

Cotswold Carers Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 January 2018 and was announced. Cotswold Carers Ltd is a domiciliary care service which provides services to people in their own homes. They were providing personal care to seven people. This was our first inspection of the service since they had registered with the Care Quality Commission.

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run.

People's needs were assessed to ensure the service could meet them and their support was varied and tailored to meet their needs. Staff worked closely with people's families to ensure there was a holistic approach to people's health and well-being. People's risks had been identified and were being managed by staff who knew them well. Plans were in place to update people's care records to ensure they fully reflected their preferred routines, preferences and management of risks. The systems to manage people medicines were being reviewed and updated to reflect the provider's medicines policy.

People and their relatives were overwhelmingly positive about the caring nature and approach of staff. People told us they were supported by staff who were kind and compassionate. They were confident that any concerns would be dealt with promptly. People were supported by appropriate numbers of staff who arrived on time. Staff stayed for the designated amount of time to deliver the care and support people required. People's concerns were acted on promptly.

The managers had a good insight into the quality of care being delivered and monitored the service personally. They were involved in the delivery of people's personal care which allowed them to monitor the well-being of people and management of staff. However we have made a recommendation that the service seeks guidance on structured systems to effectively monitor the service being delivered.

Staff felt trained and supported to carry out their role and could seek advice from the managers. They had been trained in subjects such as moving and handling and safeguarding people and were aware of their responsibility in report suspicions or allegations of abuse. The recruitment processes of new staff did not always ensure people were cared for by suitable staff.

The managers and staff were passionate about the care they delivered and were driven to improve the service. They communicated and engaged with others to improve the lives for people.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement 

The service was not always safe.

Staff had not always been recruited through safe recruitment procedures.

Some improvements were needed to the medicine management processes if the service was to support people in the future to manage their medicines safely.

People's risks were monitored and known by staff. Lessons were learnt and shared to improve people's safety.

People were safeguarded from abuse and harm. Any concerns or accidents were reported and acted on.

People were protected by the prevention and control of infection.

Is the service effective?

Good 

The service was effective

People's needs were holistically assessed. They were encouraged to make decisions about the care they received.

People were supported with their personal care by staff who were trained to meet their needs.

Staff worked effectively with other organisations to ensure people's needs were met. People were referred appropriately to health care services if their care needs changed. They were supported to plan and eat a healthy diet.

Is the service caring?

Good 

This service was caring.

People were positive about the care they received. Staff had a good relationship with the people they cared for.

Staff were respectful of people's own decisions and encouraged

them to retain and develop in their confidence and levels of independence.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who were knowledgeable about their support needs and were responsive to any changes in their well-being.

People were confident that any concerns would be dealt with promptly.

The managers would review their systems and seek additional support if people required end of life care from the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered manager and nominated individual had a good understanding of all aspects of the service. However action was needed to ensure the new monitoring systems would always identify risk and shortfalls in the service so that prompt action could be taken to make improvements.

The managers and staff were passionate about the care they delivered and were driven to improve the service. They worked as a team and engaged with people's relatives to improve the lives for people.

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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 checked 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 16 January 2018 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we examined information that we held about the service including the Provider Information Return. This is information we require the provider to send us to give some key information about the service, what the service does well and the improvement they plan to make. We took this into account when we inspected the service and made the judgements in this report.

On 16 January 2018 we visited the main office and spoke to the nominated individual and the registered manager of the service about the management and governance of the service. We looked at staff files including the recruitment procedures and the training and development of staff as well as the management of the service. We looked at the records relating to four people who receive personal care in their own home. After the inspection we spoke with three people who received a service from Cotswold Carers Ltd and one staff member by telephone. We also reviewed the responses from people, their relatives, staff and community professionals who completed our questionnaire.

Is the service safe?

Our findings

The registered manager and the nominated individual were both involved in the day to day management of the service such as the recruitment of staff. However we found that people could not always be assured that they were being cared for by staff who were of good character as the managers had not always fully followed their recruitment policy. Staff records showed that the criminal backgrounds of new staff had been checked using the Disclosure and Barring Service. The registered manager had also requested references from previous employers to determine staff's previous work conduct. However it was not always clear why staff had left their previous roles and there was limited recorded evidence that gaps in the previous employment of staff had been discussed and explored. This meant the registered manager did not have all the information they needed about a candidate's employment history to judge whether they would be of good character and suitable to carry out their role.

Staff who had been short listed for a post in the service were required to shadow a colleague as part of the interview process. This enabled the managers to assess the suitability of the new staff member and receive feedback from the people who they supported. However this process was sometimes carried out before the staff background had been checked. Whilst new staff were supervised at all times, there was no recorded evidence that risks to the people they support had been assessed and recorded.

