

Cotswold Carers Ltd

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Inspection report

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21 February 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Cotswold Carers Ltd provides personal care and support to people living in their own home. At the time of the inspection, the service was supporting 10 people who required personal care.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

People's experience of using this service:

- People and their relatives told us they were happy with the service they received and felt safe amongst the staff who supported them.
- People highly praised the caring nature of staff and told us staff were polite and they respected their dignity and privacy. Relatives also confirmed that they were extremely happy with the service provided by Cotswold Carers Ltd.
- People were involved in the assessment of their care and staff always asked for people's consent before they supported them.
- People were encouraged to retain their independence and make decisions about their care.
- People's care plans provided staff with the information they needed to support people and the management of people's individual risks.
- A consistent staff team ensured people received care from staff who were familiar with their needs.
- Improvement had been made to the records relating to the recruitment of staff.
- People received their medicines in a safe and timely manner and were referred to health care services when their needs changed.
- Staff were trained and supported to carry out their role and were knowledgeable about good care practices and their responsibilities to protect people from harm and abuse.
- Improvement had been made in the management and quality assurance systems to monitor the quality of the service. However, improvement was needed in the effectiveness of the monitoring of the management of people's medicines.

Rating at last inspection: At the last inspection the service was rated: Requires Improvement (Last report was published on 28 February 2018). Following the last inspection, the provider provided us with an action plan on how they would meet the breach of regulations relating to the recruitment of staff.

Why we inspected: This was a planned inspection based on the previous rating at the last inspection. We also followed up on the actions taken by the provider to meet the breach of regulations at our previous inspection.

Follow up: The rating of this inspection and the information and intelligence that we receive about the service will determine the timeframe of our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Cotswold Carers Ltd

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and people with mental health.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it 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.

What we did:

Before the inspection, we reviewed the Provider Information Return (PIR) submitted by the provider. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections.

We also reviewed other information we held about the service including previous inspection reports and information about important events that the service is legally required to submit to CQC. We also reviewed the provider's action plan from their previous inspection.

Inspection site visit activity started on 19th February and ended 22nd February 2019. We visited the office location on 19th February 2019 to speak to the registered manager, nominated individual and one staff member. We also review four people's care records and the provider's policies and procedures. After the office visit we contacted and received feedback from five people/relatives and four care staff either by telephone or email.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 16 January 2018, we asked the provider to take action to make improvements in the recruitment of staff, and this action has been completed. However, during this inspection we found further improvement was still needed in the management of people's medicines.

Using medicines safely.

- Since our last inspection, the service was now supporting some people with their medicines. People's medicines were mainly administered from a dossette box (Dossette boxes are pre-sealed containers prepared by a pharmacist which contains the correct dosage of medicines required at specific times of the day).
- A robust medicines care plan was in place which provided staff with information about the management and administration of people's medicines including how people preferred to take their medicines and how each person's medicines were reordered, collected and stored.
- Staff had been trained and assessed as being competent to manage people's medicines.
- People told us that staff supported them to receive their medicines as prescribed and felt in control of the management of their medicines.

Staffing and recruitment.

- Suitable staffing arrangements were in place to ensure people received the support they needed at the correct time. People told us they had support from a familiar consistent staff team who arrived on time and stayed for the allocated amount of time. One relative wrote to us and said, "The care staff are punctual and, on the very rare occasions, when they have been delayed call ahead to advise my parents."
- A new electronic system had been implemented to monitor the staff's arrival and departure times and alerted the office if staff had not arrived or failed to log in to the system. Any alerts or missed calls were immediately investigated.
- The senior management team was also trained to deliver care and was available to cover visits in times of sickness or absence of regular staff.
- An on-call system was in place to provide out of hours support to staff. Staff communicated effectively to ensure the needs of people who were at greatest risk during adverse weather conditions were met. A four-wheel drive car was available so staff could reach people in remote areas during severe weather conditions.
- Since our last inspection, the registered manager had reviewed their staff recruitment systems. Staff files now included sufficient evidence to show that the provider met the regulations relating to the employment of fit and proper people. Records showed that staff's full previous employment histories, including employment gaps and reasons for leaving previous employment had been explored when determining staff's suitability. Risks assessments relating to the employment of staff had been implemented where required.
- A screening process was used to help the registered manager better understand the knowledge and values

of potential new staff prior to interview. A 'value based interview technique' also ensured that the managers employed staff of good character.

- All staff had completed a health questionnaire to check if they were mentally and physically well to meet people's needs.

