

Mrs Jayne Lewis

Cottage HomeCare Services

Inspection report

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29 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Cottage HomeCare Services is a domiciliary care agency. At the time of our inspection, the service was providing care to 59 people who were living in their own homes.

People's experience of using this service:

- People spoke positively about the care they received. They told us care staff were kind and patient. One person told us, "They are really accommodating and help me out when I get stuck".
- Care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. The plans were regularly reviewed to take into account any changes in need.
- Staff understood their responsibilities to safeguard people from abuse and people told us the care workers who supported them ensured their well-being. They said that staff were vigilant to their safety and that they ensured their security when entering and leaving their property.
- The service had systems in place to ensure the safe recruitment of staff. People told us that they were supported by staff who knew them well, and there was sufficient time to meet their needs.
- Staff had access to regular training and supervision to ensure they maintained good practice.
- Where people required assistance with medicines this was noted in their care plans and people and their relatives told us that staff were careful when administering medicines. Staff were attentive to people's health needs and liaised with healthcare professionals as necessary.
- People told us that they were consulted about how they wanted their care to be delivered, and had consented to care and support. They were offered choices, and services were provided in line with mental capacity legislation.
- People told us that staff were generally punctual, but would phone if they were going to be delayed.
- The service had a complaints policy and people told us they would feel comfortable raising any concerns with the registered manager, and confident that they would be resolved. We saw complaints were identified, investigated and used to improve the service.
- There were processes in place to monitor the safety and quality of the service.
- The service had a registered manager in post at the time of our inspection. She was supported by a management team who had the knowledge and experience to operate the service safely and effectively. They demonstrated a good understanding of all aspects of managing the service.
- The service met the characteristics of good in all areas. More information is in the full report

Rating at last inspection:

At our last inspection, the service was rated "good". Our last report was published on 21 September 2016.

Why we inspected:

This was a planned inspection. Our announced inspection started on 28 March ended on 29 March 2019.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Good.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our Well Led findings below.

Cottage HomeCare Services

Detailed findings

Background to this inspection

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

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

Cottage HomeCare Services is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Cottage HomeCare Services received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 59 people were receiving personal care.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available on the days of our inspection.

Inspection site visit activity started on 28 March 2019 and ended on 29 March 2019. We visited the office location on the second day to see the registered manager and to review care records and policies and procedures. We visited four people in their own homes on the first day of our inspection.

What we did:

We reviewed information we had received about the service, this included details about incidents the provider must notify us about, such as abuse or injuries; and we sought feedback from the local authority

and other professionals who work with the service. We contacted the local authority safeguarding and commissioning teams to gather information about the service. They raised no concerns about the care and support people received from Cottage HomeCare Services. We used all this information to plan our inspection.

During our inspection we spoke with five members of care staff including the management team, four people using the service, and three relatives. We reviewed five care files, five staff personnel files, medicine administration records and other records about the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- People told us they were safe, and that staff ensured their security when entering and leaving their property. One person told us, "The Staff are lovely and keep an eye on us. I couldn't cope without them. They always check I have my Careline bracelet to call for help if I need it, and they always lock the door when they leave".
- The registered manager understood their responsibilities to safeguard people from abuse. The safeguarding procedures were in line with local authority policy and staff understood how to protect people, identify any concerns and report suspicion of abuse.
- Concerns and allegations were acted on to make sure people were protected from harm.
- Staff had been trained in safeguarding and how to recognise the signs of abuse.
- The registered manager understood their responsibilities to safeguard people from abuse. The safeguarding procedures were in line with local authority policy and staff understood how to protect people, identify any concerns and report suspicion of abuse.
- Concerns and allegations were acted on to make sure people were protected from harm.
- Staff had been trained in safeguarding and how to recognise the signs of abuse.

Assessing risk, safety monitoring and management:

- There were clear risk assessments in care plans. Where people used equipment such as hoists, slings or slide sheets monthly checks were undertaken, and any faults reported to the appropriate service.
- Risk assessments were linked to the person's support needs and these were reviewed regularly.
- Environmental risks, including entry, fire risks, heating and lighting were assessed and mitigated against.

