Ms Kate Acia Mervyn-Smith

Cotswold Care Unlimited

Inspection report

Kingsbarn House
Homefarm Lane
Hannington
Wiltshire
SN6 7RG

Tel: 01367250041

Date of inspection visit:
22 March 2017
23 March 2017

Date of publication:
03 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an announced inspection of Cotswold Care Unlimited on 22 and 23 March 2017.

Cotswold Care Unlimited is a small domiciliary care agency registered to provide personal care to people living in their own homes. On the day of our inspection, nine people were being supported under the regulated activity of personal care.

We last conducted a focused inspection of this service on 5 September 2016. This was to follow up warning notices with regard to safe staff recruitment and quality assurance systems issued following an inspection in March 2016. At the inspection in September 2016 we found the provider had not taken all the necessary actions to improve their quality assurance systems. We therefore imposed a positive condition for the provider to submit a monthly action plan detailing audits of people's care plans, risk assessments and records of their care delivery with a report of action taken or be to be taken as a result of the audits. We also told the provider to take further action to improve the safety of their recruitment processes At our last full comprehensive inspection of the service in March 2016 we told the provider they must take action to improve care plans, risk assessments and staff training.

At this inspection in March 2017, the provider had established safe recruitment practices. People's needs were assessed and proportionate risk assessments put in place to guide staff on how to provide safe care and support. People's needs were accurately reflected in detailed care plans which contained person centred information about the person's needs. Where risks were identified there were plans in place to show how risks were managed. People care needs had been reviewed. However, the provider still needed to make further improvements to ensure the service was well led.

We identified gaps in staff training. 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.

People were supported by staff who could explain how they would recognise and report abuse. People who used the service told us they felt safe with the care and support that staff provided. There were sufficient staff to meet people's needs and people received their care when they expected.

Staff had received regular support from the management. There was evidence of staff having informal or formal meetings to discuss their roles and support they may need to deliver care effectively.

People who used the service were asked to consent to the care and support provided.

People told us they benefitted from caring relationships with the staff. All people we spoke with were positive about the care they received. People provided positive feedback about individual members of staff and told us they treated them with dignity and respect and supported them to make decisions about the care and support they received.

The provider had not developed all necessary processes and systems to ensure the quality of service provided.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service told us they felt safe with the care and support staff provided.

Risk assessments were used to provide guidance to staff about how to provide safe care and support.

Is the service effective?

Requires Improvement

The service was still not effective and remained requiring improvement.

Staff training was not always up-to-date.

Staff felt supported in their roles as they had regular meetings with their managers.

People who used the service were asked to consent to the care and support provided.

Staff supported people who used the service to eat and drink enough and to access healthcare service where necessary.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service was responsive and had improved to good.

People's needs were assessed and person centred care plans put in place.

Feedback from people who used the service demonstrated that the care and support provided was person-centred.

Is the service well-led?

Requires Improvement

The service was still not well led but had improved.

Ongoing improvements were required to ensure staff received the appropriate training before working with people.

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 22 and 23 March 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support the inspection. This inspection was carried out by one inspector.

We did not ask the registered provider to complete a provider information return (PIR) before this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. When planning our inspection, we looked at information we held about the service, which included information shared with the Care Quality Commission (CQC) via our public website and notifications sent to us since our last inspection of the service. A statutory notification is information about important events such as accidents and incidents in the home which the provider is required to send to us by law. We also contacted the local authority's commissioning team to ask if they had any relevant information about the service. We used this information to plan our inspection.

As part of this inspection, we visited three people who used the service. We visited the location offices and spoke with the provider, a senior carer and two members of care staff. We looked at four people's care files, four care staff recruitment and training files, medication administration records, meeting minutes and a selection of records used to monitor the quality of the service.

Good

Is the service safe?

Our findings

At an 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 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the 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. We followed this up in September 2016 and the provider had still not met this regulation. A requirement notice was issued and at this inspection in March 2017 we found improvements had been made.

