Cleeve Hill Health Care Limited

Cotswolds Link Homecare

Inspection report

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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

Overall summary

This was an announced inspection which included a visit to the offices of Cotswolds Link Homecare on the 9 March 2015. We also carried out visits to people in their own homes on 6 and 11 March 2015. This service moved into this office in August 2014 and this is the first inspection of the service at this location.

Cotswolds Link Homecare provides personal care to people living in their own homes in areas around the North Cotswolds, Warwickshire and Oxfordshire. At the time of our inspection personal care was being provided to over 170 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was supported by senior supervisors.

We found a breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. The provider had not informed us about all incidents affecting the safety and well-being of people. You can see what action we told the provider to take at the back of the full version of the report.

People's needs were assessed to make sure their needs could be met by the service. Care plans were developed

Summary of findings

with them to reflect the way they wished to be supported with their personal care. Their were minor inconsistencies in the quality of the records being maintained in people's homes which quality assurance audits had not identified.

Staff provided care and support which took into account people's personal preferences, their likes and dislikes and their routines. People were supported to make choices about the way their care was delivered. They were encouraged to be as independent as possible. People said they were treated with care and sensitivity. One person commented, "My privacy and dignity is respected. This aspect of care is very good".

People said the consistency of staff was very important to keep them safe and to deliver their care effectively. The registered manager was aware of the challenges of delivering care to people in a rural environment and tried to make sure people had their care at times they wished from their preferred staff. People said staff were knowledgeable about how to deliver care and support. Training was provided for staff and the provider checked their competency through observations of them supporting people.

Staff felt the registered manager and senior staff were accessible and listened to them. Systems were in place to deal with emergencies and for advice out of normal working hours. Changes to the rota and the scheduling of visits had improved the experiences of people receiving the service and staff.

People gave feedback about the service they received in a variety of ways, through meetings with senior staff, by completing surveys and using the complaints process. People told us, "The carers know what they're doing", "Very well prepared for the job" and "The carers are competent and confident when delivering care".

The provider had a range of quality assurance processes in place to monitor and assess the quality of care provided. Feedback from people and staff was used to make changes to the way in which care and support was delivered. Future plans included opening an office nearer to people receiving a service in Oxfordshire.

Summary of findings

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. People were protected from abuse. Strategies were in place to learn from safeguarding concerns and to keep people safe from possible harm. Risks were minimised to keep people safe.

Recruitment processes were in place to appoint staff with the right skills and competencies to meet people's needs.

People's medicines were administered and managed safely. Infection control measures promoted people's health and well-being.

Good

Is the service effective?
The service was effective. People received care and support from staff who had the knowledge and skills to meet their needs.

Staff were aware of the Mental Capacity Act 2005 and its application, supporting people to make decisions and choices about their care.

People were supported to stay well; their health and well-being was monitored and any changes reported to social or health care professionals.

Good

Is the service caring?
The service was caring. People were treated sensitively and with kindness. Their care was provided respectfully and their dignity was promoted. People were helped to remain independent.

People were encouraged to make decisions about how their care was provided. They were given information and explanations about their care and support.

Good

Is the service responsive?
The service was responsive. People's needs were assessed and their care records provided an individual account of how they liked to be supported with their care. When people's needs changed their care records were adjusted to reflect this.

People were aware of the complaints procedure. Their complaints were investigated and action was taken to address their concerns where needed.

Good

Is the service well-led?
The service was mostly well-led. The provider was not sending notifications to us for each allegation of abuse. Inconsistencies in care records were not always picked up by quality audits.

People were asked for their views about their support and care and these were used to develop the service.

Requires Improvement

Summary of findings

The challenges of providing a service in a rural location were being addressed to improve the experience of people.

Cotswolds Link Homecare

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 6, 9 and 11March 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure they would be available.

This inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was caring for older people. Prior to the inspection we looked at information we had about the service including notifications and feedback from the local authority commissioning team. Services tell us about important events relating to the service they provide using a notification. Before the inspection, the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we visited six people in their homes. We spoke with them and their relatives as well as the staff supporting them. We had telephone discussions with seven people who use the service, two relatives and an advocate. We talked with the registered manager, senior management, and two staff supporting people in their homes. We received feedback from five people using the service in response to questionnaires we sent out and one relative. Prior to the inspection we received feedback from Healthwatch and the local authority commissioning team. After the inspection we had feedback from two social and health care professionals. We reviewed the care records for six people using the service, five staff files, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe receiving a service from Cotswolds Link Homecare. They said they were "safe and comfortable with the girls" who provided their care. One person was aware of how staff kept them safe from harm and told us,"Every day they make sure that I don't roll out of bed and that I take my medication." People said continuity of care was really important to keep them safe. People said they would raise any concerns they had about staff with the registered manager. One person had discussed with the registered manager difficulties getting on with one member of staff and they had been replaced.

People did not report any missed visits and did not have a problem with occasional lateness due to emergencies. They said if staff were going to be really late they were contacted to inform them of this. The registered manager was aware of the impact of changing the times of people's visits and we observed them rearranging staff to make sure visits were rescheduled to keep people safe. One person commented this did not impact on their safety. The person said, "I don't think there's ever been a time when someone hasn't turned up." During our inspection the registered manager had to reschedule visits for a person who was no longer receiving a service from them when their new care provider did not turn up. They said they needed to make sure they were safe until a handover with the new provider had been completed.

People were kept safe from the risk of potential or suspected abuse. Where concerns had been raised the registered manager had worked with local agencies and police to keep people safe. When staff were involved they had completed investigations and followed these through with disciplinary procedures if needed. The registered manager said they learnt from safeguarding concerns. Action was taken to make sure people remained safe and staff followed safe practices and procedures. For example, staff were reminded to inform the office if they were running late so people could be informed or alternative arrangements made. Full records were kept of safeguarding concerns, alerts and the outcome of any investigations.

Safeguarding training was provided to all staff and they were provided with information about how to raise safeguarding alerts or concerns. The safeguarding policy and procedure provided information about the local authorities' contact details. Staff said they could call the registered manager or the out of hours team for advice and support when needed. Staff wore identity badges on all visits to reassure people staff were working for the agency. Concerns had been raised that staff did not always wear their badges. Staff explained they sometimes slipped them into their top pockets so the badges would not hit people when providing personal care.

People were kept safe from the risks of harm. Any hazards they faced such as falls, poor mobility or problems with the condition of their skin were recorded. The strategies used to minimise risks and keep them safe were listed. For example providing hoists, slide sheets or bed rails for people needing help with transfers out of bed or chairs. Where equipment was used this was checked annually to make sure it had been serviced and was safe to use. People's homes were assessed to make sure any hazards to staff were identified and action taken to reduce these wherever possible. Key safes had been provided for staff to access keys, keeping people safe in their homes.

There had been no accidents or incidents recorded. Staff had records to complete should they occur as well as body charts to identify any injuries. Staff were reminded to report any concerns about the condition of people's skin and to liaise with the appropriate health professionals.

One of the challenges facing a rural service was making sure staff were in the right place at the right time. The registered manager said this had become easier as they became more established. Increasingly they had more people living within close proximity of each other making scheduling of visits much easier and using staff time more efficiently. The provider information return (PIR) stated 18 staff had left in the last twelve months. The registered manager said staffing levels had been sustained with the appointment of new staff. Staff offered to work additional hours to cover shifts and the registered manager was also available when needed. When people needed two staff to support them with moving and handling this was provided.

Robust recruitment procedures were carried out before staff worked alone with people. Checks were completed before new staff started their induction. This involved obtaining a full employment history, verifying their character and fitness to do the work and confirming their identity. A disclosure and barring service check (DBS) had been completed. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Police

Good

Is the service safe?

checks and visa requirements were in place for new staff applying from overseas. People were reassured about the fitness of staff to work with them. Their care files included a section confirming staff had been thoroughly checked during the recruitment process.

People did not receive care and support from new staff until they had completed their induction programme. This included shadowing existing staff. New staff worked with other staff until assessed as competent to work alone. The registered manager said this varied from one member of staff to another depending on their previous experience and practical ability. To make sure people received safe care additional training or support would be offered to new staff until they had successfully completed their probationary period.

