Care Counts Limited

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Inspection report

Unit 20
Enterprise Centre, Ray Street
Huddersfield
HD1 6BL

Tel: 01484424744
Website: www.carecounts.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Care Counts is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, including people living with dementia and disabled adults. At the time of this inspection, 120 people were being supported by the service, 84 of these were in receipt of the regulated activity, 'personal care'.

People's experience of using this service:
- People told us they received a service that made a difference and improved their lives. One person told us, "They're indispensable." Relatives also shared very positive feedback.
- We found the service had deteriorated in some domains since our last inspection.
- The service met the characteristics of requires improvement in three out of the five key questions.
- We found one breach of the regulations in relation to consent. The provider was not completing decision specific mental capacity assessments and best interest decisions for people who lacked the capacity to make decisions about their care. Staff had received training in this area however their knowledge was limited.
- We have made two recommendations in relation to medicines, and checks on lifting equipment used by care workers.
- The provider had organised thematic activities as a way of offering opportunities for people, relatives and staff to socialise.
- People were supported by staff who were motivated, enjoyed their job and felt well supported through regular supervisions assessments of their competency and training.
- The management had a clear vision about the quality of care they wanted to provide and there was an open and person centred culture in the organisation.
- More information is in the full report.

Ratings at last inspection: At our last inspection the service was rated good overall. Our last report was published on 12 July 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: Information relating to the action the provider needs to take can be found at the end of this report.

Follow up: We will continue to monitor the service to ensure that people received safe, high quality care.

Further inspections will be planned for future dates. We will follow up on the breaches of regulations and recommendations we have made at our next inspection.

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 not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Care Counts 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit was conducted on 22 January 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. Inspection activity started on 22 January 2019 and ended on 24 January 2019.

Inspection team: This inspection was conducted by one adult social care 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 care service. For the purpose of this inspection, that experience was in community based services.

Service and service type: The service was a domiciliary care agency.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 24 hours' notice of the inspection visit because we needed to be sure that they would be available to speak with us during the inspection.

What we did: Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We requested and received feedback on the service from the local safeguarding teams and commissioners.

During the inspection, we spoke with ten people using the service and eight relatives of people using the service. We spoke with nine staff; this included one of the directors, the registered manager, training manager, office manager, care coordinator and care workers. We received feedback from two healthcare professionals who have worked with the service. We looked at care records for three people using the service including support plans and risk assessments. We analysed three medicine administration records. We reviewed training, recruitment and supervision records for three staff including recent observations of their competencies. We looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

After the inspection, we exchanged emails with the registered manager for additional evidence and updates on the actions being taken by the provider following this inspection.

The report includes evidence and information gathered by inspector and the Expert by Experience. Details are in the key questions below.

Requires Improvement

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe.

Using medicines safely

● People told us they felt safe with staff's support with their prescribed medicines. Comments included, "They give me my pills everyday" and "I have cream and splints; they check my skin for sores."

● During this inspection we found inconsistency in how staff were administering and recording people's prescribed creams. For example, one person had had issues with their skin integrity and had been prescribed creams. These were not always being recorded on their medication administration record sheet (MARs). This person's medication care plan indicated they required cream to be applied three times a day but when we reviewed this person's daily notes, we saw this was not always happening. There had been no deterioration in this person's skin integrity. We discussed this issue with the registered manager and they told us they had reviewed their paperwork and were going to audit the medicine records of people with prescribed creams to make sure these were administered and recorded appropriately.

● The provider's medication policy did not include detailed guidance in relation to prescribed creams. We have made a recommendation for the provider to consult current guidance in relation to the safe administration of medicines in the community.

● We saw the provider was safely administering people's medication from their dossette boxes (pill organisers that can be pre filled by the pharmacist) and there were no gaps in recording.

● Regular medicine audits were being completed to ensure any concerns were highlighted promptly however these had not identified the issue found at this inspection with creams.

● Staff's competency to administer medication was regularly assessed.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us Care Counts provided a safe service. One person said, "They're very good to me." One relative commented, "Yes, absolutely [safe]; [relative] really likes them and does trust them."

