

Countywide Caring Limited

# Countywide Caring Ltd - Domiciliary Care Office

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection was carried out on 27 September 2017. Countywide Caring Limited provides domiciliary care services to people who live in their own home. At the time of our inspection there were 30 people with a variety of care needs, including people with physical disabilities or mental health needs, using the service.

We last inspected the service on 8 July 2015. At the inspection in 2015 the service was rated Good with an outstanding rating in well-led.

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

The service continued to be exceptionally well led by the registered manager, who was also the registered provider. The registered manager promoted a strong caring culture that valued everyone and promoted mutual respect. This culture ensured people received a personalised service that put them at the centre of everything the service did.

The registered manager used her skills and extensive knowledge to find innovative ways to improve the experience of people using the service. This included the importance of involving people in the wider community.

Without exception everyone we spoke with were extremely complimentary about all aspects of the service, particularly the caring nature of the staff. People described how staff were always prepared to go the extra mile to enhance people's well-being. Staff were passionate about their role and committed to providing a high quality service.

People were involved in their care and were supported to make decisions in respect of all elements of their support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was responsive to people's needs and took prompt action to address people's changing conditions. Staff took time to get to know people and used this knowledge to enhance people's well-being, showing great empathy to people's situations.

Staff were highly skilled and supported to continually improve their knowledge through accessing training. Staff were motivated to access development opportunities and achieve national qualifications. They told us they were supported in a positive way when they had difficulties.

Medicines were managed safely. Staff were trained to ensure they were competent to administer people's medicines. Risks to people were assessed and there were effective plans in place to manage risks.

There were sufficient staff to meet people's needs. People told us staff were rarely late and no one we spoke with had experienced any missed visits.

There were effective systems in place to monitor and improve the service. This included systems to obtain feedback about the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Medicines were managed safely to ensure people received their medicines as prescribed.

Risks to people were identified and there were plans in place to manage the risks.

There were effective recruitment systems in place to ensure staff were suitable to work with vulnerable people.

### Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities to ensure people's rights were protected and that people were supported in line with the principles of the Mental Capacity Act.

Staff were supported through an effective supervision process.

People were supported to access health professionals when required.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

There was a strong caring culture throughout the organisation.

Staff were totally committed to the people they supported and went to great lengths to improve their well-being.

The service looked for innovative ways to communicate with people and ensure their needs were met.

### Is the service responsive?

Good ●

The service was responsive.

People were valued as individuals and received personalised support to meet their needs.

Staff knew people well and used their knowledge of people to improve the support they received.

People were supported to engage in the wider community.

### **Is the service well-led?**

The service continued to be outstanding.

The registered manager was passionate about the service and constantly strived to look for innovative ways improve the service.

The management team promoted a strong culture that valued everyone involved in the service.

There was an extremely committed staff team who felt valued and listened to.

**Outstanding** 

# Countywide Caring Ltd - Domiciliary Care Office

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 September 2017 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the location.

The inspection was carried out by one inspector.

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and notifications sent in by the provider. Notifications are incidents the provider is required by law to submit to CQC.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at four people's care records, five staff files and other records relating to the management of the service. We spoke with the registered manager and four members of the care staff team.

Following the inspection we spoke with four people using the service and two relatives.

# Is the service safe?

## Our findings

People were supported by a service that provided safe care. People and their relatives told us people were safe. One relative told us, "(Person) is very safe. They always make sure the house is secure when they leave".

Staff had completed training in safeguarding adults and were clear about their responsibilities to identify and report any safeguarding concerns. One member of staff told us, "I would report and record. I would inform (registered manager) and the safeguarding team. If I thought (registered manager) hadn't taken any action I could whistle blow".

The provider had a safeguarding policy and procedure in place. Records showed that safeguarding concerns had been reported appropriately to all outside agencies and fully investigated.

There were sufficient staff deployed to meet people's needs. No one we spoke with had experienced a missed visit and calls were rarely late. Staff arrived on time and never rushed people during the care calls. One person said, "They are never late, they always come when they're meant to and always make sure I have everything I need before they leave".

People's care plans included photographs of all staff to ensure people could recognise staff when they visited. People received a weekly rota advising them who would be visiting them and were notified if there were any changes to the rota.

The service had an electronic monitoring system that enabled senior staff to monitor calls and an alert was made if care workers were late to a call. This managed the risk of missed visits.