Adjustments had been made when staff had disclosed information about their physical or mental health that could impact on their capability to carry out the role; however the manager's discussion with staff and the actions that had been taken to ensure they could fulfil their role had not always been documented.

Effective systems to record the suitability of staff who were of good character to carry out their role were not in place. This is a breach of Regulation 19, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We were told that the managers selected and recruited staff by using a 'value-based interviewing' technique especially when potential new staff had no previous health and social care experience. This provided the managers with an understanding of the values and beliefs of staff and their approach when supporting people. The registered manager explained, "We believe it is so important we recruit the right staff with the right attitude. We can teach them the skills element of care but you can't always teach person centred care. You have either got it or not."

Risks to people's well-being were discussed with them during their initial assessment. People explained that staff were supportive and provided the right balance of support and assistance as well as encouraging them to maintain their independence. One person said, "I try and do as much for myself but ask for help if I need it. Sometimes they (staff) suggest that I need help as they can tell I am getting tired and weary." Staff told us they were familiar with people's risks and the support they required. They reported any changes in people's well-being to the managers and people's relatives. The managers gave us examples of when they had referred people to health care professionals for additional support and advice when people's needs had changed. They told us they worked closely with people's relatives to ensure that appropriate and timely

decisions and referrals were made.

Cotswold Carers Ltd consisted of a small staff team which supported people in the North Cotswold area. People's visit times and the staff who would be supporting them were planned a month in advance and reviewed during staff meetings to ensure people received the care and support they required. The registered manager explained, "We try and plan well ahead of time so our clients and staff know their schedule but this is flexible if changes are needed to be made." They explained that both managers were available and trained to provide personal care to people if required.

People told us that staff always fulfilled their visit times and rarely arrived late or left early. One person said, "They (staff) always come on time. They are not often late and always very efficient and kind towards me." All staff were aware of those people who would require a priority visit if staff had difficult visiting people such as in the event of adverse weather conditions. A system was in place to safeguard and check on the safety of staff while they lone worked in people's homes. The managers manned a 24 hour on call service for staff to contact for advice and support.

At the time of our inspection, nobody was being supported with the management and administration of their medicines. We asked the registered manager about the provider's systems and processes to support people with their medicines if it was required. We were shown a robust medicines policy which provided staff with the guidance they would need to support people with their medicines. However there was a risk that staff may not be provided with sufficient information to support people with their medicines as the medicines care plan and risk assessment that would be used, did not fully reflect the provider's medicine's policy and practices. For example, if people requested medicines that were only to be used 'as required' such as pain relief the care plan would not provide detailed information of these medicines which may put people at risk of not being administered the correct medicines. We were told that the system to record the management of people's medicines would be amended as part of the manager's plan to review the format of the care plans.

People told us that staff used Personal Protective Equipment (PPE) such as aprons and gloves when they were supported with their personal care needs. A system was in place to monitor the amount of PPE being used by staff and was reviewed regularly by the managers which helped to indicate whether staff were regularly using PPE. The managers also observed staff's infection control practices as part of their spot checks of staff supporting people in their homes.

Staff met weekly to discuss the safety and progress of people's well-being. Where accidents and incidents had occurred, staff had reflected on the event and referred people to other health care services to seek additional advice and support. The outcome and recommendations of their assessment and any actions that staff should take to reduce the risks of an incident reoccurring was discussed and shared in the staff meetings.

Systems were in place to ensure people were protected from harm and abuse while receiving the regulated activity of personal care. Staff had received training in safeguarding to ensure they were aware of recognising signs of abuse and the actions they should take if a safeguarding concern was identified. The importance of safeguarding people and reporting concerns were reinforced with staff during their staff meeting and supervisions sessions. Staff were reminded to maintain professional boundaries at all times and declare any gifts and hospitality provided by the people they visited. They also had access to the service's safeguarding and whistleblowing policies which provided them with the contact details of the local safeguarding agencies and CQC.

People told us they felt safe amongst staff and valued their support and professionalism. The provider informed people about how their procedures would assist in mitigating the risk of abuse by staff members. For example, a summary of the service's key policies which protected people from harm and abuse was explained in the service user handbook such as safe keeping of keys and handling money policies. The managers had also provided people with a fact sheet about recognising signs of abuse to help them understand what keeping safe means and how to raise concerns.

Is the service effective?

Our findings

People praised the skills and knowledge of staff. One person said, "I am very confident in how they support me. They seem to know what they are doing." Staff told us they had received sufficient training and felt supported by their managers and colleagues to carry out their role effectively. New staff spent a day with the managers understanding the services policies and procedures and the provider's values and principles as part of the induction process. They were also required to undertake the care certificate and complete a series of training such as moving and handling and medicines safety as part of their mandatory training. Plans were in place for staff to undertake additional training such as falls awareness, dementia awareness and additional qualifications in health and social care. Staff told us their professional development was discussed during their supervision meetings and reviewed again during their annual appraisal. One staff member who completed our questionnaire wrote, "I thoroughly enjoy working for Cotswold carers, my managers are very supportive and always approachable and have given me the opportunity to show my full potential with our service users in the care sector."

