

Ms Kate Acia Mervyn-Smith

Cotswold Care Unlimited

Inspection report

Kingsbarn House
Homefarm Lane
Hannington
Wiltshire
SN6 7RG

Date of inspection visit:
17 March 2016

Date of publication:
13 June 2016

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?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We undertook an announced inspection of Cotswold Care Unlimited on 17 March 2016.

Cotswold Care Unlimited is a domiciliary care agency providing personal care in peoples own homes. On the day of our inspection, 15 people were being supported.

We last inspected this service in October 2013. At this inspection we found staff had not undergone the necessary checks during recruitment to ensure they were safe to work with people. We issued the provider with a requirement notice requiring they address these concerns. At this inspection we found the provider was still not following recruitment procedures to ensure staff had received the full range of checks required.

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.

People told us they felt safe. However, no risk assessments had been completed in respect of people's personal care. People were supported by staff who could explain how they would recognise and report abuse. This could put people at risk as they were being supported by staff that did not have all the skills or training necessary to do their roles safely.

Not all staff had documentation to show thorough recruitment checks had been carried out in line with requirements, such as seeking references and checking employment history of staff.

Staff had not received regular support from their line manager. There was no evidence of staff having informal or formal meetings to discuss their roles and support they may need to deliver care effectively.

Not all staff had received training in safeguarding or other training to keep people safe, such as managing medication, moving and handling and first aid awareness. No training had been provided on the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Not all staff we spoke with were clear on the requirements of the MCA.

People told us they benefitted from caring relationships with the staff. All people we spoke with were positive about the care they received. There were sufficient staff to meet people's needs and people received their care when they expected.

The service was not well led. There were no systems in place to monitor the quality of service provided. Audits of procedures and systems were not conducted and accidents and incidents were not logged. The support plans were not detailed or clear about when people received support or what support was specifically required.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the CQC (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.

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 safe. No risk assessments on people's care had been completed.

Staff had not received thorough checks to ensure they were suitable to work in the service.

People and their relatives felt safe.

Requires Improvement ●

Is the service effective?

The service was not effective. Staff had not received adequate training or formal support to ensure they carried out their roles and responsibilities effectively.

The service worked closely with other health professionals.

Staff felt supported in their roles by management.

Requires Improvement ●

Is the service caring?

The service was caring. People said they were treated with dignity and respect.

People and their relatives valued the caring staff and their approachability.

Good ●

Is the service responsive?

The service was not responsive. Support plans did not contain detailed information about people's care needs and how these would be met. Care was not reviewed.

People were not provided with information about who to contact if they had a complaint or concerns about their service.

People and their relatives said that they received care that met their needs.

Requires Improvement ●

Is the service well-led?

The service was not well led. There were no systems in place to allow the registered manager to monitor the quality of the

Inadequate ●

service which meant any required improvements could not be identified.

Records were often incomplete or inaccurate.

Feedback was not sought or analysed to see where improvements could be made.

Staff felt supported by management.

Cotswold Care Unlimited

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 the 17 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service, this included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the report issued following a recent local authority monitoring visit.

We spoke with four people who use the service and three relatives of people using the service. We also spoke with four members of staff including the registered manager.

We looked at records, which included four people's care records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Is the service safe?

Our findings

At our inspection in October 2013, we identified that people were not protected against the risks of poor care because the provider did not have appropriate recruitment procedures in place. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in March 2016, we found these checks were still not always taking place. For example, references were not always sought for new people to check they were of a suitable character to work with people in the service.

People were not kept safe because not all staff that looked after them had been through the appropriate recruitment checks. This was also noted at the last inspection and the provider told us they would ensure action was taken to improve this. Providers have a responsibility to ensure only 'fit and proper persons' are employed to care for people. This includes checking they are of good character and have the skills and experience necessary for the work to be performed by them. Information to be sought and kept includes having proof of identity including a recent photograph and evidence of conduct in a previous employment. There should be a full employment history with gaps explained and references.

We looked at three staff files and saw that the provider had not undertaken these checks. Job applications had not been fully completed and there was incomplete information of a person's education, training and employment history. The provider could not demonstrate why a person was deemed suitable for a specific post as interview notes had not been kept and references had not been obtained. This meant that the registered provider had not checked if the staff were of good character and suitable to work at the service. The registered provider must ensure that all staff have a check from the Disclosure and Barring service (DBS) prior to the commencement of employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We did not see DBS clearance for all staff. This meant that people were not protected from the risks of being cared for by unsuitable characters.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us that they felt safe with care staff. Comments included: "Yes, I feel safe and I'm always introduced to my care worker before they start working with me" and "I feel very safe with them – no concerns". We spoke with relatives of people who used the service and they confirmed that they had no concerns over the safety of their relatives in respect of care delivered.