People were supported by care staff that had been through the appropriate recruitment checks. Providers have responsibility to ensure only 'fit and proper persons' are employed to care for people. We saw care staff had photographic identity on their files and references had been sought. We also saw that a Disclosure and Barring check (DBS) had taken place. 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. This ensured that people were protected from the risks of being cared for by unsuitable characters.

At the inspection in March 2016, we found that people using the service were not adequately protected from the risk of harm. Care plans did not contain risk assessments and there were no systems in place to identify, assess and manage risks relating to the health, welfare and safety of people who used the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued and this was followed up at a focussed inspection in September 2016 where improvements had been made.

At this inspection in March 2017, risks to people were identified in their care plans. Where risks were identified there were plans in place to show how risks were managed. For example, one person smoked in their bed. We saw that the provider had discussed the risks with the person and ensured the fire alarms were regularly checked. We also saw that the person had declined to have bed rails up. We saw that plans were in place to ensure the bed was lowered to minimise the risk if the person fell out of bed. We also saw risk assessments carried out in relation to care staff delivering the regulated activity of personal care in the community on their own. Environmental risk assessments in people's homes had been completed to help care staff to identify and minimise risks whilst working in someone's home. People were protected against the risk of the spread of infection. Care staff were provided with aprons and gloves and we saw these being used on the day.

People told us they had their medication when required. Where necessary, care staff supported people who used the service to take prescribed medicines. The registered provider had a medication policy and procedure. A member of care staff told us, "I shadowed somebody doing medicines for the first couple of days and then someone observed me". Where care staff supported people to take prescribed medicines,

Medication Administration Records (MARs) were put in place to record the assistance provided. We reviewed completed MARs and these had been accurately recorded. If a medicine had been refused or not administered, advice had been sought from a health professional.

People who used the service told us that they felt safe with care staff. One person said, "Yes, I feel safe, of course!" Staff we spoke with understood the types of abuse they might see and their responsibility to report any issues or concerns to the provider. One care staff said, "I know who to report any concerns to. Either [provider] or CQC". The registered provider had a safeguarding vulnerable adult's policy and procedure in place to provide further guidance on how safeguarding concerns should be dealt with. This showed us that the service had a system in place to identify and respond to signs of abuse to keep people safe.

There were sufficient numbers of care staff available to keep people safe. We observed three visits to people in their homes and staff were not rushed in their duties and had time to sit and chat with people. People told us that care staff turned up at the appointed time or if they did not the office would arrange for a replacement care staff to attend. They would be notified if the visit was delayed. Nobody reported any missed visits.

We asked people how they would contact the service in an emergency. People had contact numbers in their homes and people we spoke with said they could always get hold of someone if necessary.

The service had a system to record accidents and incidents in the service. However, the service reported that no accidents or incidents had occurred since the last inspection.

Requires Improvement

Is the service effective?

Our findings

At an inspection in March 2016, we found care staff had not always received the appropriate training in order to ensure care was delivered effectively to people in line with their care needs. This was a breach of Regulation 18 of the Health and Social Care Act Regulations 2014. At this inspection in March 2017, we found that the requirements were still not being met.

We found the provider had not ensured that all care staff were suitably qualified, competent, skilled and experienced in all areas before providing people's care. There were limited records to show all care staff had undergone the necessary training prior to supporting people. For example, we did not see evidence that training such as safeguarding had taken place for all care staff. Other training necessary to carry out regulated activities, such as first aid and moving and handling training was not evidenced for all care staff. The provider told us that care staff had completed work books as part of their training and that these had been sent for assessment. However, we were unable to confirm what workbooks and training had been undertaken, and when, by care staff. Care staff we spoke with said they had undertaken some training via a training package but no evaluation of their skills and competence was seen.

We did not see evidence that all care staff had undergone training and assessed as competent before administering medicines. The provider told us that medication training was part of the Redcrier training (distance learning) care staff completed. The provider sent evidence for some care staff following the inspection that they had received training but it was not clear if all care staff had received the training and been assessed as competent before administering medicines.