Medicines were managed safely. Care plans included the support people required to take their prescribed medicines. There was an up to date record of all medicines people were prescribed and how they were administered. Medicine administration records were accurate and fully completed.

Staff completed training in medicine administration and where required they completed specific training for people to ensure medicines were administered as prescribed. Staff competency was checked regularly to ensure they were skilled in the administration of medicines.

People's care records included risk assessments. Risks identified included those associated with: behaviour; epilepsy; falls and nutrition. Where risks were identified there were plans in place to guide staff in the management of the risk. For example, one person was diagnosed with epilepsy. The risk assessment detailed the risks associated with the condition and the management plan clearly guided staff in the action they should take if the person experienced a seizure. Daily records showed that appropriate action had been taken by staff.

Care plans included risks associated with the environment. Where risks were identified there were

photographs of the area to inform staff of the risks. For example, where there were uneven paths on the approach to a person's property.

The registered manager completed a record of all equipment in people's homes and the date equipment had been serviced. This ensured equipment was monitored to ensure it was safe to use.

There was an effective contingency plan in place. For example, records showed that the registered manager took prompt action to ensure the continuation of the service in adverse weather conditions. In response to a forecast of significant snow fall, the registered manager revised the schedule of calls to allow extra travel time and sent advice to staff about actions to take in the event of bad weather. Systems were put in place to check staff returned home safely. Information was sent out to people to advise them of possible delays and reminding them about the risks of going out in bad weather.

The registered manager ensured relevant checks were completed before staff worked unsupervised in people's homes to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

## Is the service effective?

### Our findings

People and relatives were confident staff had the skills and knowledge to meet their needs. Comments included: "(Registered manager) trains them beautifully"; "They (care staff) all know exactly what they're doing. They're always getting training" and "Oh yes, they are very well trained".

Staff completed a range of training which included: Safeguarding; Mental Capacity Act 2005 (MCA), first aid; hand hygiene; dementia and epilepsy. Staff were supported to access national qualifications in health and social care. One member of staff told us, "(Registered manager) kept me going through my level 3. (Registered manager) helped me a lot; explained everything. It improved my knowledge and made me reflect on my practice. Made me stop and think how can I improve?"

Staff felt extremely well supported and benefited from regular supervision. Staff comments included; "I can say anything. We talk about how my training is going and I feel listened to" and "I am always supported. I can call [the management team] at any time. I have supervisions about every 10 to 12 weeks and I can discuss any issues I have".

Regular 'spot checks' were completed to ensure staff were competent and maintaining the standard of care required by the registered manager. Records showed staff were given feedback following the observations and any issues were addressed in a supportive and constructive way.

New staff completed an induction programme that was linked to the Care Certificate. The Care Certificate is a set of standards all social care and health workers should apply in their daily working life. Staff were supported through the induction period to ensure they were competent before supporting people unsupervised. One new member of staff told us, "I've had all the training. I did shadowing and was eased into it until I was confident. They (staff) always asked me if I wanted to do something or just watch. I was never pressured to do anything I wasn't confident with".

People's rights were protected in line with the Mental Capacity Act 2005 (MCA). 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.

Staff had completed training in MCA. Staff understood how to support people in line with the principles of the act to ensure their rights were protected. One member of staff told us, "We make sure we involve people and support them to make decisions. Where people have advocates or lasting power of attorneys they are involved in the decision making. We would work with family and GP to make decisions".

Records identified where people had conditions that may affect their capacity to make decisions. Where people had appointed a legal representative to make decisions on their behalf this was recorded in their care records and the registered manager ensured there were copies of any legal authority on file.

Where people required support with eating and drinking this was recorded in their care plan. Care plans detailed how people's specific dietary needs were met. For example, one person's care plan identified they required soft food options. Records showed the person received food of an appropriate consistency.

People were supported to access health professionals when required. Records showed that staff had supported people to be seen by district nurses, speech and language therapy, GP and mental health team as appropriate.

## Is the service caring?

### Our findings

Everyone we spoke with, without exception was complimentary about the caring culture promoted throughout the organisation. Comments included: "(Registered manager) keeps telling us it's all about us and that they're here to care"; "(Registered manager) has done a really, really good job at making sure people get the care they want" and "Nothing is ever too much trouble".

Staff were positive about the caring culture promoted at every level of the service and felt this was due to the commitment of the registered manager. One member of staff told us, "(Registered manager) is very passionate and that rubs off. There is a really caring attitude".

