Country Carers Limited

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Inspection report

Tilling Green Community Centre
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Date of inspection visit:
18 February 2020

Date of publication:
16 March 2020

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

Country Carers Limited is a domiciliary care agency providing care and support to people living in their own homes. 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. On the day of the inspection, the service was supporting 38 people with a range of health and social care needs, including physical disability and people living with dementia. Support was tailored according to people's assessed needs, considering people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes.

People's experience of using this service and what we found
Country Carers provided care and support to people living in Rye and surrounding rural areas. Care was provided in a person centred way. Robust systems of reviewing and monitoring care provision and staffing ensured that people received effective care that met their current and changing needs.

The provider was the registered manager and in day to day charge of the service. Supported by a dedicated team of administration and care staff. A high level of care meant peoples independence and welfare was supported which enabled them to live in their own home for as long as possible.

People were positive about the care they received, spoke highly of the management and staff providing their care, and felt they were treated with kindness and respect. This in turn ensured people felt safe and well supported. The service worked closely with people's families and other healthcare professionals involved in people's care provision.

Care was provided by a consistent core team of staff. One relative told us, " There's a pool of six or eight carers that visit very regularly and there are two or three of them that usually come. There is very much continuity, and Mum is familiar with them all and they are familiar with Mum. They are brilliant, they treat her like family."

Sufficient staff were available to ensure people's wellbeing and safety was protected. The provider and office staff were trained to provide care and were able to carry out visits in the event of a member of care staff going off sick or in an emergency.

A robust recruitment and selection process was also in place. Staff completed a probationary period which included mandatory training and support. Staff told us they received all the training they needed to meet peoples care needs. Staff felt supported and received regular spot checks, supervision and appraisals.

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 felt they were offered choice in the way their care was delivered and that they had no concerns around their dignity and privacy in their own homes being respected. One person told us, "They

always explain what they are going to do and how they are going to do it."

The provider had robust quality assurance systems in place to measure and monitor the standard of the service. This included a number of audits and reviews. Systems supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way. Actions were identified and taken forward to ensure continued learning and improvement.

People told us they thought the service was well managed and they received good quality care that met their needs and improved their wellbeing from caring and compassionate staff . One person told us, "They have the balance of care and consideration with professionalism down to a fine art, it is always done with care and consideration one hundred per cent."
The provider and staff attended forums and worked with other care agencies. This meant that best practice could be shared, and on-going learning was facilitated.

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

Rating at last inspection
The last rating for this service was Good (published 1 June 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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	**Good**
Is the service effective? The service was effective	**Good**
Is the service caring? The service was caring	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was well-led	**Good**

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 (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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

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

The service had a manager registered with the Care Quality Commission. The provider was the registered manager and in day to day charge of the service This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider/registered manager would be in the office to support the inspection. Inspection activity started on 14 February 2020. We visited the office on the 18 February 2020, and spoke to people, relatives and further staff on the 20 and 21 February 2020.

What we did before inspection
We reviewed information we had received about the service, including information provided at registration. The provider was not asked to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager/provider, personnel manager, administration staff and two care staff. We reviewed a range of records. These included three care records, three staff files and records relating to the management and day to day running of the service. We looked at care and medication administration records and daily notes completed by care staff in people's home.

After the inspection
We telephoned and spoke with three people using the service and two relatives. We received feedback by email from two health professionals who work with the service and spoke to two further care staff.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt the care and support provided by the service made them feel safe. People appreciated the support they received which enabled them to stay safely in their own home.
- People were safeguarded from the risk of abuse as staff understood what actions to take to protect people and how to report concerns if they arose. We saw examples when concerns had been reported appropriately to the local authority when required.
- Staff received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination.

Assessing risk, safety monitoring and management

- Care was delivered in ways that supported people's safety, health and welfare. This involved risk assessments being completed with regards to the persons individual care and support needs, and any equipment being used.
- Changes to people's care needs and associated risks were identified. For example, prior to a person returning home after a stay in hospital, a full review was completed by the provider. Due to a change in the persons mobility, moving and handling equipment was put in place. This meant that staff were able to provide safe and appropriate care for the person on their return home.
- Some people were at risk due to specific health conditions including Parkinson's and dementia. Others had phobias or were at particular risk due to life choices and behaviours. Risk assessments were reviewed regularly and updated if any changes occurred. Staff told us they received a comprehensive update when any changes had occurred, or after any significant events. Staff felt they had the information they needed to be able to meet people's needs safely.