Staffing and recruitment:

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. Personnel files included a current photograph of the person, and checks were made to account for any previous gaps in employment.
- There were enough care staff to meet the needs of people and deliver a consistent service. Care staff generally worked on specific 'runs' in geographical areas which allowed them to build up knowledge and understanding of the people they supported. This also meant that people were supported by staff they knew. One person told us, "I have regular staff who know me. There is a new one coming, but they introduced them to me this morning. She is shadowing so I expect to see more of her. We had a little chat and I think we'll get on well". Most of the people we spoke with knew all the staff who supported them, but one family member informed us, "We know most of the carers but sometimes get different ones. It might be because it's only a small care package. It's not a complaint, though, they are always polite and friendly".

- All the people we spoke with told us that staff were not rushed and had enough time to spend with them.
- All care staff had completed induction training in line with the providers policies and had competency checks to ensure they understood the training provided.

Using medicines safely:

- Risk assessments relating to medicines were carried out where people needed support from care staff. Their independence to manage their own medicines was maintained if it was safe to do so.
- Where people required assistance with medicines this was noted in their care plans and people and their relatives told us that staff were careful when administering medicines.
- When staff administered medicines, they recorded this on a medicine administration record (MAR). We looked at four MAR sheets and saw that they were completed clearly and legibly. Where meds were refused this was clearly noted. However, where other people such as family members shared responsibility for giving out medicines this was not recorded on the MAR sheet, leaving some sheets with gaps. We spoke to the registered manager about this and she agreed to seek further guidance from a pharmacist.
- The medicines policy informed staff how to administer, store and dispose of medicines.

Preventing and controlling infection:

- Care staff had completed infection control training and were issued with personal protective equipment (PPE) such as gloves and aprons. We observed that there was a plentiful supply of gloves in the office, and saw staff picked up supplies as they visited. We also observed staff in people's homes used PPE when preparing food and attending to personal care.

Learning lessons when things go wrong:

- Accidents and incidents were investigated and where lessons were learnt this information was shared across the service.
- The service welcomed complaints and saw complaints as an opportunity to improve service delivery.

Is the service effective?

Our findings

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

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

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

- Prior to admission, the registered manager met with the person to discuss their needs and wishes. They liaised with relevant professionals to consider how best to support the person. Prior to accepting a new person into the service, the registered manager considered the impact this might have on staff time and avoided overloading staff with too many visits.
- People told us that they were supported in the way they liked and were encouraged to maintain their independence. They said that the care staff understood and met their needs. One person said, "All the staff know what I need, what I can do for myself and how I like things done".
"I am very satisfied with my carers. They know what they're doing, and I don't feel rushed, ever. They take their time". People's calls were usually on time or staff called if they were going to be late. A care worker we spoke with told us, "We have enough time to complete tasks; I don't feel pressured. Our runs are manageable. Sometimes we might be a bit late, but people understand. If I'm more than 15 minutes out I will let them know".
- When assessing people's needs the service considered any protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This ensured people did not experience any discrimination.
- Care plans and risk assessments were reviewed and updated accordingly.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
- Each person using the service who had capacity had been involved in decision making about their care. Care files included consent forms, and a contract of care which people had signed to agree to the care and support provided.
- People we spoke with confirmed staff sought their consent before undertaking any care task or entering their flat. They told us that staff would always offer choices around how their care was provided.

Staff support: induction, training, skills and experience:

- All new staff undertook a thorough induction. Recruits who were new to the caring profession completed

the Care Certificate which is a professional qualification aimed to equip health and social care staff with the knowledge and skills which they need to provide safe and compassionate care. Staff were supported and encouraged to undertake further professional qualifications.

- When they began working for Cottage HomeCare Services new staff would have at least two shadowing shifts where they would follow a more experienced staff member. This allowed them to be introduced to people and understand how they liked to be supported.
- Refresher training helped staff to keep up to date with their knowledge and meet the needs of people who used the service. A training matrix allowed the registered manager to ensure that people remained up to date with their training.
- One care worker we spoke with told us, "I got loads of training at the beginning; medicine management, moving and handling, fire safety, safeguarding, all sorts. Training is ongoing, we do refreshers, and I'm currently doing my level 3 National Vocational Qualifications (NVQ) in care".
- The registered manager and an administrator had qualifications to teach moving and handling.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff encouraged people to eat and drink sufficient amounts to meet their needs where the service was responsible for this.
- The level of support people required with this varied and was based on people's specific health care needs and preferences. People who had difficulty mobilising or were supported in bed told us that staff would leave a cold drink close to them when they left the property to ensure that they maintained a healthy fluid intake.
- People's care plans included assessments of their dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support:

- The service worked with other community stakeholders, such as social workers, local authority commissioners and medical professionals, to ensure effective care for people and that their needs and wishes were met.
- People told us that there was continuity of care. People had visits from regular care staff. This meant they were supported by people who were familiar with them and knew how they liked their needs to be met.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity:

- People spoke positively about the care they received. One person said, "Carers are gentle, and patient. They are really accommodating and help me out when I get stuck", and another remarked, "I've no worries. The carers are kind and supportive. I have regular staff, and everything is fine. There is no way I'd want to move to another service."
- Staff showed their care for the people they supported. During our inspection we observed staff interacting with people with kindness and genuine warmth. They showed a good understanding of their preferences and addressed them by their preferred name or terms of endearment. Interactions were respectful, and conversations were cheerful and there was good, friendly banter between people and their carers. One person who used the service told us, "They are all so cheerful. We have a laugh", and a family member commented, "They are all so upbeat all the time. We really couldn't manage without; it's such a reassurance knowing they are so caring. They are very reliable, we have no issues at all".
- Care staff were considerate to people's needs, taking care with interventions, providing reassurance and checking on their welfare, for example, with one person we saw they checked that the person's walking frame was within easy reach. When assisting a person to take their medicine, this was explained, and the person was supported to take their tablets in their own time.
- Care staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences. Staff received training in equality, diversity and inclusion.

Supporting people to express their views and be involved in making decisions about their care:

- People told us that the staff had time to spend with them and had got to know them well. They said that they were actively involved in all aspects of their care and could say how they wanted their care to be delivered. One person remarked, " They take the lead from me. I feel like I am respected. They are never over the top, all the staff are down to earth. I know they are interested in me as a person and treat me with respect always.
- None of the people who used the service at the time of our inspection had an advocate, staff told us they would share information about local advocacy organisations with anyone who they felt may benefit from independent support with decision making.
- Care plans identified people's needs and wishes and were reviewed as needs changed. People and their relatives were involved in reviews of their care plan.

Respecting and promoting people's privacy, dignity and independence:

- All the staff we spoke with demonstrated a person-centred approach to care. One care worker told us, "People are different; we work to their values, understand their standards, and stick to them", and another

said, "If you go regularly you can build up a relationship. Everyone is different, all the people we work with have different standards. We work with them and try to keep to their routines and values".

- Consideration to privacy and dignity was embedded in care plans and staff showed a good understanding of the importance of respecting people's privacy, dignity and independence.
- Records were stored securely and managed in line with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.
- The provider ensured that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand, such as the use of large print in care documents.

Is the service responsive?

Our findings

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

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

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

- One person told us, "It's all very good. They come and help me out, make me lunch, keep me active and provide good company. They keep an eye on my welfare and make sure I am alright".
- Each person who was supported by Cottage HomeCare Services had a care record which detailed their needs and how they would wish to be supported. These detailed the specific care requirements and levels of intervention required to support the person.
- Staff knew people's likes, dislikes and preferences. They used this information to care for people in the way that they want to be supported.
- The service responded well to changes in need, and staff were vigilant to any needs arising. For example, whilst supporting a person to wash and dress a carer noticed a lump and contacted the general practitioner (GP) and supported the person with their medical investigations.
- Any specific risks were assessed, and where risk was identified detailed instruction as to how to minimise the risk were included in care plans.
- People's ability to communicate was recorded in their care plans to help ensure their communication needs were met.
- People were supported to maintain their independence. One person told us, "The staff are caring and willing to do a lot more than I need, but they know to encourage me to do as much for myself as I can. It's essential I don't give up altogether. They know what I am able to manage, for example, taking a shower, I can get to some bits myself, but they help with the bits I can't. I think they get more wet than I do!"

Improving care quality in response to complaints or concerns:

- Everyone who used the service had a copy of the complaints policy in their service user file. This policy stated that all oral complaints must be taken seriously no matter how seemingly unimportant. The registered manager told us that addressing concerns at the source had minimised the number of written and formal complaints the service had received.
- When we looked at the complaints record we saw complaints had been investigated and the outcome of the investigation reported back to the complainant. Where they had been substantiated corrective action was taken and an apology given.
- One person we spoke with told us that they had complained on two occasions, they told us, "On both they said the complaint was attended to and dealt with when I made them. The issues never happened again".