Staff supported some people to plan, shop and prepare their meals as part of their care package and improve and/or maintain their levels of independence. People who received support with their meals told us they were always consulted about their food and meal choices. Staff knew people well including their dietary needs and preferences. The registered manager told us that they would immediately inform the person's GP and implement food and fluid charts to monitor nutritional intake if they felt a person's nutritional wellbeing was at risk.

People's health and well-being needs were assessed and effective care was delivered in line with legislation. For example, assessments gave staff the guidance they needed when supporting people who had mobility difficulties. There was good communication across the service to ensure staff had the information they needed to meet people's needs. People who lived alone and were reliant on the service were closely monitored by staff. Any changes in people's health or well-being were reported to their families or referred to their GP. The managers gave us examples of how they had worked closely with people's relatives and appropriated health care professionals to ensure people's health and well-being was being monitored and maintained.

Most people who received a service from Cotswold Carers Ltd were able to be involved in the planning of their care and were able to consent to the care being provided by staff. People told us they were always informed of the care being provided or given choices about the support they received. The managers and staff were aware of the principles of the Mental Capacity Act (MCA) and had completed an introduction MCA course. 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 access to the provider's MCA policy which was used in conjunction with the local authority's MCA policy.

Is the service caring?

Our findings

People were supported by staff who were kind and caring and passionate about their role. People complemented the service and the staff who supported them with their personal care needs. Everyone we spoke with was highly complimentary about the kindness of staff. One person said "They are super ladies. I would highly recommend the service. I wouldn't have them if I didn't like them" and another person said, "They (staff) are all very pleasant. I am very satisfied with them." They told us staff were always respectful and polite towards them, they did not feel rushed and staff often had time for a friendly chat. One person told us, "The ladies who visit me are very kind and very respectful. I look forward to our chats and here about everyone's news." People told us staff were respectful of their belongings and home and always consulted with them before supporting them with their personal care or carrying out household tasks. People indicated on our questionnaire that they felt staff were caring and kind and they were supported to remain independent.

The managers and staff knew people well and spoke positively about the care and support they delivered. One staff member said, "We are there to give the best possible care that we can in the short amount of time that is allocated to us. Staff recognised people's potential and were passionate about helping people to retain their independence. They gave us several examples of how they encouraged and prompted people to retain and improve their independence such as with their mobility and transferring out of chairs. One staff member who completed our questionnaire wrote, "I take pride in my role and I am passionate about my job caring for others."

People confirmed that their dignity and privacy was always respected when staff supported them with their personal care needs such as using a towel to keep them warm and cover up parts of their body during support with their personal hygiene. Staff confirmed that they considered people's privacy and dignity while supporting people with personal care. People were provided with a service user guide which stated the standards of that people could expect from the service including people's rights, dignity would be protected at all times.

Where possible people were involved in the planning and assessment of their care. People who completed our questionnaire told us they were happy with the care they received from the service and had been involved in the decision making about their support requirements and care package. Staff worked in conjunction with people's relatives to ensure people received care which consistently met their support needs. People's care needs were regularly reviewed which gave them an opportunities to express their views about the care and support they received.

Is the service responsive?

Our findings

The managers and staff were passionate about supporting people to stay living in their own home and in the local community. People received care from staff who focused on their care needs and preferences. They had been involved in the care planning and the assessment of their health, well-being and support needs. Most people had the ability and mental capacity to express their wishes and views of how they wished to be supported by staff. Staff were knowledgeable about people's support requirements, preferred routines, backgrounds and levels of independence. Where possible people were supported by staff who had similar backgrounds or interests. For example, a person who enjoyed walking was supported by a staff member with a similar interest.

People's personal and diverse needs were also assessed in accordance with the protected characteristics of the Equality Act 2010 to ensure the service did not unlawfully discriminate against people. Staff told us they supported people in a non-judgemental way and always considered people's personal preferences and interests when providing support to people. For example, staff supported a person who had specific dietary requirements to plan, shop and cook their meals.

Staff could explain how they supported people's individual needs and preferences. The registered manager had identified prior to our inspection that information about people's risks, levels of independence and how people were supported to reach their goals were not consistently recorded in detail in people's care plan. For example, people's care records showed that the risks and hazards relating to their home environment had been identified such as the type of flooring or clutter on the floor, however it was not consistently clear what control measures had been put into place to ensure the safety of people and the staff who supported them. The registered manager said, "We are looking at the care plans. We want to stream line them so they capture the information that staff need to support our service users. They need to be user friendly." However effective communication between the staff team informed staff of any risks and changes in people's well-being whilst people's care plans were being updated. We were told that the review of people's care records would also include evidence of people's involvement, their consent to care and the assessment and support of people who lacked mental capacity using the principles of the MCA.