Staffing and recruitment

- There were enough staff working at the service to ensure people received the care and support they needed. The registered manager told us "Care is tailor made to every client as none are the same, we are very particular what carer we send to people. It's all about the right carer to right client."
- Staff received regular rotas and any changes were passed onto them via the care system which staff accessed on a mobile telephone. This enabled staff to have up to date information on people and their call times.
- People's visits were planned. People receiving help with personal care and meals had set times when visits took place, with some receiving up to four visits a day from care staff.
- Safe recruitment and selection procedures were in place. All required safety checks including references and Disclosure and Barring Service (criminal record) checks took place before a person could start work at

the service.

Using medicines safely; Learning lessons when things go wrong

●Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. A relative told us, "The carers have blister packs that they give mum. They have the medication sheet in the ring binder, and they record the medication on that. There's never been any mistakes that I am aware of."

●Staff had access to policies and procedures used by the provider to ensure medicines were managed and administered safely.

●Detailed medicine risk assessments were completed to assess the level of support people required.

●Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

●Significant changes had been implemented to medication procedures. After a number of documentation errors had been identified during monthly audits, a robust action plan had been implemented to address these errors. To ensure staff felt confident and competent, further training was provided and the number of errors had significantly reduced. This had been taken forward as ongoing learning.

●Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Any identified follow up actions to prevent a re-occurrence had been recorded, actions shared with staff and analysed to look for any trends or patterns.

Preventing and controlling infection

●People were protected by the prevention of infection control. Staff had received infection control and food hygiene training. These were regularly updated. Staff had access to personal protection equipment, including gloves and aprons.

●The provider had policies and procedures in infection control and staff had access to these and were made aware of them on induction.

Good

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 the last inspection this key question was rated as Requires Improvement because improvements were needed to best interest decisions for people who lacked capacity. At this inspection we found improvements had been made, and this key question had improved to Good. This meant people's needs were met through good organisation and delivery.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the process to follow should it be needed. Since the previous inspection, mental capacity assessments had been improved and best interest decisions had been completed. These also recorded who had been involved in any decisions made.
- Peoples consent was gained before care was provided and people had signed to show they had consented to the information recorded in their care documentation. One person told us, "They ask me what I want, they always check I have access to the things I need." A relative said, "Mum has a dementia, the staff are very considerate."
- Staff received training and understood mental capacity and that people had the right to make their own decisions.
- People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed, and a detailed care plan written before people started to receive support from Country Carers. All staff providing a person's care, had opportunity to familiarise themselves with the

care plan kept in the persons home and a duplicate copy kept in the office.
●Office and care staff communicated well. Staff updated the office when any changes occurred and were able to share messages and updates via the electronic system on their mobile telephone. This system informed care staff of their rota and daily visits, and staff were required to check in and out when they carried out visits to a persons home. The system also enabled office staff to track care calls and monitor if care staff were delayed in traffic and if timescales for calls were adequate. This meant people received highly effective, individualised care, as staff had access to the most up to date information and the provider ensured that all care visits met people's assessed needs.

Staff support: induction, training, skills and experience
●People received care and support from a consistent group of staff who knew them well and understood how to support them. Staff turnover was low, this meant continuity of care was maintained as staff had the training and experience required to meet people's needs.
●The service regularly carried out spot checks and supervision of their staff to ensure best practice was followed at all times. Care staff who were new to care when they started working at Country Carers received excellent support and training. Staff completed the Care Certificate, The Care Certificate ensures that staff new to care receive an introduction to the information, skills, knowledge and values to provide high quality, safe and appropriate care for people. Many staff had completed or were working towards national vocational qualifications.
●Staff told us they received the training they needed to meet people's needs. One said, "The training is very good, there's a mix of online and face to face. Both are good, but the face to face moving and handling and the medicines training were really good."