People who needed help with their medicines were supported by staff who had completed medicines training and had been assessed as competent to administer and manage medicines. This involved observations of them administering medicines and maintaining medicines records. People had given their consent for staff to administer their medicines. They were requested to supply their medicines in blister packs so they could be given safely. People's care plans and risk assessments stated the support and help they needed to administer their medicines. For some people this was prompting (reminding), assisting or giving medicines to them. Staff were guided to follow people's care records to ensure people who could manage their medicines were helped to remain as independent as possible.

People were protected against the risk of acquiring infections. Staff had completed infection control training. They were given personal protective equipment to wear such as aprons and gloves. Staff were reminded to wash their hands upon arrival and in between tasks and on leaving. The provider had appointed an infection control lead and had an up to date infection control policy and procedure. An annual statement would be produced in line with the Department of Health's code of practice on the prevention and control of infections.

Good

Is the service effective?

Our findings

People said they like to have the same staff supporting them with their care. This meant staff would understand their needs and the way they liked their care to be delivered. In response to the questionnaires we sent out everyone said they had the same staff, who were knowledgeable and completed all their tasks within the allotted time. People we spoke with said, "I generally get continuity of care with four or five of the same carers calling and new carers 'shadow' carers who know the ropes" and "I am pleased to have the same two carers helping me". Another person said this was an area for improvement telling us they had "four different carers this week". Not having continuity of support meant they were having to prompt them about their care and support.

People said they were able to change their staff if they felt the relationship with a member of staff was not working. One relative told us, "I can't fault the way they are - some of them were 'a bit off', but I mentioned it (to the office) and we haven't seen them again ..... they're always very nice." The registered manager described how she tried to match people with staff who had the skills and knowledge to support them. She tried to be as flexible as she could when planning rotas and schedules.

People commented, "The carers know what they're doing", "Very well prepared for the job" and "The carers are competent and confident when delivering care". One person said, "They do have moving and handling training." Staff said they had access to "good training" and had just completed refresher training. Their induction programme covered all subjects considered to be mandatory by the provider such as moving and handling, safeguarding, infection control and food hygiene. Staff also had specialist training reflecting the needs of people they supported such as catheter care, dementia awareness, end of life and tissue viability. Staff carried on their professional development with the diploma in health and social care.

To check the knowledge and competency of staff their practice was observed by senior staff as part of their on going support and by an audit team. Records of these observations commented on their conduct and raised actions if there were any practice issues identified. Comments included, "Good professional attitude" and "Good approach with moving and handling skills and use of slide sheets". The provider information return identified the training for all staff was up to date. A training record was maintained by the registered manager which identified when refresher training was due.

Staff said they felt really supported and told us, "We have a very good team, very good contact with the manager". Records confirmed staff were having individual meetings with senior staff to discuss their performance, roles and responsibilities and their training needs. Annual appraisals had been carried out for staff working for over a year on the anniversary of their start date. A team meeting had been held with staff when the office opened. The registered manager said informal meetings, telephone and email contact were also in place to provide support to staff. She said staff often dropped into the office when nearby. The provider had appointed welfare officers to provide additional support to staff whether for work or private issues.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. People had been asked if they gave their consent for their care and support to be provided in line with their care plans. Signed records confirmed this. Staff asked permission from people before delivering personal care and offered them choices about how they were supported. The registered manager was aware of when to make decisions in people's best interests and the process to be followed. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. At the time of our inspection everyone was able to consent to their care and support.

If people needed support to eat and drink this was identified in their care plans. One person needed prompting to eat and drink sufficient quantities to keep them well. Their daily records confirmed staff were doing this.

The registered manager said she worked closely with social and health care professionals. When staff raised concerns about changes in people's needs she made contact with the relevant social and health care professionals. For example, a physiotherapist was contacted to reassess a

Good

Is the service effective?

person's moving and handling needs. Daily notes confirmed staff took appropriate action by calling people's GP or emergency services when needed. Records were kept of any contact to keep staff informed of changes in people's health or well-being.

Good

Is the service caring?

