

# County Medicare Professional Nursing & Care Services Limited

# County Medicare

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We undertook an announced inspection of County Medicare a Domiciliary Care Agency (DCA) on 13 and 21 November 2017. We told the deputy manager before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in. The inspection involved a visit to the agency's office and telephone conversations with people who used the service and healthcare professionals.

At our previous inspection in November 2016 we asked the provider to make improvements in relation to people's risk assessments and records. We found these improvements had been made.

County Medicare is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger adults, people with a physical disability or sensory impairment. It also provides support to people living with dementia. People received support related to personal hygiene, mobility, nutrition and continence. Some people were living with early stages of a dementia type illness or other long-term health related condition. Most people lived reasonably independent lives but required support to maintain this independence. County Medicare also provided support for people who required end of life care. At the time of our inspection no-one was receiving end of life care.

There is a registered manager at the service. 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. At the time of the inspection the registered manager was temporarily not working at the service. In their absence the deputy manager was responsible for the day to day running of the service.

People received care that was responsive and had been tailored to ensure it was individual to each person. People and family members spoke highly of the kind and caring nature of the staff. They told us the care they received was person-centred and met their individual needs and preferences. Family members told us their needs were also taken into account when care was provided. People were involved in the planning of their care and supported to make their own choices. Care plans explained how to support people and provided clear guidance. Care plans were person-centred and reviewed with people to ensure they reflected their current needs. Staff understood the importance of providing good person-centred care.

Staff had developed positive relationships with people. They had time to spend with people to ensure all their needs were met. Staff treated people with kindness, compassion and respect. The care they provided helped people to maintain their dignity.

Risk assessments and guidance was in place and staff had a good understanding of the risks associated with the people they looked after. Medicines were well managed and staff ensured people received the

medicines they had been prescribed.

There were enough staff working, who had been appropriately recruited, to meet people's needs. Staff received the induction, training and support they needed to enable them to meet people's needs. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and ensured people's legal and human rights were protected. Staff understood the procedures in place to safeguard people from the risk of abuse or discrimination.

People were supported to eat and drink a variety of food that met their individual needs and preferences. People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

People were regularly asked for their feedback, they were listened to and their comments acted on. There was an effective process for managing complaints which people told us they would feel confident to use

The deputy manager promoted an inclusive and open culture and recognised the importance of effective communication.

There were systems in place to assure quality and identify any potential improvements to the service being provided.

## 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 ●

County Medicare was safe.

There were enough staff working, who had been appropriately recruited, to meet people's needs.

Risk assessments and guidance was in place and staff had a good understanding of the risks associated with the people they looked after.

Medicines were well managed and staff ensured people received the medicines they had been prescribed.

Staff understood the procedures in place to safeguard people from the risk of abuse or discrimination.

### Is the service effective?

Good ●

County Medicare was effective.

Staff received the induction, training and support they needed to enable them to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA).

People were supported to eat and drink a variety of food that met their individual needs and preferences.

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

### Is the service caring?

Good ●

County Medicare was caring.

People and family members spoke highly of the caring and compassionate service they received.

People were involved in the planning of their care and supported to make their own choices.

Staff treated people with respect and helped them maintain their dignity.

**Is the service responsive?**

County Medicare was responsive.

People received care that met their individual needs and preferences. Staff knew people really well had understood the importance of providing good person-centred care.

Care plans were person-centred and reviewed with people to ensure they reflected their current needs.

The service had an effective process for managing complaints which people told us they would feel confident to use. People were regularly asked for their feedback, they were listened to and their comments acted on.

**Good** ●

**Is the service well-led?**

County Medicare was well-led.

People, family members and staff spoke highly of the service and the support they received.

The deputy manager promoted an inclusive and open culture and recognised the importance of effective communication.

There were systems in place to assure quality and identify any potential improvements to the service being provided.

**Good** ●

# County Medicare

## 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 was an announced inspection. We told the deputy manager before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in. The inspection was undertaken by an inspector and 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.

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. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, we looked at any notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we went to the office on 21 November 2017 and spoke with the deputy manager and six staff members. We reviewed the care records of four people that used the service. We looked at staff recruitment files, supervision and training records, and spoke with the deputy manager about the systems in place for monitoring the quality of care people received. We looked at medicine records, complaint records, accidents and incidents and policies and procedures

Before the inspection visit we undertook phone calls to six people and relatives of five people who used the service to get their feedback about what it was like to receive care from the staff. After the inspection we contacted three health and social care professionals to get their views on the service.