Supporting people to eat and drink enough to maintain a balanced diet
●Staff supported people's nutrition and hydration needs by helping them with shopping and preparing food. Peoples nutritional needs were well managed and reviewed regularly. Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently. One person ordered prepared meals to be delivered. However, as they were unable to answer their door due to poor mobility the registered manager/provider had arranged for the meals to be delivered to the office and staff took the meals to the persons house and put them in the freezer. Meals were then prepared by staff during visits.
●Peoples nutrition and fluid intake was monitored to ensure peoples nutritional needs continued to be met, and when appropriate referrals were made to people's GPs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●People were supported to lead healthier lives as the service worked closely with other healthcare services. This included the district nurses, GP's, occupational therapists, and other specialist teams involved in people's care. The service had also worked collaboratively with another care agency who also provided care to a person. Staff told us this had been productive and beneficial to ensure consistency of care.
●Referrals to other agencies were made promptly when required. If people were admitted to hospital the service liaised closely with the hospital team to ensure any changes to the persons support needs could be implemented on their discharge home. Information was available to be given to other healthcare professionals to ensure they were aware of peoples medical and support needs.
●Staff had access to relevant guidance and protocols which were reviewed and updated to ensure information remained current and relevant. All care provided followed current best practice guidance.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were kind and caring. Due to a consistent team of staff providing care to each person, they were able to get to know people and their needs very well.
- People were treated as individuals and staff told us consideration was always given to people's preferences and choices. People spoke highly of the care staff. One told us, "I would say care is of an excellent standard."
- Treating people with dignity and respect was part of the culture and values of the service, this was apparent from how records were written, feedback we received from staff and from what people told us. Relatives confirmed that people were treated with dignity and respect. One told us, "They have the balance of care and consideration with professionalism down to a fine art, it is always done with care and consideration one hundred per cent."
- Staff spoke with obvious affection about the people they provided care to, telling us "I love my job and the people I look after." The registered manager/provider told us of one occasion when a person's telephone was out of order. Staff contacted the persons son who did not live locally as they knew he would be worried if he couldn't get hold of his father. The manager also carried out extra visits to ensure the person was safe until their telephone was fixed.
- People valued the relationships they had formed with staff. One said, "They are very courteous, and kind hearted, and they are genuinely caring."
- Peoples independence was supported and encouraged. Care plans guided staff about what people could do for themselves and where they needed support. Staff told us how they supported people to remain as independent as possible. Ensuring they were involved in choices and given space and privacy when needed. Staff told us they always ensured care was provided in a dignified way, to allow the person privacy and dignity at all times.

Supporting people to express their views and be involved in making decisions about their care

- Regular questionnaires and feedback was requested. People confirmed that they were continually asked for their views and they felt they were listened to.
- People received regular visits and calls from office staff to ensure they were happy with the care provided and to review any required changes. Relative's told us, "A form comes periodically. They send out a newsletter every so often and we usually get a form with that which we fill in and send back."
- People received regular reviews to ensure their care needs were being met. One relative told us, "The last review we had was in July last year and it involved mum's last wishes regarding her care as she deteriorates.

To be fair, as I totally trust [managers name] implicitly, when she rings me, telling me she is pushing for more hours of care for example, I trust her and I go along with what she is suggesting because she is there every day and I am only there every two months or so."

●Peoples communication needs were discussed and reviewed as part of the initial assessment. Communication needs were reviewed regularly to ensure any adaptations required to assist people were implemented.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

●Care planning was personalised and discussed with people and those caring for them when appropriate. Everyone we spoke with confirmed they had been consulted about their care plan prior to care commencing and regularly since. One told us, "They were very meticulous and there was a large form and they filled it in, I remember it well." A relative told us, "One of the office girls phones me up and says they are coming out to check everything is ok with mum, it is all very regular."

●Relatives, healthcare professionals and care staff were involved when appropriate and kept updated of any changes. Each person was treated as an individual. Staff adapted their approach from person to person. For example, talking to people about their needs and preferences.

●Peoples communication needs were known and understood by staff. Each care plan contained guidance to inform staff how to engage effectively with people. There were detailed descriptions about each person's likes, dislikes, chosen behaviours and things that may make them anxious or upset including triggers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. This information ensured staff were able to communicate effectively with people. For example, one persons care plan included that they were not able to retain information for long periods. However, the person could communicate effectively with yes or no answers.

●The provider told us that information was reviewed regularly and any changes to people's communication needs would be updated if needed and shared with staff.

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

●Staff supported people to enjoy activities and socialise. For example, care staff and management took people shopping and to local cafes. One member of care staff told us how they used to take a gentleman to the pub, as this was something he liked, or out for a drive as the person used to enjoy going out for drives. "It was really nice as he would tell me about the area. Getting out really improves people's quality of life."

