

Cogent Healthcare Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
19 January 2024

Service provided by:
Cogent Healthcare Limited

Service provider number:
SP2022000147

Service no:
CS2022000206

About the service

Cogent Healthcare provides a service to adults, including older people, living in their own homes and in the community. The service provider is Cogent Healthcare Limited.

The service operates in the Mid Lothian areas of Dalkeith, Bonnyrigg, Penicuik, Loanhead, Lasswade, Gorebridge, Roslin; and the East Lothian areas of North Berwick, Dunbar, Haddington, Gifford, Tranent, Longniddry and Pencaitland.

At the time of the inspection, the service was providing care and support to 39 people.

About the inspection

This was a short notice, announced inspection which took place between 16 and 18 January 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with eight people using the service and 10 relatives.
- Spoke with 11 staff and management.
- Observed practice and daily life.
- Reviewed documentation.

Key messages

- People enjoyed good relationships with staff who were kind, compassionate and friendly.
- People could be confident about when to expect staff to arrive which meant they could get on with their day.
- Staff were attentive to people's food and drink preferences and made sure they had access to food and drinks.
- Staff supported people to make decisions and do as much as they could themselves.
- The provider should take steps to improve management oversight and establish a clear plan to drive service improvement.
- Staff felt well supported by managers.
- The provider is keen to develop creative ways to support people to give meaningful feedback about the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff knew people well and treated them with genuine kindness and compassion. We observed positive interactions which were warm, chatty and friendly. Comments from people and their families included: 'Staff are brilliant', 'they're kind' and 'extremely upbeat and positive'. We were assured people could build trusting relationships with staff, which helped meet their outcomes.

Most people knew their staff well and who to anticipate for their next visit. Not everyone knew when a new staff member was coming, however they were always introduced by a familiar person when they arrived for the first visit. The provider agreed they would look at the best ways of keeping people informed about new staff.

Visits were arranged for times which suited people's needs and lifestyles and the scheduling was monitored by managers to ensure continuity of care. People could be confident about when to expect staff to arrive which meant they could get on with their day.

People were recognised as having their own views and were involved in making decisions throughout visits. Staff spoke with people to check what they needed, which ensured their expectations were clear. Staff were attentive to people's food and drink preferences and made sure they had access to drinks at the end each visit.

People's independence and decision making was supported and encouraged by staff which was reflected in individual's personal plans. Staff were proactive in supporting people to do as much as they could themselves. People benefitted from support which enhanced their rights to choice, control and dignity.

Where there were risks in people's lives, staff promoted a culture of enablement, giving advice and supporting informed decisions. This helped people develop an understanding of personal safety. We found, however, whilst risks were well described within personal plans, not all accompanying risk assessments were in place. Following discussion with the managers, we were confident measures would be put in place to make this improvement.

We examined medication processes to check medicines were stored, handled and administered safely in line with best practice. We were assured people had as much control as possible over their medication and benefited from safe support. Where people needed assistance with medication, staff were trained and the manager regularly reviewed medication administration records for accuracy.

How good is our leadership?**3 - Adequate**

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

The provider maintained good communication with people and their families. Feedback was gathered through surveys. Queries were responded to quickly and complaints were resolved satisfactorily. People were able to contact managers when they needed to and were confident they would be listened to.

Managers carried out a variety of checks and audits to monitor staff performance and ensure practice was aligned with current guidance. Action plans were in place to address any issues, however managers' oversight of the overall quality and performance of the service was not always clear. The provider should take steps to ensure they have clear management oversight of all aspects of the service. See area for improvement one.

The provider had an improvement plan in place which described their strategy and intent for developing the service. The plan outlined the provider's quality assurance processes and the standards people could expect from the service. The document was not sufficiently robust however, as it did not demonstrate a clear understanding of where the provider felt improvements were needed.

We spoke to the provider about the benefits of self-evaluation and involvement of others, to reflect on their strengths and to identify areas for positive change and development. The provider was open to ideas about how they could achieve this and agreed they should take steps to establish a clear improvement plan. This would give people confidence in the organisation's commitment to continuous learning and improvement. See area for improvement two.

Areas for improvement

1. To support improved outcomes for people, the provider should develop their quality assurance processes to ensure clear management oversight of all aspects of care and support.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. To support the best possible outcomes for people and promote a culture of continuous improvement, the provider should work with others to implement a comprehensive improvement plan. To do this, the provider should, at a minimum:

- a) Identify clear targets for service development and improvement.
- b) Create clearly defined and measurable actions where improvements have been identified.
- c) Establish clear lines of responsibility and accountability for identified improvements.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The provider had a clear induction process in place to support new staff. This included clear expectations of staff, outlining key responsibilities in relation to professional conduct, training and care tasks required. All new staff had time to shadow experienced colleagues, supporting them to gain confidence prior to lone working.

People informed us they trusted their staff and found them knowledgeable about their care and support needs. We saw staff were trained in key topics such as moving and handling, IPC, medication administration and adult support and protection. Staff also received training in topics specific to people's health and care needs, such as diabetes and wound care.

We advised the provider that in addition to observations during spot checks, formal assessments of staff competence would support improving outcomes for people. The managers agreed with our feedback and informed us they would take direct action to implement this improvement.

Staff told us they were well supported by the managers. They had opportunities to attend individual and team meetings to discuss their core knowledge and practice. This provided a focus for shared learning and improved outcomes for people.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People should be confident staff have sufficient and accurate information to deliver their care and support safely and in line with their wishes. Personal plans were written using respectful, enabling language and were regularly reviewed, with relevant guidance relating to individual's needs and planned outcomes.

The managers informed us they were keen to explore a range of creative ways to engage with people to support more meaningful feedback and review processes. We look forward to seeing how new tools and methods support and empower people to further develop their own care and support.

Where people were not able to fully express their wishes and preferences, individuals with the legal authority were involved in helping shape and direct people's care and support. The provider was proactive in engaging with family members where they supported people's decision making. We were assured to see measures in place to maximise support to protect and uphold people's rights.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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