Systems and processes to safeguard people from the risk of abuse; assessing risk, safety monitoring and management; learning lessons when things go wrong

- People and their relatives told us they received safe care from Cotswold Carers Ltd. People's comments included, "Yes, I feel very safe with them (staff). They are very respectful" and "I have no worries about my safety, I fully trust them."
- Staff told us they had received safeguarding training. They had access to the provider's safeguarding procedure and was aware of their responsibility to report any suspicions of abuse or if they had any concerns about quality of care or people's safety.
- We discussed the actions that had been taken when safeguarding concerns had been raised and were reassured that the registered manager had taken appropriate actions to safeguard people from harm.
- People's safety and risks were assessed during their initial assessment. People's care files contained detailed guidance for staff how to manage risks. For example, clear plans were in place for those people who were at risk of falls, catheter management or skin breakdown.
- Staff monitored people's risks and informed the registered manager and people's families if they observed changes in people's well-being. One staff member said, "We would always flag up any concerns." This ensured people's safety and well-being was being continually monitored.
- Risks relating to the safety of staff had been identified and assessed when working in people's homes. The management ensured they reflected on incidents and concerns to identify where the service could be improved.
- Staff met and communicated regularly to share information about changes in people and reflect on any incidents. Staff confirmed that they were fully informed if any changes were needed to people's support. One staff member wrote to us and said, "Yes, team meetings are held every two weeks. A great chance to discuss the care of clients but also to gain valuable information from other members of the team."

Preventing and controlling infection.

- Staff had been trained in infection control and effective hand washing to help reduce the risk of spread of infection.
- Staff confirmed that they had access to personal protective equipment such as gloves and aprons and took appropriate actions when spills and accidents occurred to ensure people remained safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs had been assessed holistically to ensure that the service could meet their needs. Staff supported people in line with current practices to ensure people remained safe and had a meaningful life.
- One relative wrote to us and said, "The initial assessment of my father's care needs and home environment was conducted in a thorough and professional manner with all of the family present." They went in to tell us that staff supported their relative effectively with their clinical risks.

Staff support: induction, training, skills and experience.

- Staff felt they were well trained and they had the knowledge, skills and experience to support people with their individual care needs.
- Staff told us they felt supported and were in frequent contact with the managers. One staff member said, "Yes we get good training and can always ring the office if we are unsure to ask for help."
- Staff undertook online training in areas such as safeguarding, first aid, and safe medication management.
- Staff had completed additional non-mandatory training in area such as catheter care. This had ensured that staff had the skills to meet people's needs.
- New staff had completed an induction programme as well as shadowing experienced staff and meeting the people they would be supporting.
- Staff had regular supervision meetings and annual appraisals with their line manager to discuss their professional development. Managers also carried out spot checks on staff which focused on areas such as punctuality, care practices and accurate recording in people's care and medicine records.

Supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- Where people had been assessed as being at risk of poor nutrition and dehydration; suitable care plans were in place to ensure people were supported to have access to sufficient food and drinks.
- Staff worked together to ensure that people received a consistent and effective support. Good communication systems were in place to ensure that staff and people had the latest information on people's needs.
- Staff worked in conjunction with people and their families to ensure they accessed health care services in a timely manner.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People and their relatives told us they were always consulted about the care and support staff provided.
- When people lacked the mental capacity to make day to day decisions about their care, staff made decisions on behalf of people based on people's known preferences and in their best interests.
- Staff were aware of their responsibility to assess people's mental capacity when significant decisions about the care they received from the service was required. The registered manager was in the process of reviewing people's care plans to ensure their people's consent to care was lawfully recorded.
- Best interest decisions were made on behalf of people with their representatives and/or family members who acted on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity; supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence.

- People and relatives highly praised the service and felt they received good quality and consistent care. They told us they found the staff were caring and their warm nature was genuine and consistent. One relative said, "We see a very consistent staff team. Nothing is too much for them. I can honestly say they are a great service."
- People and their relatives also told us they were treated with compassion, dignity and respect. Comments included: "We feel very lucky to have the support of Cotswold Carers" and "The carers are certainly caring and compassionate, without a doubt." They explained that they had been involved in their initial assessment and continued to be involved in on going decisions about their care and support.
- The managers were motivated to ensure staff delivered high quality care. The nominated individual said, "Our aim is deliver the best possible care for everyone. We are building up a strong reputation and with aim to expand but still maintain our values and quality of care."
- Staff spoke with kindness and respect when speaking about people. They knew people well and explained that people's care plans provided them with important information such as their personal histories, what was important to them; their personal preferences and preferred routines which were recorded in people's care plans.
- People's care plans stated how staff should assist people with their personal care and how they worked in conjunction with people's families to ensure people's personal care needs were met. People and their families were told that they were fully involved in decisions about their care.
- People's relatives explained that staff were very respectful and always ensured that they left people feeling comfortable and safe.
- People and their relatives valued their relationships with the staff team. They expressed their gratitude of the caring nature of staff and how they enabled them to stay living independently within their own home. Relatives explained that staff supported their family member in a dignified manner and always encouraged them to retain their independence in daily living skills.
- People's individual communication need were assessed and considered. This ensured people had access to information in a form that met their assessed needs.
- Staff and the managers were aware of the importance of respecting people's diverse to ensure people's human rights were met and people were treated equally.
- People's emotional support needs were assessed and care plans guided staff on how best to support people.
- The service user handbook had been updated and provided people with contact details and helplines of local and national community support organisations such as benefits advice.

Is the service responsive?