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

Care staff we spoke with had knowledge about Mental Capacity Act 2005 (MCA). 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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found that care files recorded details about people's ability to make decisions. People who used the service were asked to sign their care plans and risk assessments to record that they consented to the care and support provided.

Care staff told us they felt supported and we saw evidence that management had met with staff on a regular basis. As the staff team was very small they had daily contact with each other and the registered provider. This meant support and guidance was in place when it was needed. Therefore, people were protected from

the risk of receiving inappropriate or unsafe care because the provider had suitable arrangements in place to support care staff in relation to their responsibilities.

Where people needed support with having meals prepared, this was recorded. Care staff told us people decided what they wanted to eat and drink and they cooked meals and served them. People told us care staff asked what they wanted to eat and made sure they had drinks before they left. Staff documented in people's daily notes what support they had provided and also recorded what people had eaten or had to drink during their visit. This enabled care staff to monitor people's food and fluid intake to identify any issues or concerns around dehydration or malnutrition.

People's care files contained information about their medical history and any on-going health needs. Care files also recorded contact details of any healthcare professionals involved in supporting people who used the service. This was important as it meant care staff had information about who to contact in the event of an emergency. A member of care staff said, "I have raised concerns regarding someone's medication and we have a lot of interaction with the district nurses and GP's". People who used the service told us care staff supported them to maintain good health. Comments included, "The staff pick up my prescription for me if I need them to".

Good

Is the service caring?

Our findings

People were consistently complimentary about the care staff. One person said, "They are gentle and kind. They keep me clean and always turn up".

People's care plans contained information about their families and pets. For example, one care plan described they had a dog who sat with the person to keep them company. It also stressed the importance of a person maintaining a good relationship with their loved ones. 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.

The service only supported 15 people and the staff team were very small, so people knew them well. Care staff 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. They enjoyed their job and were enthusiastic about providing good quality care. Comments included: "We have time to spend with people. We can build relationships and have time for a chat and a laugh".

People who used the service told us they were treated with dignity by care staff. A relative commented, "My [relative] was quite unsure about females delivering personal care but very quickly they have made [relative] feel comfortable and relaxed and have built up a good rapport with appropriate chatter and humour to put [relative] at ease. Staff we spoke with appropriately described how they provided support in a way which maintained people's privacy and dignity. One member of staff explained how they supported someone to get washed and dressed. They told us, "I get the person to do as much as they can themselves and ensure their bodies are not exposed to avoid embarrassment".

Our conversations demonstrated that people had established positive caring relationships with regular and familiar care staff. During our inspection, people who used the service told us that care staff supported them to make decisions and respected their choices. We saw records in a person's care plan stating they wanted to be as independent and maintain as much control over their live as possible. At the time of our inspection, no one who used the service was supported by an advocate. An advocate is someone who can support people to ensure that their views and wishes are heard on matters that are important to them.

Staff were discreet and respected people's confidentiality. We saw that records containing people's personal information were kept securely.

Good

Is the service responsive?

Our findings

At the last inspection in March 2016, people's care plans did not always have all the relevant and up to date information to ensure people's care was delivered in accordance with their needs. There was limited evidence that people were involved in developing and reviewing their care and support. This was a breach of Regulation 9 of the Care Quality Commission (Registration) Regulations 2009. We asked the provider to send a report stating what action they were going to take.

At this inspection in March 2017 we found improvements had been made. The registered provider or other senior carer had visited new people who used the service to gather information about their needs. This information was incorporated into a care plan, which provided guidance to staff on how care and support should be provided to best meet that person's needs. We reviewed four people's care plans and saw that they contained person centred information about that person's needs, the tasks they completed independently, support provided by relatives or carers and information about what assistance was required from care staff. Care files also person centred information about people's family and social history, likes and dislikes. This information was important as it supported staff to get to know people who used the service. Where people had specific personal preferences with regards to how the care and support was provided, this was documented in their care plans. People care needs had been reviewed. 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.