● Staff had received training in safeguarding adults, knew how to identify abuse and how to raise a concern. One care worker said, "First we would ask the client and then we would report it to the office."

● The registered manager knew what to do if a safeguarding concern was reported to them and we saw evidence of previous concerns being appropriately managed. However, the registered manager had not always submitted the appropriate statutory notifications to the CQC. We discussed this with them and the registered manager immediately submitted this information.

Assessing risk, safety monitoring and management

● The provider had effective systems in place to identify and manage risk to people's care. For example, people had a range of risk assessments to look at different areas of their care such as their health, moving and handling and home environment. For example, one person required support to be lifted with a

mechanical hoist. Their risk assessment clearly indicated the equipment and manoeuvres staff should use. One healthcare professional told us, "In my experience [of working with Care Counts] people are safe, when I have worked with clients and reviewed care packages safety issues have not been an issue, I find care plans and risk assessments are up to date."

● Staff knew how to deal with incidents such as falls and people feeling unwell. One care worker told us that if they found a person on the floor following a fall they would, "phone the ambulance, if needed, make sure their airways were clear and [place the person] in the recovery position."

● The provider did not keep a record of all the dates when equipment being used to lift people had been serviced or maintained. This is required to ensure systems were effective in keeping people and care staff safe from faulty equipment and we made a recommendation for the registered provider to research and implement good practice. After our inspection, the registered manager told us they had been in contact with the external company that carried out these checks and confirmed the equipment in use was safe.

Staffing and recruitment

● People were supported by staff who were safe to work with them. Staff files contained the information required to aid safe recruitment decisions such as full employment history, references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

● People and relatives told us the care workers did not miss any care visits, stayed for the full length of the visit and arrived on time most of the time. One person said, "Never had a missed call." Another person said, "We have a good arrangement, they give me a ring (if staff are going to be late)." The registered manager told us they were using an electronic call monitoring system which enabled them to check if carer workers were on time for the care calls.

● People and relatives told us they usually knew who were going to provide care. One person said, "Rota is given and they let me know if anything changes." One relative commented, "I have a copy of [relative's] rota and there's one in her house."

Preventing and controlling infection

● The provider was managing the risks of cross infection appropriately. Care workers had completed training in infection control prevention. Staff told us they had access to personal protective equipment (PPE), including gloves and aprons. People told us, "They [staff] wear uniform, pinny [apron] and gloves. Only the pinny when they're helping in shower though, not when they're cleaning" and "They [staff] wear all the stuff and put gloves on when I have my ointment."

Learning lessons when things go wrong

● The registered manager told us there had been no accidents or incidents that they were aware of and told us that if, "an accident occurs, we would complete the necessary incident/accident form. We would also log this information and discuss and look back on whether this had happened before and what measures we can put in place to lower or eliminate any risks."

Requires Improvement

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider was not completing decision specific mental capacity assessments and best interest decisions for people who lacked the capacity to make decisions about their care. For example, one person's care documentation indicated they were living with dementia, had difficulties with their short term memory and required staff to, 'constantly reassure [person] whilst giving simple instructions.' This person was supported with personal care and assisted to move with the help of equipment. The provider had not completed any decision specific mental capacity assessments for this person. The office manager told us they were not completing these assessments because people who had difficulty in making decisions were appropriately supported by their relatives. This is not in accordance with MCA.
- When we spoke with care workers, all confirmed they have received training in this area, however none of them were able to explain how this was applicable to their work or how would they know if a service user lacked the capacity to make certain decisions. Staff said, if in doubt, they would seek advice from the office.
- There was no evidence people were being restricted or received care that was not in their best interests.
- These findings constitute a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.
- We discussed these concerns with registered manager; after our visit they sent us evidence that they had started to address these issues by putting in place the appropriate paperwork and providing further training to staff.
- People told us they were able to choose what they want and staff listened to them. People said, "I choose what I want" and "They're [staff] all very kind, if I want something, I ask and they do it."