However, we found that people using the service were not adequately protected from the risk of harm. There were ineffective systems in place to identify, assess and manage risks relating to the health, welfare and safety of people. For example, no risks had been assessed to people's health and safety during any care delivered. We saw in records that people were being assisted to move using a hoist during their care and one person had risk of skin breaking down. There were no risk assessments for these people to ensure any risks

were managed or to ensure care was carried out safely to minimise harm. Staff had not received training in moving and handling to ensure proper procedures were followed. There were also no risk assessments carried out in relation to staff delivering the regulated activity of personal care in the community on their own. This meant no measures had been considered to reduce the level of risk to the person or the care workers. Environmental risk assessments in people's homes had been completed to help staff to identify and minimise risks whilst working in someone's home. People were not protected against the risk of the spread of infection. Staff were provided with gloves but not all staff we spoke with had protective aprons which meant there was the risk of infection.

We found that there were no processes to monitor concerns when care workers cared for people. For example, in one person's care file we saw the person had a skin complaint that had deteriorated. The daily log had a note about needing to monitor this closely and inform the registered manager. However, there was no information recorded anywhere to state if this had been reported. Daily logs showed no evidence of this being acted on or monitored. We discussed this with the registered manager who said this had been actioned but it was not recorded in the person's care file. This meant it was unclear whether medical help had been requested for this person to avoid their condition from deteriorating.

The service had no system to record accidents and incidents in the service. For example, a relative told us her family member had fallen. However there was no record of this so that information could be acted upon to avoid future incidents. The registered manager was therefore unable to demonstrate how the service had acted to address any risks or to show learning from incidents to improve the quality of the service. The registered manager had not ensured that there was clear guidance for staff in people's homes to ensure their needs could be met effectively and safely.

The service had a first aid policy which stated the training was required and that staff would be provided with 'first aid equipment. We found that not all staff had first aid training and no staff we spoke with had been supplied with first aid equipment. The guidance also stated that there would be a first aid risk assessment carried out annually and kept in the clients' folder. We saw no evidence of this. This meant staff may not know what to do if an accident occurred during their care.

Staff had completed distance learning in medication administration. However, there was no evidence staff had been observed by a competent person to make sure that they were giving and recording medicines safely. We spoke with the provider on the day of the inspection who confirmed observations had not been recorded. Since the inspection the provider has reported that all staff have now been observed and their competency documented. A medication policy was in place and people told us they got their medication on time.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. For example, some people required two care workers to support them, whereas others required one care worker. People and their relatives told us that care workers turned up at the appointed time or if they did not the office would arrange for a replacement care worker to attend. They would be notified if the visit was delayed.

Staff we spoke with were able to recognise possible signs of abuse. They were clear how to identify and report any suspicions of abuse to the registered manager and if necessary take action to keep people safe.

People told us they had their medication when required but we were unable to evidence this with Medication Administration Records (MAR) on the day.

Is the service effective?

Our findings

People told us that the care workers "Seemed to know what they were doing". Staff told us they had shadowed other staff for several shifts before supporting someone alone and they were always introduced to people.

People were not always cared for by staff who had training and support to care for people effectively. There were no completed records to show staff had received an induction programme when joining the service. Staff told us they had shadowed other staff before working alone. Care workers we spoke with said they had undertaken some training via a training package but no evaluation of their skills and competence was seen. One care worker we spoke with had not completed first aid or safeguarding training. Staff had not received food safety hygiene training. Staff training records which we looked at confirmed this. We spoke with four staff who said they had done training in previous roles prior to joining the service but had not received up to date training. We discussed this with the registered manager who said measures were in place to ensure that all staff received the relevant training as a priority.

Staff we spoke with had some knowledge about Mental Capacity Act 2005 (MCA). The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. However, staff had not received any training in respect of the MCA at the time of the inspection.

Staff told us they felt supported. However, staff had not received regular supervision and no appraisals had taken place. Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities. Supervision meetings provide an opportunity for staff to discuss people's needs and any concerns and identify further training needs. Therefore, people were potentially at risk of receiving inappropriate or unsafe care because the provider did not have suitable arrangements in place to support staff in relation to their responsibilities.

We saw two staff meetings had taken place in April and August 2015. The notes for these only covered client updates and had no information that other discussions had taken place, for example, updates about safeguarding or other actions needed. Having team meetings is an opportunity for staff to meet together and discuss issues that may impact on their work and to ensure information can be shared and discussed to meet shared goals in delivering people's care effectively.

These issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and what it meant in terms of their role at the service. It was not clear how care workers obtained consent from people prior to delivery of care and treatment. Care files seen showed no indication that a person had consented and agreed to the support provided, for example, support plans were unsigned. We saw that people had not always given consent to receive support. For example, one person's care contract had been signed by a relative and there was no evidence whether the person receiving care had the capacity to agree to the care plans themselves.