# Is the service safe?

## Our findings

At our previous inspection in November 2016 we asked the provider to make improvements to ensure risk assessments were in place for each identified risk. We also asked them to make improvements in the way medicines were recorded. We found these improvements had been made.

People told us they felt safe using the service. One person told us, "I have two carers at a time and I feel 100% safe with them." A family member said, "We wouldn't have them if we didn't feel (name) was safe with them. I think (name) is very safe and I am comforted to know that they are here because I can't manage everything myself."

People were protected against the risk of abuse or discrimination because staff knew what steps to take if they believed someone was at risk. Staff received regular safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of abuse and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time. Staff understood their own responsibilities in order to protect people from the risk of abuse. They were aware they could report concerns to external organisations. Where concerns had been raised these had been reported to the local authority to ensure appropriate actions were taken and people were kept safe. When safeguarding concerns or other issues related to people's safety had arisen the deputy manager ensured all staff were aware and what actions had been taken to prevent a reoccurrence.

People's risks were managed safely. There were a range of environmental and individual risk assessments in place. Environmental risk assessments identified any issues at the person's home which may present as a risk, for example any trip hazards, both inside and outside the property. Where possible, action was taken to address or reduce the risks such as removal of rugs which may cause people to fall. Everybody was offered a referral to the fire service for an assessment of their home and installation of smoke detectors if these were not already in place. Individual risk assessments included skin integrity, mobility, falls and choking. Information from these was included in people's care plans and daily task lists with guidance to ensure people received safe care. As far as possible these were discussed and agreed with people. One person told us, "Sometimes I try and do too much and they (staff) always mention it if they think I am doing something that is not safe." Where people were at risk of developing pressure wounds there was information about measures in place. This included the use of pressure relieving mattresses and cushions and skin care including the use of creams. There was information about how to support people to move safely and how many staff were required to support people. This also took into account the person's living environment to ensure there was enough space where equipment may be needed. Where people were at risk of choking there was information how to support them. In addition they received support from staff who had specific training in relation to choking. Staff had a clear understanding of the risks associated with people they supported. A family member told us, "We have to have two carers at a time because (name) has to be hoisted. They are absolutely brilliant. They talk through everything they are doing all the time. (Name) is very relaxed with them and it is clear he trusts them and feel safe with them."

There were enough staff working each shift to ensure people were supported safely. People told us if they

required support from two staff this is what they received. The deputy manager told us they would only agree to provide support to people if they had enough staff to meet their needs. Staff told us they had enough time to provide the care people needed and enough time to travel. People told us staff had time to support them how they wanted to be supported. One family member told us staff worked at their relative's pace. They said, "If it takes longer, it takes longer. They never leave us with the impression that they are in a hurry to be gone and they always check that (name) is comfortable before they go." People told us staff arrived at a time they expected them. One family member said, "They're (staff) hardly ever late but if they are running even a few minutes late they do call us to let us know." Staff told us on occasions they may be delayed but if that happened they would either contact the person or the office to let people know to prevent them becoming concerned.

People were protected, as far as possible, by a safe recruitment practice. Each member of staff had references and disclosure and barring checks (DBS) these checks identify if staff are safe to work in care. These checks took place before staff commenced working unsupervised. Most staff needed to drive as part of their job and annual checks were in place to ensure staff had appropriate car insurance, MOT and driving licences.

There were systems to ensure people received their medicines safely. Those who did require support told us they received their medicines when they needed them. One family member said, "They (staff) help with medication and everything is written up in the book before they go."

Most people were able to manage their medicines themselves or with support from a family member. Where people managed their medicines themselves staff had completed risk assessments to ensure they were safe to do so. Where people required support there was guidance to inform staff how to provide this. There was information within people's care plans about the medicines they were taking and the reasons they had been prescribed. Staff told us about one person who had a complex medicine regime and how they worked with the person, their GP and local pharmacy to ensure the person received their medicines when they required them. Some people required creams to be applied. There were body maps in place so that staff know where these creams were required. When medicines were given the medicine administration records (MAR) were completed. These showed whether the medicine had been taken or declined. For some people medicine was left for them to take later. This was also recorded on the MAR. Risk assessments were in place to demonstrate this was safe for each person. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There was some guidance in place for PRN medicines however, this was not specific to each person. The deputy manager told us that currently every person that had been prescribed PRN medicines was able to inform staff when they were needed. Therefore this did not impact on people.