People and relatives were extremely positive about the caring approach of staff. One relative told us, "They (staff) are absolutely fantastic. They care for him like he is one of their own. It's been life changing for all of us (extended family)". The relative went on to explain the impact on their own life of knowing the person was being cared for by staff who truly appreciated (person) for who he was. The relative said, "They go well beyond what they need to do. They do anything to make (person's) life as happy and comfortable as they can". Other comments included: "They are all so pleasant and helpful"; "I have never known such a happy, kind group of carers" and "They do make me laugh. I would recommend them to anyone".

It was clear people had developed close and meaningful relationships with staff that had a positive impact on people's lives. People's comments included: "They keep me happy. They're really friendly. They're the best I've ever had, they really care"; "They make me laugh, we laugh together"; "We're not just a client, we're their friends. They always make sure when they leave that I am smiling" and "I've got to know them. I thoroughly love having them".

People's well-being improved as a result of the kindness and patience shown to them by staff. One relative told us, "(Person) is a like a different guy. (Person) was so depressed last year, now he's up every day, eating well and putting on weight. Their approach is brilliant, they really care". Another relative had contacted the registered manager to thank them for managing to persuade a person to have their hair washed. It was clear this had a positive impact on the person.

People benefited from staff who had an extremely caring approach to their work and valued people as individuals. Staff were highly committed to providing outstanding care. Staff comments included: "If it's doable we would do anything for people"; "We go the extra mile naturally. We always want what's best for them"; "It goes beyond caring. It's about going the extra mile" and "Our aim is to look after people to stay in their own homes. Let them have what they wish in a safe and caring environment".

There were many examples of staff going the extra mile for people. Staff told us: "It's the little things that make a difference; going into the garden, sitting and having a coffee with them. It's important to make time to sit and chat with them"; "I regularly take (person's) dog out for a long walk. A chat a while ago revealed that one of the things he was getting depressed about was he couldn't take (dog) out. He even wanted to have (dog) put down because of this. Obviously I don't think he would ever take such action but when I can, I

pop up to his house and take (dog) out for an hour. This really brightens his day". We were told by the registered manager that many of the staff go in their own time to take the person's dog for a walk and "I remember when (person's spouse) was still with us and they were both talking about their home town in (another country) and how they hadn't visited for years due to being no longer able to travel. I set the computer up onto Google Earth and showed them places of interest, I remember how excited they both were to be able to see their old house live. One of many things that stick in my mind as (person) suffered poor short term memory but they could both reminisce on the pictures".

Staff went out of their way to be flexible to ensure people received appropriate support in a timely manner. For example, on the day of the inspection one member of staff was asked to collect a person's medicines during their care visit the following day. The member of staff checked what time the pharmacy was open and stated they would collect the medicines before they started the call so they could spend the full time with the person. Another member of staff offered to start their calls early to support a person who had a hospital appointment so that "Person was not rushed for the transport".

The registered manager looked for innovative ways to communicate effectively with people and overcome barriers to communication. For example, one person was unable to communicate verbally before staff called in the morning. During the morning call staff supported the person to connect to an aid that enabled the person to speak. The person's care plan identified that if staff needed to contact the person by telephone prior to the call the person would tap the telephone to indicate they were well and understood what information had been shared with them. Staff we spoke with were aware of the person's communication needs and how they should be met. The person's records showed that this method of communication was being used successfully.

People told us staff involved them in all decisions about their care and ensured they were treated with dignity and respect. One person told us, "They always do things how I want them. If there are any changes they always make sure they are how I want them". One relative said, "(Person) is always treated with dignity and respect. It's all about (person). They always check with him what he wants".

The service supported people at the end of their life. At the time of the inspection no one was being supported with end of life care. However, we saw many letters of thanks relating to the care provided to people and their relatives during people's end of life care. One letter stated, "I can't thank you enough for making it possible for (person) to stay in her own home which was all she ever wanted. You also made my life easier too so thank you for everything".

Staff were supported to develop their knowledge around end of life care to ensure they were able to support people with kindness and compassion. One member of staff told us, "I didn't feel equipped to deal with death. (Registered manager) was so supportive. She helped me access some training which has really helped".