Our findings

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

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

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

- People's individual needs were assessed and care was delivered in line with their support requirements. Care plans were tailored to people's individual needs and clearly described how they wanted their care delivered.
- People's preferred daily routines were recorded in depth and provided staff with details of how the person wanted their day structured such as how they wished to be supported with their personal hygiene.
- There was evidence that reviews of people's care were conducted and fully involved people. People and their relatives confirmed that their care package was regularly reviewed with them.
- Staff had been responsive to people's changing needs and provided people with additional support when required. Any changes or concerns relating to people's well-being was communicated to representatives of the person and reported to the registered manager. One relative wrote us and said, "On occasions when the carer has been concerned, they have been effective in quickly contacting relatives and/or District Nurse services for follow up."
- Staff told us they were introduced to new people and informed of people's care plans and support requirements before they started visiting them. People and their relatives also confirmed that they received care and support as they had requested. One relative said, "They do a good job. I trust them and happy how they care for my wife."

Improving care quality in response to complaints or concerns.

- People and their relatives knew how to make a complaint. No one we spoke with had any issues to raise and were happy with the service they received from Cotswold Carers.
- People and their relatives told us they felt any day to day concerns would be dealt with promptly.
- People were given a service user handbook which provided them with information about the service's complaint procedure and contact details.

End of life care and support.

- The registered manager informed us no one was receiving received end of life care at the time of our inspection. We were told that the assessment and recording of people's end of life wishes was in progress and would be addressed as part of people's care plan reviews.
- The managers told us they would work in conjunction with people's families, other health care professionals and palliative care services if people wished to receive end of life care at home. We were told that the service would work collaboratively to ensure people would be supported to have a pain free and dignified death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People and their relatives reported that they were confident and happy with the care they received and felt the service was well managed.
- Since our last inspection, the provider had taken on board our concerns and had made improvements to the recruitment of staff and the governance of the service to ensure people received effective and responsive care.
- The registered manager and nominated individual had good insight into the care being delivered to ensure people received good quality care. For example, the quality of care being delivered and the care practices of staff were frequently checked by spot checks of staff and regular monitoring visits with people. Action was taken when staff or people voiced concerns about the quality of care being delivered.
- However, improvement was needed in the effectiveness of the monitoring of the management of people's medicines. This would assure the registered manager that people consistently received their medicines as prescribed. For example, we reviewed two people's medicines administration records (MAR) and identified staff had not always consistently signed or coded (recorded a code of the reason why the medicines had not been administered) when they had administered people's medicines. This was raised with the registered manager who told that they always reviewed the MARS monthly and investigated any signature gaps on the records. They told us staff either wrote the reason for not administering the medicines on the reverse side of the MAR or in the daily notes. However, we found that their findings and actions were not always recorded and that the monthly audit system would not always pick up any staff errors or people's refusal of their medicines in timely manner. We also found there was not a consistent approach to the recording of stock balance of medicines when administered from their original packaging and the recording of the management and administration of people's medicinal creams was not always clear. This meant the registered manager did not have an effective system in the monitoring of people's medicines.
- We raised our concerns about the management and monitoring of people's medicines with the registered manager who stated they would review the system they used to monitor people's medicines. This would ensure people consistently received their medicines and any medicines refused by people were monitored and raised with their GP.
- Since our inspection, the registered manager has sent us templates of new medicines auditing tools and charts which have been implemented and will assist them in monitoring and recording people's medicines. However, time was now needed for these improvements to the management of people's medicines to be sustained.

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility.

- The provider had a clear vision for people to have access to good quality care and support with their personal care and daily living activities.
- Since our last inspection, a new registered manager was in post who had completed level 5 in Health and Social Care. The registered manager explained this was their first role as a registered manager and it had been 'a steep learning curve' for them. However, they had been responsive to concerns raised by staff and had introduced systems to improve the quality of the service and associated records. For example, people's care records and staff files had been reviewed and were in a new accessible format. Staff confirmed that people's care plans were clear and provided them with sufficient information to support people.
- All the staff we communicated with praised the new registered manager and stated that they had had a positive impact on the staff and the service. One staff member said, "The management is 100% better with new manager. I can't praise her enough."
- Staff told us they felt supported and were aware of the services procedures and the actions they should take if they were concerned about people's well-being or missing from their home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- Feedback from staff demonstrated that staff felt valued and well supported. Comments included, "I'm proud of the service. The management has definitely improved. She (the registered manager) is 'on the ball' and will nag us if we don't do our training."
- Staff told us they felt supported and that communication across the service was good. One staff member wrote to us and told us the communication was 'very efficient' and said, "We stay in close contact with managers on a daily basis." They described the managers as being very approachable.
- People and their relatives praised the management team and felt the service was well managed and communication was good from the office. One relative said "I believe the company is well led and I don't have any concerns."
- The managers and staff were passionate about delivering high quality care in their local community and engaging with other local organisations such as health care professionals and other care agencies.

Continuous learning and improving care.

- There was an open approach in investigating and learning from accidents, incidents and near misses. The managers were open to making changes to the service to help improve the quality of the service they delivered.
- The provider had consulted with an independent health and social care consultant. The consultant had assisted the managers in monitoring the service. The consultant's report had been used to drive improvements.