Mrs Jayne Lewis

Cottage HomeCare Services

Inspection report

38 Doctor Fold Lane
Heywood
Lancashire
OL10 2QE

Tel: 07887481290

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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?	Good

Summary of findings

Overall summary

Cottage Homecare Services provides help and support to people enabling them to remain in their own homes for as long as they wish. The agency offers a variety of services in areas such as assistance with personal care, domestic tasks, help with medication and shopping.

At the time of the inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first rated inspection for this service.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Staff were trained in the administration of medicines and managers checked the records to help spot any errors and keep people safe.

People were supported to take a healthy diet if required and staff were trained in food safety.

Plans of care were individual to each person and showed staff had taken account of their wishes. Plans of care were regularly reviewed.

The agency asked for people's views around how the service was performing to improve the service.

There was a suitable complaints procedure for people to voice their concerns. There had not been any major concerns since the last inspection.

We observed a good rapport between people who used the service and staff. We saw that staff appeared to know people well and understand their needs.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package.

Staff received an induction and were supported when they commenced work to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics.

Management conducted sufficient audits to ensure the service was performing well.

The office was suitable for providing a domiciliary care service and was staffed during office hours. There was an on call service for people to contact out of normal working hours.

People who used the service thought managers were accessible and available to talk to.

Staff were trained in infection prevention and control and issued with personal equipment to help protect the health and welfare of people who used the service.

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.

There were systems, policies and procedures in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. People told us they felt safe.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and had their competency checked regularly.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

This was because staff were suitably inducted, trained and supported to provide effective care.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle if this was part of their care package.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were trustworthy, flexible and kind.

People who used the service said staff were reliable and completed their tasks.

Personal records of people were stored safely and privately.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns.

Plans of care reflected people's wishes and were reviewed to keep staff informed of any changes.

People were assisted to go out if this was part of their care package.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care agency.

People and staff told us they could contact the registered manager or office if they wished.

Cottage HomeCare Services

Detailed findings

Background to this inspection

This inspection took place on 07 and 08 September 2016 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We contacted the local authority and Healthwatch for their views about the home. They did not have any major concerns.

During the inspection we spoke with the registered manager, two members of staff who were in the office and one by telephone. We visited and talked to three people in their homes with their permission. We also looked at people's views from quality assurance surveys.

We looked at care records for three people in the office and one with a person's permission in their home. We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us, "I trust them and they lock up when they leave. I feel safe using the service. They wear their uniforms and ID so I know it is them", "I trust all the staff I get and feel very safe with them" and "They are very careful to leave my property secure and I have no reason to not feel safe."

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow a local initiative. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. A member of staff said, "I have completed safeguarding training twice now. I would report poor practice if I saw it."

There had not been any safeguarding incidents at the service. The registered manager had completed a train the trainer course with Rochdale Metropolitan Borough Council for safeguarding. This meant she had completed extra training to be able to deliver training sessions to staff.

We looked at three staff records and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

We asked people if staff missed visits or were often late. People told us staff were reliable, came on time and stayed their allocated times to complete tasks. This meant the service employed suitable numbers of staff to meet their needs.

Equipment in the office had been tested to ensure it was safe. This included a Portable Appliance Test (PAT) for computers and other electrical equipment. There was signage for the escape route for staff to follow. The office was a one room building at the back of the owners house with a closed store room and toilet within the building. There was a smoke alarm to warn staff if a fire occurred although staff would be able to see any fire started. We questioned the registered manager to see if she had contacted the fire authority to determine if they needed any firefighting equipment and if so what type. The registered manager said she would do this and if they needed any equipment they already had an extinguisher or would obtain what was recommended.

We looked at three plans of care in the office and one when we visited a person in their home. Plans of care contained risk assessments for personal risks such as for moving and handling, finance, infection control and the administration of medicines. There were also risk assessments for the environment, for example, any possible hazards in people's homes, for example slips trips and falls or dangerous equipment. We saw

that people and staff signed their agreement to the risk assessments so were aware of what they contained. There was also a personal emergency evacuation plan (PEEP) which told staff or the emergency services about any mobility needs a person may have to evacuate them safely. People who used the service were risk assessed to help keep them safe and not to restrict the things they did.