People were protected from the risk of infections because good infection control practices were in place. Staff received regular infection control training. As staff also supported people with their meals they also completed food hygiene training to ensure this was done safely. Staff told us they had access to a supply of gloves and aprons and these were also kept at each person's home. Staff said they were also provided with hand cleansing gel which they were able to use if it was not possible or practical to wash their hands. One family member told us, "They (staff) help with personal care, they are always wearing gloves and aprons."

## Is the service effective?

### Our findings

Staff knew people well and had the knowledge and skills to look after them. Without exception people we spoke with told us they thought that staff were well-trained and the care they delivered was very effective. People were full of praise for the staff and told us that they treated them well and always sought permission to help them. One person told us, "I feel utterly confident with them so yes I think they are well-trained." A family member said, "They're very well-trained girls and they take an interest in me as well as (name)."

People received care and support that was effective because staff received the training they needed to provide this. Staff received regular training which included first aid, moving and handling, medicines, infection control, safeguarding and fire safety. They also completed further training that was specific to the needs of their role and people who used the service. This enabled them to keep up to date with best practice guidelines. Staff completed some online training. This included a workbook which staff were required to complete. They then completed a competency check, this was a hand written exercise and sent to an external company to be marked. Part of the assessment included the staff member's handwriting to ensure it was clear and legible. The deputy manager told us staff were able to complete these at home or at the office. Where staff required support this was provided by senior staff. Staff were required to pass these assessments to be deemed competent. If staff did not pass then they would be required to repeat the training. Staff also received an information booklet which included details of the training they had completed and signposts to further information that may prove useful. Staff told us the training was useful and supported them to learn. Staff had a good understanding of equality and diversity and further equality and diversity training had been arranged for staff.

One staff member told us about training they had received in relation to the management of choking. The staff member told us this was extremely useful. It had included the opportunity to practice the appropriate actions on a mannequin. This staff member spoke to us about the techniques they had learnt. They said, "Without being able to practice I would not have known how exactly how to give the first aid, I certainly wouldn't have been aware how much strength I should use." Staff told us this course had been particularly helpful and reassuring. It helped them to be confident in the event, they should need to support someone who was choking. There was an overview of essential training staff had completed. However staff had completed extra training and there was no overview of this. We recommend the provider identifies all training and competencies staff have completed to fully demonstrate their knowledge, skills and understanding.

When staff started work at the service they completed a period of induction, this included a period of shadowing other staff to enable them to get to know people and their support needs. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The deputy manager told us only when staff were deemed competent by senior staff and were confident themselves would they be able to work on their own. She told us there was always a number of people who required support from two staff at each visit and this worked well. The deputy manager told us about one staff member, who preferred not

to work alone. This staff member had recently expressed a wish to try and work alone and was being supported to do so.

Staff received regular supervision throughout the year or at other times if concerns in relation to performance and training were identified. Staff told us they always had an opportunity to discuss any issues and training needs with the deputy manager or senior staff. There was an 'open door' policy and staff were able to come in and discuss concerns at any time. We observed this during the inspection and staff told us this was important to them. The deputy manager told us if issues were raised during this time then they would be addressed. Staff told us

People were supported to maintain good health and received on-going healthcare support. One person told us, "If I have any problems they (staff) pick up on it really quickly and will tell me to call the doctor or the nurse." A family member said, "Staff pick up on health issues really quickly and alert me to them (so I can call the doctor)." Staff knew people well and were able to identify changes in their health needs and contact the appropriate healthcare professional or family member. Some people required support to attend hospital appointments and staff accompanied them. Staff told us how they worked closely with a healthcare professional to ensure one person received the appropriate treatment and support. This had resulted in an improvement to the person's physical and mental well-being. Records and discussion with staff confirmed they regularly liaised with a wide variety of health care professionals. This included the speech and language therapist (SaLT), occupational therapist, district nurses and GP. Each person had a hospital admission form in their care plans. This contained basic information about the person, their health and care needs, relative contact details and anything important to the individual. If the person was admitted to hospital staff would ensure the person took the form with them. This meant hospital staff had baseline information about the person when they were admitted.