Staff support: induction, training, skills and experience

- People and relative told us they felt staff were trained and had the right skills to provide support. One person told us "Yes, they're [staff] very well trained." One relative commented, "Certainly, yes [well trained] and on occasion I have asked them [staff] for advice."
- Staff had access to varied and relevant training. The training plan which was up to date.

● People were supported by staff who had been supported by regular supervision, appraisal and observations. Staff told us, "They [managers] are supportive."
● New members of staff had been through an induction period which included online and classroom training and shadowing shifts with more experienced members of staff. The registered manager told us that all new care workers were introduced to people before starting their provision of care.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat a balanced diet that met their needs and in accordance with their preferences. One person said, "We go out every Friday [for a meal out]." Another person said, "They [staff] bring fish and chips which is lovely." One relative told us, "It's the little things like the way [relative] likes sauces on his food, they remember that."
● People's care plans included information about their nutritional needs and preferences.
● The registered manager told us how they would prevent and manage the risks of malnutrition and gave us an example of the support they provided when one person lost weight.

Staff working with other agencies to provide consistent, effective, timely care
Supporting people to live healthier lives, access healthcare services and support
● People told us care and office staff had contacted other healthcare professionals when required. People said, "They [care worker] phoned for the ambulance straight away" and "When I was in hospital [Office manager] liaised with [equipment services] and nurses to get my chair." One relative commented, "They [care workers] are very vigilant and pro-active, they do ring the doctor."
● The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services.
● One healthcare professional told us, "I find Care Counts to be very receptive, they listen well and take on board comments and suggestions. I find Care Counts are very proactive and work in a timely manner." Another healthcare professional told us the provider was, "adaptable and flexible."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity are respected

- People told us they were supported by staff who were kind and provided a service that made a difference to their lives. Their comments included, "We've become friends, my family are a long way away", "[Staff member] puts rollers in my hair and makes me look nice, I'd give her a gold star", "They [staff] know how I tick", "Helpful and lovely girls", "I have contact with the office, they do actually care about clients" and "They're [staff] all very kind."
- Relatives' feedback was also positive. They said, "They [staff] talk to [relative] in a nice way, one of the young girls [care worker] has a lovely way about her, they even sing to him", "They're [staff] more like friends than carers, most of them treat [relative] like she's their grandma", "They [staff] know [relative] well, they have a good rapport and banter" and "They've [staff] cared for [relative] and [relative] and listened to me too, they've been an ear."
- One healthcare professional told us, "Care counts have always been a very professional provider who appear to put their service users at the heart of everything they do."
- Staff and management talked about people in a caring and respectful way.
- The registered manager and staff had a good understanding of protecting and respecting people's human rights. People received care and support which reflected their diverse needs in relation to the protected characteristics of the Equalities Act 2010.

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

- People and relatives told us they were involved in decisions about the care delivered by the provider. One relative said, "I wrote up [relative's] care plan with Care Counts and we've adapted it as we've gone along." Another relative commented, "I'm always there for [relative's] care plan review and they let me know."
- Records that we looked at confirmed regular reviews were taking place and involving the relevant people.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People told us staff respected their choices. One relative commented, "They [staff] make sure [relative] remains dignified, they do things like pull the blinds down when he uses his hoist."
- Staff we spoke with demonstrated how they provided care that was respectful and promoted people's privacy and dignity. For example, one staff member said that when providing personal care they, "made sure doors were closed, no one else goes into the bathroom and keep communicating [with people]."
- We saw sensitive personal information was stored securely. People's care records were stored electronically and the registered manager explained us how this information was kept protected. For example, the app used by care workers on their smart phones to access people's information was set to log

off after 60 seconds; this ensured that if their phones were left unattended or lost, unauthorised people could not have access to people's private information.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People and relatives received a flexible and personalised service that was responsive to their individual needs and preferences. People's comments included, "Yes, they [staff] listen to me and remind me of things to do", "They [care workers] notice things, thanks to them the ulcer on my leg healed up" and "They [staff] do stuff without been asked, like watering my plants." One relative said, "They [staff] do the minimum amount of turns [in bed] so my [relative] doesn't get upset."

