff told us how they supported this person. Staff told us all information can be found in people's care plans.

Improving care quality in response to complaints or concerns

- Since our last inspection, improvements had been made to the recording and handling of complaints or concerns.
- Complaints that were received by staff or people were appropriately recorded and logged. We were able to see how the management team investigated and actioned these complaints. Records also included the outcome and whether the person was happy with the response.

End of life care and support

- New care plans had been implemented to give people an opportunity to discuss plans for the end of their life. Not everyone wanted to participate in these care plans as they didn't feel comfortable talking about it. We spoke about the importance of these being completed for people who are receiving palliative care.
- Care staff were now able to access training to end of life care. Majority of care staff had completed this training and other staff were booked in to get it done.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served a concern we had about Regulation 17 good governance.

At our last inspection the provider had failed to establish and operative effective systems to monitor the quality and safety of care to people. These concerns were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since our last inspection, improvements had been made to the quality assurance systems. New audits had been implemented to ensure effective oversight of multiple areas of the service. Audits were completed regularly and reviewed for effectiveness.
- Audits were being carried out to have oversight of care people were receiving. A new filing system was in place and care files were now easy to access. Reviews of people's care notes and personal charts were being carried out to ensure people were receiving appropriate care. Charts we reviewed were now consistently filled out.
- Improvements had been made to the oversight and recording of medicine records. Audits were regularly carried out to ensure medicine administration records (MAR)s were appropriately recorded and people received their medicines. Changes had been made to the MAR charts since our last inspection to ensure effective recording, they were clear and legible.
- Where areas were picked up on audits, an analysis was carried out. The management team looked at lessons learnt and ways to improve moving forward. They identified areas that still needed improving in areas such as medicines, but they are looking at new ways to improve this.
- Accidents and incidents were now being analysed and audited for patterns and trends. This enabled the service to learn and improve care when things went wrong. We reviewed an incident of a medicine error and what had been done to prevent it from happening again.
- Lots of work has been done to improve the service and in turn improved care for people. The management team feel it is a work in progress and are continuing to look at ways to make further improvements. The office will soon be moving which will give office staff more space, computer systems will be online to enable more effective processes.

- The management team worked in partnership with others. We saw evidence of healthcare professional support and the management told us about close working relationship with local commissioners.

At our last inspection the provider had failed to seek and act on feedback from relevant persons and other persons on the services provided to people. These concerns were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Improvements had been made in engaging and involving people who use the service. Feedback questionnaires had been sent out to people and relatives this year. Results were analysed and reviewed, where people had requested things such as care plan reviews these were carried out.
- Overall people and relatives were happy with the care and support they received and told us they were asked to feedback on care. One relative told us, "I've had an annual questionnaire from the company. There's nothing I would change about them and I would recommend the company giving my relative as an example."
- Staff were encouraged to fill out feedback questionnaires. However, not many were returned. Where ones were returned, actions were taken to address issues raised. Staff now attended regular meetings where they were able to feedback concerns they may have.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke highly of the management team. Comments included, "The company is managed well, and the manager is very quick to respond to me." And, "The management is brilliant. I've never had an issue getting hold of them on the phone or having to leave a message. I think the service is very well managed, by people who know what they are doing."
- Staff we spoke to spoke highly of the management team. They told us the registered manager was always available and their door was always open. A staff member told us, "I love [registered manager], I have rung her about anything in the past, she is very supportive."
- Staff told us a lot of changes had occurred since our last inspection, but felt they were all positive. Training had improved which allowed staff to learn more about complex needs. A staff member told us, "A lot of improvements have been made since you last came in, it was a lot at first with all the new training, but it is so much better. Management have always been approachable if we had any concerns, but now they reach out too."

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 was able to tell us what the duty of candour meant. They were open and honest and apologised when things went wrong. Call logs were recorded to ensure conversation were recorded.
- A new duty of candour log had been implemented to ensure that appropriate steps had been taken when an incident occurred. This included verbal and written apologies. Any action that had been taken following the incident were recorded on the log.