Some people required support to help them eat and drink enough throughout the day. One family member told us their relative needed support with meals. They said, "Staff make sure drinks are made up before they leave so that (name) is never left thirsty between meals. (Name) has microwave meals and there's a selection in the freezer and they ask her what (name) wants. Everything is (name) choice." Staff had a good understanding of people's individual dietary likes and dislikes. Where concerns were identified in relation to people's nutritional needs appropriate actions had been taken. Some people were not able to take food and drink by mouth. They had feeding tubes in place. This is known as enteral feeding. Staff who had received appropriate training supported people with their enteral feeding. There was clear guidance for staff to follow and actions to take if there were any concerns. Staff told us how some people's health had improved through the use of enteral feeding. Where concerns were identified about people's dietary intake records were in place to monitor how much they were eating and drinking to ensure appropriate referrals were made.

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. Mental capacity assessments were in place which identified which decisions people could make for themselves and where they needed support. When people lacked the mental capacity to make certain decisions, the service had followed a best interest decision making process. Staff told us they always asked people's consent before they offered care and support. One person told us, "Staff always ask what I want done and check whether they have done things the way I want." One family member said, "They (staff) always ask his permission to help him."

## Is the service caring?

### Our findings

People spoke very highly of the kind and caring attitude of the staff. One person told us, "The staff are very kind to me." Another person said, "I have regular staff who are absolutely lovely." A family member said, "We are happy, very happy with the care staff." County Medicare had recently received feedback which they shared with us. The person commented, "I am lucky with the help and support, staff are never impatient, they're always on time and I am made to feel human and respected."

People were treated with kindness and respect in their day to day support and their dignity was maintained. Staff understood people's individual needs and spoke about them with compassion and understanding. People and family members felt the staff were both professional and at the same time friendly. One person told us, "Staff are always concerned for me and supportive of me. It's not easy being in this situation where you have to have carers in but they are sensitive to that. They treat me with the utmost respect." Another person said, "The girls treat us as family but are still respectful." A family member said, "They are very caring girls, attentive to her needs, and caring for her properly. She's never worried or fearful about anyone going in."

People told us they were involved with their care and staff ensured they had received the care and support they needed. One person said, "They (staff) help me with all personal care and always check that I am okay before they go." Another person told us, "I was involved from the word go with my care plan and still feel fully involved and in control of what happens to me and how it happens on a day to day basis." A further person said, "They (staff) do everything I need and more, and always take time to chat. They never make me feel they are under pressure. I thank God for providing me with such wonderful carers; I know how lucky I am." A family member said, "They (staff) always start by asking (name) what she wants them to do so she feels as if she has control over the situation. When they've done something they check with her, Is this okay, is that how you want it." People told us that staff would often do little extras for them. One person said, "They (staff) always make sure I have everything I need all in the right place. They do lots of little extras for me bring me shopping, post letters." Another person told us, "One carer who came back in her own time to check that I was safe because I've had a problem with my catheter."

Family members told us they were also well supported by staff. They felt staff had time for them and were interested in their wellbeing. A family member told us, "They take an interest in me as well as (name). Nothing is too much trouble, not only when they're helping him but also for me." Another family member said, "Without their care I don't know how we'd cope. We get the help (name) needs without it being intrusive. They (staff) treat (name), me and our home with respect and yet at the same time they feel like they're part of our family." A further family member told us, "We are happy, very happy with the care staff. They treat us both well, they are like friends. I can't fault them; if I'm tired they always make a bit of time for me even though they are here to help my husband. I never feel left unsupported. Their kindness to us both is much appreciated."

Staff recognised that people might need additional support to be involved in their care. They told us how they supported one person to access an advocate to ensure they could discuss their wishes and have them

fully considered regarding decisions they needed to make to remain safe. An advocate is an independent person who will represent an individual and their wishes without judging or giving their personal opinion. This allowed the person to explore their choices and options and it also promoted their rights.