● Care plans reflected people's choices, wishes and preferences and things that were important to them. For example, care plans included information about people's relevant relationships and those who were involved in their care. People's care plans clearly indicated when family were involved in some of the care tasks. This allowed people to receive care the way they wanted.

● The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered. The registered manager told us they had issued their newsletters in Braille at the request of a service user.

● The provider was supporting some people with accessing activities of their choosing. For example, one person was supported to go to the gym with a care worker. The provider had organised thematic activities in the office for people, relatives and staff. For example, the registered manager told us they had organised a coffee morning with people who used the service and "people said they enjoyed the [coffee mornings] and asked for more". Recently the provider had organised a Christmas party and the feedback was also positive. The registered manager told us, "They all enjoyed [the party], staff came with service users; one service user came in his RAF suit, all smart."

Improving care quality in response to complaints or concerns

● People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be responded to. People's comments included, "I'd tell carers if there's something wrong", "It wasn't a complaint as such, just that the times of my visits were not right, but now they're ok", "I'd phone [registered manager] if anything was wrong but I'm more than happy with everything" and "I rang office and spoke to [Office manager] about tea time calls being too early, it got sorted." One relative said, "I rang them about a carer not emptying the night bag properly, I flagged it up and it hasn't happened again."

● The service had received one formal complaint and it had been appropriately investigated by the registered manager.

End of life care and support

● The provider was not currently supporting anyone who required end of life care but the registered manager and training manager told us about the close links they had with the local hospice and some care workers had received specialised training in caring for people at the end of their life. Our conversations with care workers confirmed this.

● People's care plans included, when relevant, information about their advanced decision for cardio pulmonary resuscitation not to be attempted in an event of a cardiac arrest and the original document could be found in the person's house.

Requires Improvement

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

Requires Improvement: the management of the service required improvement in some areas.

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

- We identified one breach of the regulations in relation to consent during this inspection. We have made recommendations in relation to medicines management and checks in equipment. The registered manager had not submitted statutory notifications in relation to safeguarding concerns. The registered manager did take immediate action to address concerns during and after our inspection.
- People, relatives and staff spoke positively the service and its management. People's comments included, "I have contact with the office, they do actually care about clients", "They [staff] take on board everything that you are saying and always get an answer", "I'm delighted with the way things are going", "I hope things carry on as they are, I'm happy" and "I think they're [staff] amazing." Staff said, "Care Counts is a very good company", "I am quite happy [with my job]" and "I am really enjoying it, I am surprised how supportive they [managers] are, they genuinely care about staff and clients."
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their websites. On our arrival at the office we saw the ratings from last inspection were clearly displayed as well as on their website.

Continuous learning and improving care

- A variety of regular audits and quality monitoring were taking place. Whilst findings were recorded and included the actions taken to improve the service, they failed to identify some of the issues we raised during this inspection.
- The management team were very engaged, positive and proud about the work they had developed and the plans they had to improve the quality of the service provided. For example, one of the directors and the registered manager told us about their plans to use technology in the safe administration of medicines and delivery of care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager promoted openness and transparency throughout the staff team. Staff told us how they felt supported to raise any concerns and openly discuss any issues, for example, during team meetings.
- Policies and procedures were available and accessible to staff to support them in their roles.

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

characteristics

● There were systems in place to ensure effective communication including phone calls, text messages, staff meetings and a newsletter. Records we looked at showed staff meetings were being held regularly. Our conversations with staff confirmed these meetings were a safe space to discuss relevant aspects of their work.

● Surveys were given to people who used the service and their family members. The results of these surveys were analysed by the registered manager.

● We saw several examples of compliments and positive comments from people and relatives.

Working in partnership with others

● Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, social workers, district nurses and commissioners of people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not completing decision specific mental capacity assessments and best interest decisions for people who might lack the capacity to make decisions about their care.