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Cotswold Care Unlimited

Inspection report

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Date of inspection visit:
05 September 2016

Date of publication:
17 January 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

At a comprehensive inspection of this service on 17 March 2016 we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also issued two warning notices in respect of Regulation 17 Good Governance and Regulation 19 Fit and proper persons employed, stating that the provider needed to take action to address these by 17 June 2016.

We inspected this service on 5 September 2016 to assess whether the provider had taken the necessary actions to meet the warning notices. At the time of this inspection there were 16 people using the service of which seven were receiving support under the regulated activity of personal care.

This report covers our findings in relation to the warning notices we issued therefore we have not changed the ratings since the inspection in March 2016. The overall rating for this service remains 'Requires Improvement'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cotswold Care Unlimited on our website.

At this inspection, we found the provider had taken some action to address the issues highlighted in the warning notices but further improvements still needed to be made.

At our last inspection in March 2016 we found people were supported by staff that had not undergone required checks to ensure they were suitable to work unsupervised. This was a repeated breach from the inspection in October 2013. At this inspection we found staff had still not had the required checks to ensure they were suitable to work unsupervised.

At our inspection in March 2016 we found the provider had not established and operated effective quality assurance systems or processes to ensure compliance with the Regulated Activities Regulations 2014. Therefore the quality of the service could not be effectively assessed, monitored and improvements made where needed. At this inspection, there was still no evidence audits were in place to ensure the quality of the service.

At our inspection in March 2016, we found the provider was failing to assess, monitor and mitigate the risks to people's health and safety during care delivered. People's care plans did not contain risk assessments. This meant there was no information if there were any potential risks to people when delivering their care and no guidance for staff on how risks should be managed. We also found that there were no processes to record whether concerns about people raised by staff to management had been acted upon. At this inspection, none of the care files we looked at had risk assessments in them. The provider said they had a system for monitoring concerns but they were unable to produce evidence of this system during the course of the inspection.

At our inspection in March 2016 we found people's care records were not accurate or complete. People's support plans did not always have all the relevant information to ensure the care required was documented

to ensure it was delivered in accordance with their assessed needs. At this inspection we saw improvements had been made and there was information in people's records detailing what support people needed.

At our inspection in March 2016 the provider was unable to evidence that people were involved in developing and reviewing the care and support that they needed. We saw no assessment records gaining information on what needs people had to form a support plan and people had not undergone regular reviews of their care. At this inspection, the care plans had been updated following the last inspection and the provider said they would be reviewing the care plans as needed or a year after they were completed.

Our inspection in March 2016 did not find that the provider had sought or acted on feedback from individuals and professionals for the purposes of continually evaluating and improving the service. At this inspection, we saw that the provider had sought people's views on the service, and the records we saw showed people were happy with the support they received.

We found the registered provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering the action we will be taking.

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.

We found not all necessary action had been taken to ensure staff were safe to work in the service.

People's risk assessments were not on their records.

Is the service well-led?

Inadequate 

The service was not always well led.

Quality monitoring of the service had not been improved as there were no effective systems to ensure the safety and quality of the service.

We found some action had taken place to improve people's care records.

The provider had implemented systems to seek people's views.

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.

We undertook an announced focused inspection on 5 September 2016. 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 planned to check if improvements to meet legal requirements had been completed. We inspected the service against two of the five domains. We checked if the serviced was safe and well-led. This inspection was carried out by one inspector.

We spoke with the registered manager and one senior carer. We looked at four people's records and six staff records. We reviewed a range of records which included policy and procedures. We contacted commissioners of the service to obtain their views of the service.

Is the service safe?

Our findings

At our previous inspection in March 2016 we found the provider was failing to ensure staff had undergone the necessary recruitment checks to make sure staff were safe to support people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action advising the provider they must make improvements to meet the legal requirement by 17 June 2016.

This had been a continuing breach from a previous inspection on 13 October 2013, where we identified breaches of Regulation 21 (Requirements relating to workers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). The provider had sent an action report after this inspection stating that recruitment procedures would be put in place by 1st February 2014.