People received a rota each week so they knew who would be visiting them. People told us staff arrived on time and stayed for the correct amount of time. One person said, "The care is brilliant. Their (staff) timekeeping is good, they always stay the right amount of time and sometimes stay over time to help me." Another person told us, "They (staff) treat me with great respect. They're very good with their timekeeping and will ring me if they're going to be delayed." A family member said, "We get a rota each week, sometimes it changes but on the whole it is good. We've never had a missed call and sometimes the girls stay longer than the time allotted." Staff understood how important it was for people to be informed of changes to their rota. One staff member told us, "We always let people know if we're running late, just so they know we're on our way. I either ring myself or if I have a problem then the office will do it for me." One person said, "If they're (staff) late they apologise." This demonstrated staff respected the importance of keeping people informed.

People received support from a small group of staff. This helped to ensure people received consistent care from staff who knew they knew and trusted. It also meant staff had a good understanding of people's support needs and strong relationships had been built with people and their families. We observed this through our feedback from people, family members and staff. The deputy manager told us at the assessment stage she identified what staff would be better suited to support each person. This included people's backgrounds, interests and the age and gender of staff were considered. One person told us, "I was asked whether I wanted male or female carers, I don't really mind either way but I quite enjoy the company of the male carers. We have a laugh and they chat to me." Another person said, "I was offered a choice of male or female carer but I prefer a female." Staff were knowledgeable of equality, diversity and human rights and people's rights would always be protected.

Data protection procedures were in place so people knew their private information would be kept confidential and secure.

## Is the service responsive?

### Our findings

People received care and support that was tailored to their individual needs, choices and preferences. Care was person centred and focused on support for the whole family. Staff recognised that family members who were carers for loved ones needed support to continue in their role. Family members told us their needs were considered equally to their loved ones. People told us their care reflected their individual needs and was not task driven at all. They told us the staff who looked after them were genuinely caring people concerned first and foremost with providing the best care for people. One person told us, "I am involved to the letter with my care and it is totally person centred and focused on what I need." A family member said, "Care is very person centred. It's not 'we've come to wash and dress you, in and out.' (Name) is a person and is treated as a whole person which is lovely." A staff member told us, "We want to improve people's lives, that's why I get out of bed."

Before using the service the deputy manager or senior staff would identify, through the referral system what the person's needs were. This included key questions about where the person lived, how many staff were required at each visit and how many visits each day. If the service had the capacity to accept the person, then further details would be sought. If areas of concern were identified these would be further explored. If necessary this would include a meeting with the person prior to their hospital discharge. The assessment included people's care and support needs, their choices and preferences of how they would like to be looked after to ensure their equality, diversity and human rights were maintained. The deputy manager told us, "It's much easier to correct issues while people are still in hospital/care home rather than waiting until they're home." At this time the deputy manager also identified what time people would like their visits. If people's time preferences were not able to be met this was made clear before the person started using the service. The deputy manager told us following the assessment if they could not meet people's needs they would not accept them to the service. The deputy manager told us about someone who had contacted the service for support. This person did not live within the area the service covered. The deputy manager had contacted appropriate external professionals to ensure the person received appropriate guidance to find the care they needed.

Through the assessment process people's care and support needs were identified along with their individual choices and preferences. The deputy manager told us this also helped to ensure people received support from staff who they would be suited to and be able to relate to. The deputy manager told us some people enjoyed visits from staff that were attentive. Others preferred staff that were more business-like. She explained, "Some people prefer staff to come in, do the job and go. Others benefit from more pampering and attentive staff. Everybody is different and we try to match people and staff accordingly." This helped to ensure responsive, individualised care was provided to each person. People's visits were flexible to fit in with individual lifestyles and enable people to maintain their social contacts, activities and for example attend church. Visit times were flexible to allow people to go out, maintain their social contacts and remain involved with the wider community.

People received responsive care because staff worked with them and appropriate professionals to ensure they received care that met their needs, supported their independence and maintain their quality of life. One

person with a health need had increased difficulty to swallowing their food. Staff liaised with the SaLT and followed guidance given. Staff identified this person was at increased risk of choking when eating certain foods. They kept a record which was shared with the SaLT. This information was used to help make a decision about commencing enteral feeding. Staff also identified this person may not retain all the information given to them. Therefore the same staff member accompanied the person to all hospital appointments and all appointments that took place at the person's home. Although this person had enteral feeding in place they did not wish to stop eating and drinking. The staff member liaised with others who supported this person to ensure they were aware of the person's dietary needs and risks. This had led to a better understanding of the person's needs. As a result the person was able to continue eating and drinking an appropriate diet which they enjoyed. In addition their physical and mental health had improved through better nutrition.