Our findings

A relative told us, “Wonderful …. they couldn’t have looked after my wife better if they had been their own (mother or father).” People commented, “I’m very happy with the carers I get - very happy - they’re very nice” and “I am perfectly satisfied with the girls, they are very nice”. Direct observation by the provider of staff confirmed them to be “very cheerful and client focussed”, “ very friendly with a good exchange with client” and to have a “caring, compliant approach”. A person said, “Carers interact well with us and have normal conversations”. Another person said, “They treat me with respect. They’re nice. We have a chat.” We heard a member of staff talking amiably and sociably to a person whilst supporting them. Although providing care and being attentive to the tasks being provided the member of staff paid attention and gave individual time to the person.

People mentioned that although they had staff whose first language was not English they had no problems understanding them or being understood. One person said, “most of them, their English is very good - if they don’t know, they ask.” Another person told us, “They are not often English but this is not a problem. I am happy to explain words the carers do not understand.” People told us they were listened to and would talk to their staff or to staff in the office.

People said their care was reviewed with them and any changes in their needs were responded to such as increasing the length of time of their visit. People said there was flexibility in the service they received such as changing visit times to accommodate social events or health appointments. Staff explained to people what they were doing and why. They worked at the pace of the person, not rushing them. People were offered choices about their care and support such as what to drink and eat or what to wear. An advocate told us, “They help with personal hygiene. They’re very kind.”

People had information in their homes about the service they received and their care needs. They confirmed they had been sent letters to explain about the opening of the new office and the new contact details. People’s preferences for the way they wished to be supported were clearly identified in their care plans. Staff were aware of these and the care they provided reflected people’s personal wishes. People confirmed they were involved in discussions formally and informally about the planning and delivery of their care.

People’s care records clearly stated what they could do for themselves and what they needed help with. Staff encouraged people to remain as independent as possible. One person told us the service helped them to remain independent, “there’s a lot I wouldn’t have been able to do.” Staff sensitively discussed with people whether they needed help or support with any tasks, recognising their fluctuating ability to carry out tasks for themselves.

People said, “Carers respect my privacy and dignity during personal care, and do not talk about other clients” and “My privacy and dignity is respected. This aspect of care is very good”. Staff were considerate about maintaining people’s privacy when delivering care by closing doors and seeking their permission to carry out personal care. All people who replied to our questionnaires said they were treated respectfully and with dignity. One person commented they had not been introduced to their staff although other people said they had. The registered manager explained new staff would be introduced to people during their induction but occasionally in an emergency a person might have a member of staff they had not seen before.

Personal information about people was kept securely in the office. When staff passed on information to the office this was done confidentially. Paper records were transferred between the office and people’s homes by senior staff only. All staff had company mobile phones promoting confidentiality of text messages and telephone calls.

Good

Is the service responsive?

Our findings

People were assessed prior to receiving a service to make sure Cotswolds Link could meet their needs and to ascertain the correct level of staffing. People said they had been involved in this process. One person told us, "Office staff talked to me about the care plan before care commenced and the care plan has been reviewed since then." Another person said, "My care plan had been put in place with Cotswolds Link in liaison with Social Services, and the care plan is reviewed regularly." Other people confirmed they had been involved in reviews of their care to make sure their views and way they wished to be supported were taken into account. Staff told us they had been provided with some information about people's backgrounds and personal history. They found out more about people as they worked with them making sure they checked on their preferences and levels of independence on a day to day basis. A member of staff told us, "I do the best I can for clients, I understand my clients and what I need to do."

People's care plans stated the care and support they needed to manage their personal care, moving and handling and to keep well and healthy. For people at risk of developing pressure ulcers staff were directed to monitor their skin condition and to report any concerns immediately. Daily records confirmed this was being done. Some people needed help with moving and handling. Guidance was provided for staff describing how to carry out these tasks and what equipment to use. Staff were observed following a person's care plan and making sure their equipment was left in a position which was accessible to them. The person said they really appreciated staff doing this before they left them.

Although the provider had systems in place to monitor the quality of care plans and risk assessments we found inconsistencies in the quality of records being maintained for two people which quality audits had not identified. A risk assessment did not reflect risks of falls for one person and another person's care records did not identify certain health conditions. We fed this back to the provider and they took action to rectify these. Staff were aware of these issues and providing the appropriate care and support.

People confirmed their care records were updated to reflect their changing needs. One person's mobility had changed and the occupational therapist had provided new equipment. Their moving and handling risk assessment had been amended to reflect this. Staff confirmed they told the registered manager of any changes, who then informed other staff. Daily diaries were also used to communicate changes to other staff.