The person's capacity and ability to consent had not been considered. There was also no evidence that the person that signed was acting lawfully and legally on their behalf. We discussed this with the registered manager who confirmed the person concerned did have capacity.

People were supported to have contact with care professionals such as district nurses and GPs. Staff told us they had a good partnership with health professionals. One commented, "I have flagged up concerns, for example, urine output. I also call the GP when needed".

People told us they were happy with the care they received from the care workers. One person told us, "If there's something I want done, they do it" and "They do everything well".

Where people needed support with having meals prepared, this was recorded. Care workers told us people decided what they wanted to eat and drink and they cooked meals and served them. People we spoke with confirmed that they were provided with food and drink during visits.

Is the service caring?

Our findings

People were consistently complimentary about their care workers. Comments included: "They're really very good and they don't rush you" and "Absolutely fantastic. On time, efficient, and couldn't praise them enough." Another person said "They do everything well". We spoke with relatives of people who used the service. One commented "[Relative] loves them" and "[Staff] are polite and kind". One relative commented that she felt reassured that she could call the provider at any time to discuss things that may need adjusting or amending.

People told us they had regular carers who knew them well. Caring relationships had been formed and people felt this improved their quality of life. Care workers understood the importance of building relationships of trust and respect to enable people to feel confident and comfortable about care staff coming into their home.

Care staff spoke with kindness and respect when speaking about people. Care staff enjoyed their job and were enthusiastic about providing good quality care. Comments included: "This is the best job I've ever had" and "I love my job".

We spoke with people and their relatives and they felt staff did know the people well that they looked after. People and their relatives said staff were always introduced to them before commencing care. Staff confirmed that they were introduced to people and given the relevant information about people before they started caring for them. As the service was only supporting 15 people, staff were very familiar with them and had the time to ensure people were not rushed. As the staff team were very small, people knew the care staff visiting them well. We discussed with the provider that more detail was needed on people's care records reflect the staff knowledge. People felt they were given adequate information and the time to make decisions by staff caring for them.

People told us they were treated with kindness, dignity and respect. Staff spoke to them in a kind manner and treated them well. For example, people told us that during personal care they felt comfortable and safe and care was taken to preserve their dignity. Relatives we spoke with confirmed their relative was treated respectfully; one commented, "I have no doubt that staff treat my [relative] well and are very trustworthy".

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit.

Is the service responsive?

Our findings

People we spoke with felt they received care that was personalised to them. However, we found no evidence that people's needs had been assessed by the provider before support commenced. For example, preferences, likes and dislikes had not been recorded. This meant that if another staff member were to provide care for a person and was not familiar to them, they would not have the necessary guidance to ensure the person's support was delivered in accordance with their needs.

People's support plans did not always have all the relevant information. For example, 'Cream on [person's] back'. There was no information to indicate to staff what cream should be applied and what it was for. One staff member told us, "I must admit most of what we do for people is explained verbally and I don't always read the support plan". There was no evidence that people were involved in developing and reviewing the care and support that they needed.

Not all people had undergone regular reviews of their care. One person when asked said "No I don't think I have discussed my care since it started". Care records should be regularly reviewed to ensure any changes in people's needs are identified and recorded to enable staff to care for people safely. In one case, the support plan was dated 27 February 2014 and had not been reviewed to see if the information was up to date and accurate to reflect any changes since support began. The support plan stated the person should be helped into bed but the daily log didn't show this was happening. When we asked the registered manager, they told us this person did not need to be helped to bed anymore. Therefore, the support plan did not reflect this person's current needs as it had not been updated to reflect this change.

This was a breach of Regulation 9 of the Care Quality Commission (Registration) Regulations 2009

We asked people how they would contact the service in an emergency. They told us they would contact the manager. However, people had not been given information about the service. We looked at the information the registered manager provided us with but it was undated so we could not tell when it was last reviewed. However, it had information in it that was inaccurate. For example, it contained the wrong telephone number to contact the service. There was no contact numbers or information on how to raise concerns and make a complaint either internally or externally to other organisations. It referred to old guidance around safety checks on staff. We checked with the registered manager to see if there was a more up to date copy and they told us there was not. This meant it was unclear whether people in receipt of a service had access to information about the service and contact numbers if needed. We spoke with the provider who said people did have contact numbers in their homes but acknowledged this information was incorrect in the current copy. The provider said this information would be updated and issued to everyone receiving a service.

People told us if they needed to make a complaint, they would contact the registered manager. However, there was no guidance telling people how to complain about the service if they were not happy or needed to contact an external regulator such as the Care Quality Commission. We saw no records of complaints at the time of the inspection. Compliments had been received with cards sent by appreciative families for their

relatives care.