Staff told us how they had used their own knowledge and training to respond to the needs of a person who was living with Parkinson's disease. One symptom that may occur with Parkinson's disease is 'freezing.' This is when the person is suddenly and briefly unable to start or continue a movement such as walking. One staff member told us how a person had 'frozen' whilst walking across the room. The staff member told us training they had received which enabled them to appropriately respond to this person. Their training had outlined that having something to 'step over' could often restart a person's movement. The staff member told us they had put a scarf on the floor and this had enabled the person to recommence walking.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they ensured people's communication needs had been assessed and met. Staff told us about one person who was severely hearing impaired. They told us how they communicated through hand signals which had been specifically developed for this person. Staff explained to us the importance of using the signals correctly to ensure communication was consistent. This person's family member told us, "(Name) is deaf and to make sure they know what is happening staff communicate by making sure they have eye contact and giving signals as to what they will do next. They do not proceed with anything until they are sure (name) knows what they going to do." Within the care plan there was detailed guidance about how to communicate, this included photographs of each hand signal and what they meant. Staff told us although this person's hearing had deteriorated they encouraged them to continue to talk to maintain their own ability to communicate their needs.

Support of people's family was equally important to staff and evident throughout the inspection and feedback we received. A family member said, "Staff chat to us both while they are here, checking we're both doing okay and that things aren't getting too much for me. They're very accommodating." Staff gave us an example of how they had supported one person's family member. Staff were initially providing support to the person with their care needs but identified that the family member needed further support to maintain their own well-being. Staff liaised with the funding authority and arranged for the funding to be used in a different way which enabled the family member to have some time for themselves.

Staff knew people really well they were able to tell us about people's preferences and support needs. They were able to tell us about people's histories, past lives, interests and hobbies. There was a 24 hour on call system which meant people could contact staff at any time. Care plans were in place for each person and these were regularly reviewed. They were person centred and contained clear guidance for staff. A family member said, "The care plan is just right and everything works beautifully." Each care plan had a 'task list' in place. This contained detailed information about the way people like their care provided and was easy for staff to read 'at a glance.' One family member told us, "Staff do reviews regularly but even on a day to day

basis I notice they update the records with anything new that (name) needs help with."

Where people required care and support for their end of life care this could be provided by County Medicare. Staff spoke about the importance of helping people and their families to maintain a comfortable, dignified and pain free death. The deputy manager gave us an example of how they had supported a person to remain at home for their last days. Family members did not live locally and were unable to provide support; therefore County Medicare provided 24 hour care. This reassured and supported the family and most importantly respected the person's wishes to die at home. Feedback from an external professional stated, "County Medicare has a really good Palliative Care Team and it shows that the whole organization aims to meet the client's wishes, maintain their independence and their dignity as well as create an environment for the family to be able to spend their last days focusing on their time with their loved on rather than having to provide care or any additional undue stress." End of life care plans were completed as far as possible with people and their families. However, staff were mindful of people's wishes to not discuss this. Staff were aware of people's spiritual and cultural needs at the time of their death and these were sensitively respected.

People were regularly asked for their feedback. This was through surveys, at care plan reviews and at each visit. People's feedback was listened to and acted on. Staff genuinely wanted to receive feedback from people to identify ways of improving their care and the service. One staff member told us they spent time talking with people to gain their views. They said, "I always probe a bit further, ask different questions to really make sure everything is okay." There was a complaints policy and procedure and complaints were recorded and responded to appropriately. People were given a copy of this when they started to use the service. People and family members told us they did not have any complaints or concerns but if they did they would raise them with staff. One person said, "There is information in the pack they gave me about how to complain but I've never had any reason to do so. If something was wrong or worrying me I wouldn't hesitate but they do everything exactly right and it's all written down in the book every day. I've no complaints at all." A family member told us, "I've never had to complain but I am sure that any concerns I had would be listened to and dealt with." Another family member told us they had raised concerns with staff on one occasion and the concerns had been dealt with immediately. They said, "There are details in the book on how to complain but we have such a good relationship with the girls I felt I could speak to her directly." The deputy manager and staff told us that concerns were dealt with immediately this prevented them escalating into formal complaints.