## Is the service responsive?

### Our findings

People were supported by a service that was extremely responsive to their needs. One person told us, "They are very flexible. I just have to phone and they will do anything". One relative said, "They (staff) are brilliant. They will do anything. I needed to find a chiropodist. They found one for me and then offered to be with (person) so I could go to work". Another relative provided feedback to the service which stated, "Access to services such as occupational therapy and equipment such as bathing aids have been arranged immediately when issues have been raised".

Staff were responsive to people's needs and looked for ways to improve people's lives. For example, one person enjoyed looking out of the window at their garden. This meant the person sat on an uncomfortable chair in their kitchen. A member of staff suggested rearranging the person's furniture to enable them to sit more comfortably and enjoy the view of their garden. The member of staff then asked all other staff supporting the person to review the new arrangement with them to ensure it was satisfactory. It was clear from the feedback that the new arrangement had been a huge success for the person.

People received care that was personalised to their needs and ensured they were treated as individuals. Staff took time to get to know people and used this information to develop relationships. One member of staff told us, "It's important to get to know them. I have learnt so much about them, their lives, their histories". Another member of staff said, "It's about respecting them as individuals. Get to know them, what they used to do, then you can chat to them and put them at ease".

People's needs were assessed by the registered manager before care was provided. One person told us, "Initially (registered manager) came out and filled in all the information about me. She told me it was so they could care for me".

The assessments were used to complete a personalised care plan that ensured people's needs were met. Care plans contained information about people's past, what was important to them, their likes and dislikes and those who were important to them. For example, one person's care plan identified the person had experienced a bereavement and missed their loved one. The care plan informed staff the person enjoyed talking about their loved one as this helped them in their grief. Staff we spoke with were aware of this and encouraged the person to speak about their loved one.

The registered manager understood the importance of people feeling valued and involved in the wider community. There were many examples of people being supported to remain involved in the community and feel they were able to contribute. For example, the registered manager had prompted staff to ask people if they needed support to vote in the general election. Where help was requested people were supported to apply for postal votes or supported to attend the polling station. Another person designed a Christmas card for the service. The registered manager arranged for the card to be printed and sold. The proceeds from the sale were donated to a charity. This had clearly meant a lot to the person.

People and relatives were confident to raise concerns with the service and were confident they would be addressed. No one we spoke with had raised concerns. Comments included: "I have never once had to raise any concerns"; "I can always contact (registered manager) if I have any problems. I've never had to make a complaint" and "They do a good job. I have no complaints".

There was a complaints policy and procedure in place. A copy of the policy was at the front of people's care plans and contact details of the registered manager were sent out on the regular newsletter.

Complaints were recorded and responded to in line with the complaints policy. There had been one complaint since the inspection in July 2015. The complaint had been fully investigated and the registered manager had responded in an open and transparent manner, with a full apology.

## Is the service well-led?

### Our findings

At our inspection in July 2015 we found the service was outstanding in well led. At this inspection we found the provider had sustained the exceptional management and improvement of the service.

The management team was led by the registered manager who was also provider. The registered manager provided strong leadership that promoted a caring culture at every level. The management team promoted strong values that ensured people were valued and respected. Everything the service did promoted a culture that put people first and at the centre of their care.

Without exception people were extremely complimentary about the quality and management of the service. Comments included: "(Registered manager) has created a really good team. They are the best company I've had. They are absolutely brilliant"; "I would give them ten out of ten. I would recommend them to anyone" and "(Registered manager) always comes to make sure we are happy with everything. She is absolutely brilliant".

Relatives were equally positive about the management. Comments included; "I regularly speak to (registered manager). She manages the service brilliantly. She is organised and efficient" and "(Registered manager) is excellent. If I ever have a problem I can speak to (registered manager)".

People and their relatives told us the management team was extremely approachable and always available for advice and support. One relative told us, "I can contact them (management team) anytime. They always sort any problems I have straight away".

Staff were passionate about their roles and about working for the service. Staff comments included; "I wouldn't work anywhere else. (Registered manager) is always available and is very approachable" and "I wouldn't change my job for the world. We (staff) are all there for each other. We are supported in a positive way even when things go wrong. It's like a family".

There was a culture of mutual respect that valued everyone involved in the service. One member of staff told us, "Everyone feels equal here". Staff felt listened to and confident to make suggestions to improve the service. One member of staff told us, "I am confident to have my say. I am always able to have input into meetings and I feel really listened to. I'd feel confident to make a suggestion because there is such a positive environment".