A person who used the service told us, "They prompt me to take my medication otherwise I may forget." A staff member we spoke to told us they had completed medicines training. People being looked after in their own homes can often self-administer their medicines or just require prompting. However some care packages required staff to administer medicines for people who used the service. We saw from the training matrix that all staff had completed training for medicines administration.

The medicines were recorded on a medicines administration record (MAR). Any medicines staff did administer were recorded and the registered manager checked to see if there were any gaps or omissions. Any action required was followed up by the registered manager or team leader. We saw managers conducted a monthly audit to check for any errors and there was a system for reporting errors. We looked at three MAR records and saw there were no errors or omissions. Staff had their competency to administer medicines correctly during spot checks.

Each person had a medicines risk assessment completed. The risk assessments we looked at told us the name of the person, their GP, what the medicines were and what they were for, potential side effects, the location of the medication to ensure staff knew where it was and if it was stored safely, if the person was compliant with taking medicines, could they self-administer or did they need prompting, any aids required, who dispensed and collected medicines, disposal responsibilities and if the person needed a medication. This was reviewed at least yearly or when the registered manager or team leader visited the person using the service. The risk assessment also meant that 'when required' medicines were safely administered.

There were policies and procedures for the safe administration of medicines. The medicines policy was also contained in the staff handbook which staff had to sign to say they had read them. One member of staff we spoke with confirmed they had completed medicines training.

People who used the service lived in their homes independently or with family support and were responsible for any infection control issues. However, part of the staff's training package included infection prevention and control. Staff were also issued with personal protective equipment (PPE) such as gloves and aprons. We saw a delivery was made to the office to ensure supplies of PPE were available. The registered manager said that although it was people's own choice how they lived they would offer advice if they saw any infection control issues or report it to a professional. This would help protect the health and welfare of people who used the service.

Staff had a lone working policy to adhere to help keep them safe and there was a system to track staff when they were working. This system would inform managers if a staff member was late, did not turn up or left earlier than they should. This system was used in line with the local authority (Rochdale Metropolitan Borough Council) guidelines. Staff could be contacted by phone to ensure they were safe and to arrange for another member of staff to quickly cover for them in an emergency to make sure people who used the service were not left unattended.

Good

Is the service effective?

Our findings

A person who used the service said, "The staff help me with my meals. They can cook pretty well. I want to stay in my home and get myself better." People who used the service chose what they ate. Dependent upon their care package staff may prepare meals for them. Staff were trained in safe food hygiene and nutrition. The manager told us staff would contact the office or a social worker if a person's nutrition was poor but if they had mental capacity it was each individual's choice what they ate. Likewise staff could only advise people about safe food hygiene.

We saw that in one plan of care a person's nutritional intake was being recorded. The registered manager said that they were liaising with the community matron (a nurse with responsibility for people in the community) to ensure this person was taking sufficient food and fluids. The registered manager told us they would also contact the local authority adult care department or a nutritionist if they thought people were at risk of malnutrition. This meant people were supported to eat well.

We looked at three plans of care in the office and one in a person's home. We saw that people signed their agreement to all aspects of their care and treatment which showed that the care delivered was what they expected and wanted.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of the principles. There was further detailed information in the staff handbook about the MCA and DoLS for staff to follow good practice.

The registered manager said they would report any possible deprivation of liberty to the local authority safeguarding team.

We saw that new staff were enrolled onto the care certificate when they commenced work. This was completed online with the manager able to track each person's development. The care certificate is considered best practice for people new to the care industry. One member of staff said she was completing

the care certificate and was supported when she started work by an experienced member of staff until she felt confident and competent to work alone.

Two people who used the service told us, "They know what they are doing so I think they are well trained" and "They are well trained. They know what they are doing for me." We looked at the training matrix and the training that was recorded on a notice board in the office. The records on the notice board showed training was ongoing and staff were studying a variety of topics such as end of life care, the care of people with dementia, enteral feeding, care planning and risk assessment. We also saw that staff were undertaking diploma's in health and social care. Two staff members had undertaken train the trainer training which enabled them to pass on their knowledge to other staff for safeguarding and moving and handling.