●Staff and management enabled and supported people to maintain relationships that were important to them. Some people had close relationships with family members. Staff and management knew people's family and kept in regular contact with them, including those who did not live locally. For people who did

not have family or who were at risk of being socially isolated, staff spent time with people, and people appreciated this, telling us, "I know them all, they have become friends, I know them all now."

●People had opportunity to access the wider community. The service was located in the community centre in Rye. People and their families accessed the office frequently, popping in to chat to staff. People's religious and cultural needs were considered, and staff supported people who wished to attend religious services.

●Staff had organised a Macmillan cancer support coffee morning, and at Christmas they held an 'Elf Day' to support Alzheimer's charities. Both events were held in the community centre hall. Staff were encouraged to dress up and get sponsorship. People using the service, family, friends and the wider community were encouraged to attend. Staff arranged to bring people to the event and supported them whilst they attended. This gave people the opportunity to meet others, catch up with old friends and acquaintances. Staff told us people who did not go out very often had fed back that they had really enjoyed attending the events.

Improving care quality in response to complaints or concerns

●People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.

●The complaints policy and procedure was discussed, and a copy given to people during the initial assessment. All information was available in the service user guide, kept in people's homes. People told us, "I've got a thing that I can complain directly to them, on the folder there is a page explaining who to complain to. I would feel comfortable to complain. I did complain once about something and it got all sorted out to my satisfaction." And, "I go into the office, I pop in and out if there is anything I want to discuss, I would quite happily tell [managers name] if I had any qualms."

End of life care and support

●Nobody was currently receiving end of life care. However, we were told that peoples' end of life care wishes were discussed and recorded.

●The service had previously received support from community nurses and other health professionals including hospice homecare teams to support people receiving palliative or end of life care.

●People had Do Not Attempt Resuscitation (DNAR) forms if appropriate.

●The registered manager/provider told us that high quality end of life care was essential. They had recently introduced questions when interviewing potential new care staff around their experiences of death and end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback in relation to how the service was run. One person said, "I do trust them. They are kind, and friendly and chatty." A relative said, "She is happy, she is very grateful, without it she couldn't live at home, which is where she wants to be."
- People and staff spoke highly of the service and felt it was well-led. Staff said, "It's a small company we all get along well and just support each other." Staff demonstrated a good understanding of their roles and responsibilities. Telling us, "Support is great here, morale is good, you can speak to anyone in the office or the manager if you have any concerns at all."

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 aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- People and their relatives were kept informed of any changes or issues however minor. The provider was clear that accidents, incidents or concerns would be referred to the appropriate agencies when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider completed quality checks and audits to monitor care, documentation, safety and quality of the service. Results were analysed in order to determine trends and introduce preventative measures.
- Office staff and management carried out home visits, reviews and spot checks to ensure that standards of care remained high.
- The provider understood their regulatory responsibilities. Notifications of significant events, such as deaths, DoLS and safeguarding concerns had been submitted to the Care Quality Commission (CQC) in line with guidelines. Reportable incidents had been referred appropriately to the local authority. Action was taken to prevent similar occurrences, and outcomes were shared with staff.
- The service had contingency plans in place, for example, for bad weather. This included access to four wheel drive vehicles and emergency office cover. A traffic light rating system was implemented to prioritise visits and ensure people received calls based on their level of need.

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

●People and staff were involved in developing the service. There were systems and processes in place to consult people, relatives and staff.

●Staff meetings took place to share information and provide ongoing learning and support. Feedback was regularly sought from people using the service and their relatives to monitor satisfaction with the service provided.

●People were kept fully informed regarding their care provision and relatives regularly updated, one told us, "I can speak to anyone at the office if I need anything clarified. And, "They fill in all the records. I make it a point when I come down to visit to check mum's file, so I know what is going on and it is always completed and up-to-date and appropriate."

Continuous learning and improving care; Working in partnership with others

●The provider maintained a good professional relationship with a number of different teams and organisations involved in people's care. This enabled them to support people and work collaboratively with other healthcare teams involved in people's care.

●To support ongoing learning, staff attended workshops and further training was being planned. This included implementing oral health champions and attending workshops regarding hydration and infection prevention study days.

●To improve risk of falls and improve care a falls folder was developed. This looked at people's history of falls. A monthly falls review looked at the number of falls, to reduce further risk the staff and management liaised with the falls team. The provider told us, "There is always something new that can be used, that's why working with other agencies it is a good way of learning."