People said they had choice about who provided their personal care. One person mentioned they liked to have female only staff and this was respected. This was stated in their care records. Other people told us about changes to their staff team when they had expressed concerns about compatibility with a member of staff. One person said, "I did complain about one carer's attitude, the carer was not sent again."

People said they knew how to make a complaint. People commented, "If I had a complaint I should be on the phone a bit quick to the office" and "Absolutely no complaints". Other people said if they had concerns they would talk to their carers and if nothing happened they would contact the office. People were provided with information in their care files about who to complain to should they not be happy with the response of the provider. Everyone who responded to our questionnaires confirmed this. One person commented they thought the complaint had not been adequately responded to. Another person felt their response had not been replied to in a timely fashion.

We looked at complaints the provider had received and found a full investigation into the concerns, the action taken and a response to the complainant. The Care Quality Commission had received two complaints which the provider investigated. They sent us a report detailing the outcome and any action they had taken as a result. The registered manager said they used complaints as an opportunity to "learn from errors" and to "improve the service".

Requires Improvement

Is the service well-led?

Our findings

Allegations of abuse had been raised and investigated on behalf of people. The provider had discussed these issues with the appropriate authorities and social care professionals. The safeguarding authority had been notified of these incidents. The Care Quality Commission (CQC) had not been notified of all allegations of abuse. CQC monitors events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers. **This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.**

People told us they were invited to complete an annual survey about the quality of their care. The 2014 surveys had been analysed with surveys from another service owned by the provider. This made it harder to identify the issues specific to Cotswolds Link Homecare. An action plan for areas to improve had been produced. For example, getting through to the office by telephone and the consistency of staff. The provider had put plans in place to deal with answering telephone calls more responsively and had reorganised areas so that staff could work locally in teams. The registered manager said the next survey would be sent to people receiving a service from Cotswolds Link Homecare only.

The quality of care people received was checked periodically. An auditor employed by the provider monitored the practice and behaviour of staff. They observed the care being provided by staff and produced a report. This also provided the opportunity for people to feedback their views of the service. Feedback included, "very holistic, very efficient" and "good professional attitude". A new telephone quality check was being introduced. The registered manager would call people or their relatives for their views and opinions of the service provided. One person told us, "I think they do a pretty good job - they're pretty well organised." If this person had any complaints, they would ring the office. They confirmed that Cotswolds Link Homecare had sent them a feedback questionnaire.

The registered manager had opened the office for Cotswolds Link Homecare in 2014. They were supported by senior supervisors, who line managed care staff and a regional manager. They said they felt very supported in their role and had a very good staff team. They discussed the challenges of providing a service in a rural location and making sure people had the support they needed at the right times. The provider had recognised the area covered by Cotswolds Link needed to be divided and there were plans to open another office in Oxfordshire. The registered manager described how she tried to find the best routes to cut down on travel time between visits. Staff confirmed as more people used Cotswolds Link visits could be co-ordinated better and travelling time reduced improving the experience of people. The provider told us their vision for 2015 was to have "Happy customers; happy staff."

Staff said they had access to senior supervisors, the registered manager and representatives of the provider. Monthly meetings had been set up with senior staff and representatives of the provider to discuss and share their visions for the service. Registered managers also had monthly meetings with senior management to discuss service changes and improvements. The registered manager said it was also important to keep people using the service up to date with changes to their service. They had sent people a letter informing them about changes to the location of the office. The Provider Information Return (PIR) stated the provider was working to encourage staff to raise concerns under the whistle blowing procedure and resolving issues promptly. The provider was also aware of the need to improve their response to complaints and the PIR stated they were working hard to respond to complaints within their own timescales.

The registered manager and the provider kept their knowledge and practice up to date through involvement with a local care providers' association and the local authority. Resources were available to drive improvements to retain staff such as changing the pay structures for staff and improving opportunities to develop professionally and be promoted within the organisation.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person had not notified the Commission without delay of allegations of abuse which occurred whilst services were being provided in the carrying on of a regulated activity. Regulation 18 (1)(2)(e) of the Health and Social Care Act 2008 (Registration) Regulations 2009 Notification of other incidents.