A member of staff said, "I have completed all the training I need and think we do enough training to do the job." The training matrix showed staff had completed mandatory training for moving and handling, health and safety, basic life support, safeguarding adults and children, food hygiene, infection control, fire safety and the MCA/DoLS. This meant staff were given sufficient training to meet the needs of the people they looked after.

We saw from the staff records we looked at that staff received supervision regularly. This was either by a formal one-to-one session or through spot checks. Spot checks were conducted by senior staff who looked at staff performance such as if they turned up on time, were in uniform and if they delivered the appropriate care. It also gave them time to talk to the person about their care and discuss any changes that they may require. A member of staff said, "You get a lot of support if you need it. The owners are very nice and the registered manager is very hands on and works with us." The supervision records showed that staff were able to bring up their own needs. The registered manager went out twice to be part of the care team during the inspection, which showed she was prepared to support staff and provide care to people who used the service. We did ask why the registered manager did not use this opportunity to conduct further supervision sessions and also review care plans whilst she was in people's homes. She told us she would do this in future.

The service was run from an office on the outskirts of Heywood. There was sufficient equipment, for example, computers with internet access, printers and telephones for the service to run efficiently and staff available to answer calls from people who used the service or staff requiring assistance. We heard people being supported with any queries they had and staff being updated on people's needs. Although there was only one room there were facilities to train staff or for staff to come in and socialise. There was an on call service if people needed support outside of normal office hours.

The service had a business continuity plan to divert staff to people who most needed care in times of crises such as bad weather. If the office was out of action the staff checking system and computer services could be accessed from the registered manager or other staff member's homes.

Although staff were not responsible for arranging visits to doctors or specialists the registered manager said staff would call the doctor or other professional if required and give any support a person needed to keep them well.

Good

Is the service caring?

Our findings

People who used the service told us, "The girls are all good. We have a chat but they do their jobs. We talk about their lives as well as mine. They become like family", "The girls are all very kind and I have a good family to help me get better. They are all good people who look after me and I have improved a lot. I am on the way to recovery. There are some very good carers and they have looked after me very well. Most staff are very good but some are not as good as others" and "The staff are nice and kind. I am very pleased with them. We have a good talk and a laugh." A staff member said, "I enjoy working at this service. The people we look after are all lovely. I am so happy here."

We noted all care files and other documents were stored securely to help keep all information confidential and only staff who had need to had access to them. Staff were taught about confidentiality and had a policy to remind them to keep people's information safe. Staff were also given a handbook when they commenced work which gave them further information about confidentiality.

We visited people in their own homes. We saw the registered manager knew the people well and had a good rapport with them. We also noted that although just visiting with us the registered manager completed little tasks such as making a cup of tea and opening a door for one person who was too hot.

All the people we spoke with said staff were careful to treat them privately which helped preserve their dignity.

Staff were completing end of life training which would help them support people and their families during this difficult time. The registered manager was also looking at paperwork to complete to record the details of a person's end of life wishes if they were willing to provide them. This would ensure that people's wishes were known at the end of their life.

We looked at three plans of care during the inspection. Plans of care were personalised and had been developed with people who used the service so their choices were known. The registered manager was looking at some different forms which would capture even more of a person's preferences and past history so that their care would be more individualised.

Good

Is the service responsive?

Our findings

People who used the service told us, "The staff are reliable and I know them. I have no problems at all. I have no complaints", "I can contact the office in an emergency. I don't have any complaints but they would help me if I did" and "I have no concerns with the way I am treated. I can contact the office in an emergency if I need to talk to someone." People thought that if they had a concern they would be listened to and it would be acted upon.

We saw that each person had a copy of the complaints procedure within their documentation. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC). No complaints had been made to the CQC or to the service.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. The assessment covered all aspects of a person's health and social care needs and had been developed to help form the plans of care. The assessment process ensured agency staff could meet people's needs and that people who used the service benefitted from the placement.