End of life care and support:

- The service did not currently support anyone coming to the end of their lives. When we spoke to the registered manager they told us that they would continue to support people if they were able to meet their needs and would provide specialist training for staff as required.

- One person who was supported by Cottage HomeCare Services expressed their faith in the care they might need. They said, "I would like to stay here when I die, and the carers understand that. There is a good chance I can go to the hospice, but if not, I know I will be well looked after by the girls, who will do all they can for me".

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The service was committed to providing high quality care. The registered manager informed us that they would not take on new referrals if this had a negative impact on the people already using the service.
- During our inspection staff reflected a friendly open and transparent culture and the people we spoke with told us they believed the service provided high quality person centred care.
- Care plans indicated the general times when people required care and support. We were told by office staff that times of visits were prioritised according to need, and that they tried to arrange visits around set times. Staff rotas indicated the times of visits were prioritised according to need, with people who lived alone or relying solely on carers given the highest priority, followed by people who needed support with medicines or mobility. Care staff told us that where people lived with family members they tried to accommodate visits around their routines. We asked people if the care staff were punctual and they told us, "I've never been left: they always come. If they are late they'll call to let me know, but I don't set my watch by them". Another remarked, "Times vary, I don't know when they well get here but they always do. It depends how the other people are. I wouldn't like them to leave me if I was in distress, so I think sometimes they will have to stay with someone else for a while longer." This person told us that they have a regular appointment on a specific day each week, and "[The care staff] are always here at seven to help me get ready.
- People told us they had regular contact with senior staff and managers either through visits and spot checks or telephone calls from the office. They also told us that they knew the manager well and that she would also deliver their care.
- Policies and procedures were regularly revised to ensure that they stayed in line with current legislation and best practice.

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

- The service had 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. The registered manager understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- Cottage HomeCare Services had a clear management structure, with the registered manager being supported by two office workers who carried out day to day administrative tasks such as finance, organising rotas and ensuring smooth delivery of care. Care staff told us that the managers were all approachable and

supportive. One senior care worker told us, "Our management is very good, I can't fault any of them. It's very well run". People who used the service told us that the registered manager was approachable and responsive. One told us, "If I had any issues I would speak to the manager immediately. I trust her to sort it out, but there have been no problems".

- The registered manager understood their responsibilities about the Health and Social Care Act 2014 and demonstrated good knowledge of the needs of people they supported and the staff team. They were also aware of their responsibilities to send us notifications about changes or incidents that affected people they supported.
- Staff performance was monitored through spot checks, supervision and appraisal. Similarly, the length and times of visits was monitored. This ensured staff were allocated the right amount of time for each visit and helped to identify any further resources which might be needed.
- Staff and managers understood their responsibility to ensure risks were identified and care records indicated how risks were managed. Risks to people's health and well-being were effectively managed through ongoing monitoring and review, and policies in place, such as lone working policies, ensured the welfare of care staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People were asked to comment on the service they received during spot checks, and they completed annual surveys. The results from the last survey had been analysed and used to compile an action plan to improve the quality of the service. The registered manager told us that they were preparing a new survey to be sent out later in the Spring.
- The registered manager told us that staff meetings were rare. This was because it was difficult to arrange meetings for all the staff due to their work commitments throughout the day. However, care staff told us that they communicated well with one another, and felt they were able to raise and discuss issues with the registered manager. They told us they had opportunities to suggest ideas or voice opinions on how the service operated.

Continuous learning and improving care:

- The service had systems in place to monitor the quality and safety of the service. Regular audits were undertaken to ensure the service maintained high standards. Quality assurance checks were carried out to check records were accurate and up to date. Where errors were identified appropriate action was taken to correct the mistakes.
- Checks in people's homes enabled the registered manager to obtain feedback from people and check the environment, equipment, medicine management and safety.

Working in partnership with others:

- The service worked closely with families and with professionals such as social workers, district nurses, pharmacists and commissioners to ensure that the service they provided was consistent with local authority and national guidelines and met the assessed needs of people who used the service.
- The registered manager attended local care provider forums to ensure that they maintained up to date knowledge and understanding of current best practice.
- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.