We spoke with people who used the service and they said that staff knew them well and carried out the care tasks requested. A person commented "I'm very pleased with them, I can choose the hours I want and they don't rush. They are really very good". A relative commented that as they were a small local service that "They know people very well and have the time to support as needed".

Is the service well-led?

Our findings

People and their relatives commented positively about registered manager. A relative said "Any problems, [registered manager] is there". Staff spoke positively about management and said they felt supported.

However, we found that the service had widespread and significant shortfalls in the way it was led. Because of this people were not protected against the risks of inappropriate or unsafe care as there were no effective systems in place to monitor the quality of the services provided or to identify, assess and manage risks to the health, safety and welfare of people.

The provider had not developed any systems to show understanding and evidence of good quality assurance. There were no action plans to develop the service, or evidence of monitoring to learn from mistakes or incidents which had occurred at the service or within a person's home. For example, if a person had fallen and what actions had been put in place to reduce these. Audits and reviews had not been carried out so that shortfalls could be identified and addressed to improve the service. For example, there was no record of any spot checks being carried out to check on staff's performance or competency or to check the service was appropriate and safe. Audits on support plans were not carried out to check the quality of these records and ensure they reflected any changes to people's needs and risks.

The provider had not carried out surveys to seek feedback from individuals and professionals. People told us they had not been asked for feedback about the service.

The registered provider had some policies and procedures in place but these had not been updated to reflect changes in legislation or guidance. The provider had not followed these policies and procedures in relation to keeping people safe, and the provider had not identified this in any quality assurance checks. For example, the staff induction policy said staff would receive an assessment in administering medicines and before using a hoist but we saw no evidence that this had happened. A safeguarding policy for the service did not provide clear guidance for staff about what to do in the event of an allegation of abuse. The provider did not have an up to date copy of the local authority safeguarding policy to refer to. Therefore, although staff were aware of procedures, there was no current policy or information available to them to refer to if necessary if the provider was not available.

When undertaking assessments of people's care and treatment, this should include all their needs, including health, personal care, emotional, cultural, religious and spiritual needs. In the care records we looked at, there was only one assessment. The amount of detail in this was minimal and was not sufficient to develop a detailed support plan to reflect people's individual needs.

People had not been provided with information about how to make a complaint. Providers must make sure that people are aware how to make a complaint about their care if needed. There was no complaints policy or procedure to record and act on complaints received. Therefore there was no effective or accessible system for identifying, receiving, handling and responding to complaints.

The manager was not aware of the new regulations of the Health and Social Care Act 2008, regulations 2014 and that they were legally obliged to meet these regulations when providing personal care. We also noted that the manager was not always supernumerary as they undertook care visits to people. This meant they were not able to spend time overseeing the management of the service which potentially had impacted on the quality of service delivery as they were not undertaking their role effectively.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers must inform the Care Quality Commission when there is a change to the registered details of the service. We found out when planning the inspection that the registered provider was operating from unregistered premises as they had failed to notify the CQC and go through the process to register the new location. A registered provider is required to notify the CQC of any changes to the business or location before moving to new premises. After discussion with the registered manager, the service returned to the registered location immediately which allowed the inspection to take place. The provider has started the process of registering the new location.

This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009

Staff felt the registered manager was available if they had any concerns. They said the registered manager was approachable and nice, and felt they were well supported. However, we found no evidence of formal support to staff such as supervision meetings and appraisals.

Staff confirmed that that they felt supported by the management team. One staff member said, "They're pretty good here, if there's a problem, I can ring and they deal with it" and another said they were "very supportive".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change The service had not informed the Care Quality Commission before moving premises.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care A clear plan, which includes goals, must be developed and made available to all staff and others involved in the person's care. Plans should include a review date and staff providing care must be kept up to date with any changes to a person's needs and preferences. Regulation 9(3)(b)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against potential risks. Risk assessments had not been completed. Information on support plans was not sufficient to protect people. Staff had not been assessed to ensure people had their medication correctly administered. Regulation 12 (1) (2)(a)(b)(c)(g)

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not undergone training or received support to enable to carry out their roles effectively.</p> <p>Regulation 18(2)(a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established systems or processes to ensure compliance to regulations was assessed, monitored and action taken where risks highlighted.</p> <p>Records were not accurate or complete</p> <p>Feedback had not been sought.</p> <p>Records were not in place for persons employed in the service.</p> <p>Regulation 17(1)(2)</p>

The enforcement action we took:

Issue warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not done the necessary checks to ensure staff were suitable for the role employed.</p> <p>Recruitment procedures had not been established or operated effectively to ensure that persons employed were suitable.</p> <p>Regulation 19 (1)(a)(b)(c) (2)</p>

The enforcement action we took:

Issue warning notice