A person who used the service said, "I know I have a care plan but I don't need to read it. I get the care I need." We looked at three plans of care in the office and one plan of care in a person's home. Plans of care had been developed with people who used the service to ensure their wishes were met. This ensured each person's care was tailored to meet individual expectations. Plans of care contained details of what a person liked or disliked. There was a detailed section about what a person needed during each visit, for example the morning visit was about getting people up, dressed and if required a meal was prepared.

Plans of care were divided into headings, for example personal care, communication, nutrition or mental health. Each section had what the need was, what the goal was and a lot of details around how staff could support them to reach the desired outcome. The plans were regularly reviewed and updated. The service had introduced a system to update care plans when required. Staff completed a form which was picked up by a manager and any changes updated in the plans. Plans of care contained sufficient health and personal details for staff to deliver effective care.

Although this is a domiciliary care agency and not usually responsible for providing activities people who used the service told us staff had time to talk to them and often went out of their way to help with tasks like shopping. On one day of the inspection a person called the office and asked if the member of staff who was coming to see her would bring her a loaf of bread. This was arranged.

People who used the service told us they could contact the office when they wanted to and the service were flexible in their work. We heard many examples of people contacting the office and how staff tried to work to their needs and arrange visits to suit their needs. We saw that staff, including the registered manager knew people well which helped them meet their needs.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us, "I have been with this agency for two years plus. I think the agency are wonderful. They come four times a day. They are more like friends than staff. I am very happy using the service. You can talk to the manager if you want", "I am very happy with the agency but you have to treat them as you want to be treated and they look after you. The manager is great and you can talk to her or contact the office if you need help. I know most of the staff, they are the same ones" and "I can get hold of the agency if I have to. The manager is always around and you can talk to her." People who used the service thought the manager and other staff were accessible.

Although staff meetings were held infrequently because this is a small family run agency staff did feel they were kept up to date. We heard staff talking to the registered manager and other office staff regularly to keep up to date with any changes to people's care or conditions. One member of staff said, "We don't have many meetings but the registered manager keeps us up to date by text and phone. She also works with us so we can chat then."

We looked at quality assurance questionnaires which had been sent out and the manager was awaiting the return of more forms before producing a summary. The service asked people questions around care. The results were positive. We noted the comments made which included, "We are generally happy with the level of care, if not we let you know and you act upon it", "I have had three other companies giving me my care before but this one is the best by far. I feel cared for and respected", "You have a team to be proud of. To date every person who has been here has been excellent, caring and professional", "My three care workers are all very good and helpful. I could not ask for better. I have no complaints whatsoever about the service I get from Cottage healthcare services" and "The carers are all lovely people, have become my friends and are welcome visitors. The registered manager is terrific." There were no negative comments. People were satisfied with the service they received from this agency.

People were given documentation called a service user guide. The document told people what the service provided or did not provide, the range of services on offer, their aims and objectives, risk assessment of their property, key policies and procedures, the role of the CQC, financial details, the terms and conditions of using the service and the hours of operation. It also provided people with the contact details for the office, out of hours service, Rochdale Metropolitan Borough Council, the CQC, Age Concern UK, the Alzheimers society and government ombudsman. This gave people sufficient information to be aware of what the agency provided and who they could contact if they were not satisfied.

Staff members were issued with a handbook. This gave staff the necessary information they needed to provide good care. Information included the names and addresses of key staff, their aims and objectives, the

services provided, compliments and complaints, numbers and qualifications of staff, out of hours working, reporting criminal offenses, training, supervision and appraisal, the code of practice, equal opportunities, the mental capacity act, the assessment of capacity, key policies and procedures, working conditions, the dress code, induction, training, supervision, examples of breeches of confidentiality, a job description and contract.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included the mental capacity act, confidentiality, health and safety, data protection, equality and diversity, safeguarding, medicines administration, complaints and infection control. The policies had been regularly reviewed to keep staff up to date with any guidance.

The manager and a senior staff member undertook quality assurance checks, which included care plans, the daily observation sheets, staff times and duration of visits, medicines records, people's finances and spot checks to people's homes for staff competency. The registered manager conducted sufficient audits to ensure the service was working well. Although there had not been any complaints the registered manager was aware of the need to audit them if there were any.