At this inspection in September 2016 we found there were still areas of improvement needed to ensure all recruitment was undertaken safely. We spoke with the provider about their understanding of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and they were unable to provide evidence that information had been obtained in line with these requirements. Schedule 3 details the information required in respect of persons employed or appointed for the purposes of a regulated activity, for example, personal care. Providers must have effective recruitment and selection procedures that comply with the requirements of this regulation and ensure that they make appropriate checks for employees. Information about candidates set out in Schedule 3 of the regulations must be confirmed before they are employed. Other checks deemed appropriate by the providers may also be undertaken. Selection and interview processes should assess the accuracy of applications and be designed to demonstrate candidates' suitability for the role. Providers must assure themselves that all checks are complete and satisfactory.

Only one staff record out of six staff had photographic evidence of the staff member. The local authority quality assurance team had visited in June 2016 and reported the absence of photographic evidence on staff files and asked that this be amended. We saw that at the inspection in September this had still not happened. Other mechanisms, such as checking a person's employment history and any gaps should also be undertaken by the provider to assure themselves as far as possible that all employees are of good character and are fit to work in their service. We saw application forms were on file but employment history gaps had not been explained as required. We saw no evidence of staff having undergone an interview.

The provider had not applied for any Disclosure and Barring Service (DBS) themselves for the staff they had employed. We looked at six staff records, five contained records of DBS checks, but these had been undertaken by previous employers. Three of these checks had been issued within the last three years and two others were over five years ago. One member of staff had no DBS at all.

References had been obtained for staff. However, the provider had not acted on shortfalls identified at the previous inspections. Recruitment systems were not robust to make sure that the right staff were recruited

to keep people safe.

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

Is the service well-led?

Our findings

At our previous 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. We found no systems had been put in place to assess, monitor and improve the quality of the service. The provider was failing to assess, monitor and mitigate the risks to people's health and safety during any care delivered. There were no processes to record decisions and actions where there were concerns for people in relation to the care and treatment provided by the service. People had not undergone regular reviews of their care and there was no evidence of them being involved in their assessment prior to care starting. People's records did not contain an accurate, complete and contemporaneous record about their care needs. We found the provider had not sought or acted on feedback from individuals and professionals for the purposes of continually evaluating and improving the service. We therefore took enforcement action advising the provider they must make improvements to meet the legal requirement by 17 June 2016.

At this inspection in September 2016, we found the provider had still not established systems to assess, monitor and improve the quality of the service. Providers should regularly monitor the quality of the service to make sure the overall management of the service is safe and effective. This is assisted by providers rigorously checking the running of the service by having systems in place to monitor any areas of risk so improvements could be made. As audits were not happening, it meant that the management were not aware of risks such as missing information from staff files, incomplete recruitment processes and missing risk assessments. People were therefore at risk of not receiving safe care due to a lack of systems in place to check the regulations were being adhered to.

We found there were still no risk assessments on people's records. We asked the provider about this, who informed us that these had been prepared but were not on people's files. This meant staff were not able to refer to the risk assessments when delivering care and support to people. We asked for copies to be provided and we received an example of a completed risk assessment after the inspection. We were told that risks to people was escalated externally when appropriate, for example, referrals to health care professionals. However, there was no clear system to identify whether had happened.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we saw some improvements. People's care plans had been updated since the last inspection in March 2016. They contained a complete record explaining clearly people's care needs. As the care plans had recently been updated, reviews had not taken place. We asked the provider who said they would schedule in reviews to be done at least annually, or when changes occurred. We saw an example, of notes the provider had made when assessing people's needs and that these had been incorporated into care plans.

People's views were sought and people had completed feedback forms about their care. We saw evidence on people's records they had been asked for their views on their support and people had not raised any

concerns. The provider also sent out emails on a weekly basis to people and their relatives and they addressed any issues as they arose.

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 Not all necessary action had been taken to ensure staff were safe to work in the service.

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 Quality monitoring of the service had not been improved as there were no effective systems to ensure the safety and quality of the service.

The enforcement action we took:

A condition was imposed on the provider's registration. The registered person must implement a system of auditing service user care plans, risk assessments and records of care delivery and send to the Care Quality Commission on the last Friday of each calendar month a report of the action taken or be to be taken as a result of the audits.