A copy of the care file was kept in people's homes for care staff visiting to look at and a copy was also kept securely in the registered provider's office. We saw that there were systems in place to share information between different care staff visiting. Staff wrote daily notes kept in a folder in people's homes. This recorded details of the care and support provided at each visit, including the time and length of calls, the support provided and any issues or concerns identified. This helped to ensure that information was handed over to the next member of care staff visiting that person.

People we spoke with felt they received care that was personalised to them. A relative commented, "These girls are brilliant" and "I don't know how I'd cope without them. I can now have a life. I'd recommend them to everyone". We saw some evidence that people's needs had been assessed by the provider before support commenced. For example, preferences, likes and dislikes had been recorded. This meant care staff would have the necessary guidance to ensure the person's support was delivered in accordance with their needs.

The registered provider had a policy and procedure in place outlining how they would manage and respond to complaints about the service provided. People who used the service were given information which contained the address and contact details of the office and provided details of the registered provider's complaints process. This also provided contact details for the Care Quality Commission should people wish to report their concerns to us. People told us if they needed to make a complaint, they would contact the provider or tell a family member. One person told us, "If I was concerned about anything I would talk to my [relative] who would contact the provider". The registered provider provided 'hands on' care and support and saw most people on a regular occasion. We were told no complaints had been received about the

service since our last inspection of the service.

Requires Improvement

Is the service well-led?

Our findings

At an inspection in March 2016, we found the provider had failed to establish and operate effective systems or processes to ensure compliance with the Regulated Activities Regulations 2014. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action, issuing a warning notice advising the provider they must make improvements to meet the legal requirements by 17 June 2016. We followed this up in September 2016, and found the provider had still not established systems to assess monitor and improve the quality of the service. We therefore imposed a positive condition for the provider to submit a monthly action plan detailing audits of people's care plans, risk assessments and records of their care delivery with a report of action taken or be to be taken as a result of the audits.

At this inspection in March 2017, we found that the provider had implemented effective quality assurance systems for those areas covered by the positive condition. For example, monthly audits on care files and risk assessments had been implemented and reviews had been carried out. However the provider had not extended their quality assurance systems to ensure that they met all of the requirements in relation to the regulated activities. For example, the provider did not have a system to ensure that staff received appropriate support, training and professional development.

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

The provider had developed audits to allow analysis and monitoring of the quality of the service. For example monthly audits on care plans, risk assessments, care records, medication records and client feedback. These audits would reflect any changes to people's needs and risks. We saw these had been completed but no changes had been needed. The provider had carried out surveys to seek feedback from individuals. People told us they had been asked for feedback about the service.

The registered provider was not required to have a registered manager as a condition of their registration for this service. The registered provider was supported by a senior carer in the management of the service.

The provider had policies and procedures in place and these had been updated and reviewed. For example, we saw policies such as a No response policy and procedure. This provided details of what care staff should do if a person they were visiting did not respond or were not there. This meant people were protected if they were unable to answer the door or if they had gone missing.

We saw team meetings had been held to share information and discuss issues or concerns. Team meetings are 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. We saw records of a team meeting held in February 2017 and they had discussed areas such as training and spoke about each client.

Despite the concerns identified during the course of our inspection, we received very positive feedback about Cotswold Care Unlimited. A care staff commented, "[Names of manager's] are always there to talk to. They are a great company; they looked after a family member of mine".

The provider sought feedback from people on a regular basis and as they often provided care themselves were able to receive feedback and observe care staff interaction when working alongside them.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not extended their quality assurance systems to ensure that they met all of the requirements in relation to the regulated activities. The provider did not have a system to ensure that staff received appropriate support, training and professional development.

The enforcement action we took:

An imposed condition was varied to ask the provider to report on training updates for all care staff.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that all care staff were suitably qualified, competent, skilled and experienced in all areas before providing people's care.

The enforcement action we took:

An imposed condition was varied to ask the provider to report on training updates for all care staff.