People were confident that people's needs and risks were being managed well by staff and that the service was responsive to their needs and requests. One person said, "I know I can always speak to the ladies who visit me and they will always help me if I need it. They have been good that way." For example, the service had been flexible and responsive when one person had asked for extra support. Staff often worked with family members to support people with their needs. Staff were responsive and aware of their responsibility to report any concerns especially when people lived alone. For example they were aware the actions they should take if they were unable to access a person's house during their allocated visit time or if they found a person missing.

People and their relative's day to day concerns were explored and responded to in good time. The managers told us they acted promptly to any concerns raised with them and used complaints and concerns to reevaluate and improve the service. The registered manager told us the managers often supported people so

they could address any concerns quickly.

Information about the service's complaints process was made available to people when they started to use the service and was available in the 'Service user's handbook'. The registered manager was in the process of reviewing and updating the complaints policy to reflect the services complaints process. The service had not received any complaints, however people were confident that any concerns raised with the managers would be addressed promptly. A recent customer survey carried out by the provider confirmed people and their relatives were happy with the support and care they received.

At the time of our inspection, no one being supported by Cotswold Carers Ltd was living at the final stages of their life. The registered manager explained that they would need to evaluate the systems of the service and the training and skills of staff to ensure they could provide safe and effective care and support if a person needed specialist end of life care. The registered manager said, "We aren't in the position to provide end of life care at the moment. We would need to refer the person to another service or for specialist palliative support if necessary. It is something that we are considering but we know our limitations at present."

Is the service well-led?

Our findings

The systems and records that monitored the quality of the service were still evolving and being embedded as the service slowly expanded. The managers of the service were aware of their roles and responsibilities to run an effective and responsive service. They worked alongside each other daily and regularly discussed the management and systems of the service to ensure the service responded to people's needs. Through this process, they evaluated the service and the care being delivered and considered solutions to address any shortfalls. For example, they had recognised that an online quality assurance and policy system that they had commissioned was not effectively assisting them to manage the service and therefore had bought a new system which more suited their management requirements. We found that they were in the process of updating and transferring all the services files such as the provider's policies and staff training files on to the new system. However we were unable to see the effectiveness of the outcome of this process as the system had not been fully embedded into the service.

The managers monitored the service being provided by observing staff, speaking to people and their relatives and sharing information about the expected standards of care with the staff team. The registered manager told us they were reassured that people received their contracted care package by checking the staff time sheets, working alongside and carrying out random spot checks on staff. However improvements in the systems to monitor and record the quality of the service being delivered would ensure people's needs would be fully met if the service expanded. For example, an effective system to identify and the record the actions that staff should take if the service was not able to visit a person as planned such as in adverse weather conditions and the monitoring of the punctuality of staff would assist the managers in monitoring the effectiveness of the service.

As part of the interview process, people were sometimes supported by new staff who had not always had their recruitment checks fully completed. The registered manager explained that they always worked alongside potential new staff to help to confirm the character of staff and to ensure the safety of people. They said, "We are fairly sure we want to offer the staff member a job at this stage and it is just a last check so we can be reassured that they will work within our values." However it was unclear if people were at risk during this interview process as the assessment of risk to the people who were being supported by the staff member and the control measures that had been put into place had not always been recorded.

A systematic approach in the monitoring of the care practices of staff was not fully embedded into the manager's quality assurance processes. Whilst the managers observed staff supporting people, there wasn't a consistent approach to the frequency and diversity of their observation. This meant that the managers may not be fully assured that people's needs were being met.

We recommend that the service seeks recognised best practice guidance on structured systems to effectively monitor the service being delivered.

The registered manager told us "Central to our values as an organisation is that we are respectful to each other and to our service users and we ensure that people are treated with respect and dignity." These values

were supported by the provider's equality and diversity policy and embed in to staff practices. Each person was given a service user handbook which stated the providers 'philosophy of care'. Staff told us they felt supported by the managers of the service and a system was in place to ensure one of the managers was always available to speak to if staff needed support and guidance. Staff were required to attend a weekly staff meeting to discuss any concerns relating to the people they supported and get an update on any changes in people's needs and the running of the service.

Whilst the managers supported each other and did their own personal research to keep themselves updated, they recognised that they needed to develop to ensure they were aware of the latest evidence based practices and legislation by attending advance training in some mandatory subjects such as safeguarding and the Mental Capacity Act and joining local provider groups. We were reassured that the managers would review their own training requirements as part of their process to source additional training for the staff team.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective systems to ensure staff employed to carry out a regulated activity were of good character were not in place.