The registered manager ensured staff were supported in a way that valued them as individuals. Staff gave many examples of how they were supported to achieve their potential and how the registered manager supported their family lives. For example, one member of staff had a family member who had completed work experience with the service. The registered manager had ensured the family member spent time observing different roles within the organisation which included shadowing the registered manager. As a result of the positive experience the family member was considering a career in social and health care.

The registered manager continued to use innovative ideas to improve the lives of people using the service, their relatives and the wider community. Since our inspection in 2015 the registered manager had considered research relating to the effects of loneliness and social isolation on people's well-being. As a result the registered manager had organised social events called the Big T. The events were held in a local venue. People, their relatives and members of the local community were invited. Staff offered to provide transport for people and a local charitable organisation supported the event. A choir from a local school sang for people. The events were extremely successful and the positive impact on having contact with people outside of their own homes was evident by the comments received. Comments included; "(Person) recently passed away and all your carers were so good to her, (care worker) was fantastic, I am on my own now and it is nice to come back and see everyone. I miss you all and will be coming back" and "Thank you again, I have had a lovely time, it's so nice seeing people and listening to the children sing, they are so sweet. Thank you again". We spoke with one person who had attended an event. They told us, "It was very enjoyable. I don't get out much so it was lovely to chat to other people. I would go again".

There were systems in place to ensure effective communication with people. The registered manager had regular contact with people using the service and everyone we spoke with knew the registered manager and was confident to speak with her. A regular newsletter was sent to people and their relatives. The newsletter included information about new staff, forthcoming events, and other useful information. For example, one newsletter gave people information about the process to request a financial assessment.

The registered manager continued to look for innovative ways to recruit staff to ensure there were sufficient highly skilled staff to meet people's needs. The registered manager had implemented the recruitment of staff on an apprenticeship scheme. As a result of the success of the apprenticeship scheme the recruitment of apprentices were the main source of recruitment for the service. We spoke to one member of staff who had joined the service as an apprentice. The member of staff told us, "It has been really good. The training has been excellent and really helpful. I know I use it in my practice. (Registered manager) is really approachable and I never feel any question is a silly question. I have been supported by everyone".

The success of the apprenticeship scheme resulted in the provider participating in a workforce development review carried out by Skills for Care. Skills for Care provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. The review looked at the positive impact of apprenticeships on the social care workforce. As a result of the positive impact of apprenticeships on Countywide Caring's workforce the registered manager was invited to speak at conferences to share the good practice. Feedback from one of the conferences stated, "The feedback was fantastic and you can certainly see why your organisation is an example of best practice nationally".

The registered manager was actively planning for the future and had developed a workforce development plan that identified the additional skills staff required to enable the service to grow. The plan identified the introduction of leadership and management skills training that would be rolled out across all levels of staff. The registered manager told us as all staff had some level of leadership and management responsibilities within their role they felt the training would support staff development in this area. We spoke to one member of staff who had started the training and told us they were using the training to reflect on their practice.

The registered manager ensured they kept their clinical skills up to date and arranged clinical supervision with another clinician from an outside agency. There was evidence of the registered manager using reflective practice to promote their learning and identifying any areas for improvement. The registered manager was invited to provide training to other health and social care providers in the county.

There were systems in place to seek feedback from people and their relatives about the service. The registered manager had regular contact with people and gave them opportunity to feedback about the service. People were asked for their feedback during monitoring visit and reviews. A regular quality questionnaire was sent out. The questionnaire was based on the five questions asked by CQC. The most recent survey results were extremely positive and there were no areas of improvement identified. Without exception feedback was positive in relation to all aspects of the care provided. For example, one response stated: "The calibre of staff, quality of care and reliability of the service over 18 months have been very high. This must be attributable in large measure to outstanding leadership".

There were systems in place to ensure people received their care calls to meet their assessed needs. The registered manager had implemented an electronic system which enabled them to be alerted to any late calls and to prevent missed visits. The system was being further developed to enable the support provided at each call to be monitored to ensure people's needs were met. People we spoke with were aware of the changes and one relative told us they would be able to have access to the information which they found reassuring.

There were effective systems in place to monitor and improve the service. This included a range of audits. For example, care records were regularly audited to ensure they were accurate and up to date. Accidents and incidents were monitored to look for trends and patterns. One person had experienced several falls. The registered manager had offered an increased care package to try and reduce the risk of further falls.