## Is the service well-led?

### Our findings

At our previous inspection in November 2016 we asked the provider to make improvements in relation to the audit system and documentation. We found these improvements had been made.

People and their family members told us the service was well-led. Comments included, "I've had help from other agencies in the past but this one gives the best care I've ever had. The staff in the office are really helpful, approachable. I've never phoned and felt fobbed off or worried that they wouldn't sort things out for me. They always go the extra mile, changing times of visits for me to help if they can, they're very adaptable. It's a good agency." Another person told us, "They came recommended and I've not been disappointed. The carers are lovely, the office staff and manager brilliant and they are in my opinion a really well run company. I would recommend them to others." "I think it is a very well run service, the office staff are very helpful. I've definitely fallen on my feet. I would recommend them." An external professional told us, "They (County Medicare) are my 'go to' provider."

The deputy manager and all staff were committed to ensuring there was a positive culture at the service. Staff were very happy to work for County Medicare. They felt well supported and enjoyed their work. One staff member said, "It's a different sort of agency, I feel valued and there's support in abundance." Another said, "I love it, it's a nice group of people." Staff told us they were well supported and they could contact a senior member of staff at any time. "If there's ever a problem, we just call (office staff)." Senior staff were committed to providing a good service to people. One staff member said, "I want to work for the best agency, in fact I want to work for an outstanding agency." We asked staff what could be better about the service. One staff member said, "I can't think of anything but to say nothing wouldn't be right. There will always be things that can be improved." This demonstrated staff commitment to continually improving the service.

Staff said they were well supported within their roles and described an 'open door' approach. They were encouraged to come into the office at any time to discuss people's needs or any concerns. The deputy manager gave examples of staff concerns that had been discussed. One staff member wanted reassurance about giving a medicine with a variable dose. This had been discussed and the staff member felt confident in what they were doing. Senior staff supported other staff who were less confident. The deputy manager told us about a staff member who preferred to visit people with a colleague. This staff member had approached the deputy manager to say they now felt confident to work alone. The deputy manager told us how they would support the staff member through the process. Senior staff worked in the office each day; they were also responsible for reviewing people's care needs. In addition they provided care to people each day. This gave them good oversight of people who used the service. We were told most people who used the service were visited by a senior carer once a week. One senior carer told us, "We don't expect staff to do something we wouldn't." They also explained their knowledge of people created a supportive team. If a staff member called in with a concern about a person senior staff had a good understanding of people's needs and provided appropriate support.

Staff had a clear understanding of their roles and responsibilities. There was an emphasis on team work and

communication sharing. Staff were updated about changes to people's needs and had a clear understanding of what was required before they visited people for the first time. In addition to the 'open door' there were staff meetings where staff were updated about any changes at the service and given the opportunity to make suggestions about the way the service was run. A staff member gave us an example of how the allocation of work had been changed round at staff suggestion but this hadn't worked and was changed back. This demonstrated that staff were listened to and ideas explored.

At our previous inspection there was an action plan which highlighted areas that needed to be improved, their priority and progress. The deputy manager told us this was almost completed and a further audit earlier in the year had identified where further work was required. This was in progress. There was a quality assurance system and a series of audits took place. If any shortfalls were identified then actions were taken. There were a range of policies in place. These had been reviewed since our previous inspection but had not been fully personalised to ensure they included all information staff may need such as telephone numbers. This did not impact on staff because they knew how to access the relevant information. People received a handbook when they started using the service. This included contact details for other organisations but we identified these were not all correct. The deputy manager had started to address this during the inspection.

In the registered manager's absence the deputy manager was responsible for the day to day running of the service. The deputy manager was supported by a team of senior care staff. They all had a good understanding of the service, people's and staff support needs. The deputy manager also received support from the provider and another local provider. Staff worked well with other health and social care professionals to ensure people received the most appropriate care and support. Staff told us this enabled them to keep up to date and share best practice ideas.