

Todd Property Management Limited

Colbalt

Inspection report

7b Eastfield Place
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Warwickshire
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Website: www.credencecare.com

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13 August 2019
20 August 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:

Colbalt is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including people with learning disabilities. At the time of the inspection visit the service supported 14 people.

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People's experience of using this service:

People felt safe using the service and staff understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support from staff when needed and they were supported to have their medicines as prescribed. People were supported to have enough to eat and drink to maintain their well-being. People were supported to obtain advice from healthcare professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and their independence was promoted wherever possible. Staff provided care to people at the end of their lives.

People were involved in planning their care with support from staff. People and their families understood how to complain if they wanted to. The provider and the registered manager were open and honest, and worked in partnership with outside agencies to improve people's support when required. There were checks in place to ensure good standards of care were maintained.

People did not have a full and up to date record of their care and support needs stored at the office location on the first day of our inspection visit because of a re-decoration programme. They were however accessible to people and staff in their homes. Improvements were made straight after our visit and records were available in the office location when we visited again.

Rating at last inspection:

The last rating for this service was Good [overall with a rating of requires improvement in well led] (published January 2017). At this inspection we found improvements were made in how the service was led, and the rating has improved to good in all areas.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Colbalt

Detailed findings

Background to this inspection

The 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

There was one inspector.

Service and service type

Colbalt is a domiciliary care agency and supported living service. It provides personal care to people living in their own homes.

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. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 13 August 2019 and ended on 20 August 2019. We visited the office location on both the 13 August 2019 and the 20 August 2019.

What we did before the inspection

We looked at the information we held about the service. We checked records held by Companies House. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also emailed five people who used the service and five members of staff asking for their feedback about the service. We used all of this information to plan our inspection.

During the inspection

We met two people who used the service. We spoke with four members of staff including the nominated individual, registered manager and one care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and medication records. We looked at (add number of files) staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

After the inspection: We received feedback from a further five member of staff, one person who used the service and one person's relative. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had risks identified in their care records, and staff had received training and instruction on how to mitigate those risks. For example, where one person had a diagnosis of epilepsy, staff who supported the person had had specific training in how to support them if they had an epileptic seizure, including how to administer specific medicines to prevent further seizures occurring.
- Risk assessments included information about the person's home, so that staff knew about environmental risks, to prevent accidents and injuries.
- Some risk assessments could have been more detailed, however, the registered manager informed us they were currently reviewing risk assessment documents for all of the people who used their service, to provide staff with more detailed information on how risks could be mitigated. We were confident the staff team knew people well, and were minimising risks to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People told us, or indicated to us with gestures, they received safe care.
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured these would be taken seriously. One staff member said, "If I have issues or concerns I always contact my manager, owner or the senior staff on duty. I am happy with the way they sort things out."
- The registered manager understood their obligation to report their concerns to the relevant authorities and had sent us statutory notifications to inform us of any events that placed people at risk.

Staffing and recruitment

- People and staff agreed there were enough staff to provide support when it was needed. One staff member commented, "I do feel that there are enough staff to take good care of the people we are working with."
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The provider's recruitment process included background checks of potential staff to assure the suitability of staff to work at the service.

Using medicines safely

- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.
- Medication administration records were completed by staff when people received their medicine and

were regularly checked for any mistakes by senior staff.

Preventing and controlling infection

- Staff received training in how to prevent the spread of infection, and told us they wore personal protective equipment when personal care was given.
- Staff understood and followed safe infection control guidelines and knew how to minimise risks of infection.

Learning lessons when things go wrong

- The registered manager had systems in place to record and monitor accidents and incidents that occurred at the service.
- The registered manager analysed accidents and incidents to ensure lessons were learnt, to prevent future occurrences.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant 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

- Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about religious or cultural needs, and the provider planned care to take into account people's needs.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment. They also worked with existing and experienced staff members to gain an understanding of their role.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs.
- Staff told us they received supervision and feedback on their performance from senior staff.

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

- Some people received food and drinks prepared by care staff. Staff prepared meals in line with people's specific nutritional needs. Where people required assistance to eat safely, staff had received training in how to support people.

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

- People were referred to healthcare professionals to promote their wellbeing and maintain their health, such as the GP, nurses and speech and language therapists. One member of staff explained how they had recently supported one person to obtain advice from a health professional and how information was shared with other care staff to ensure the person was supported effectively.

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 when this is in their best interests

and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty (DoLS).

- People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions.
- At the time of our inspection visit the provider was updating people's records around their mental capacity. The registered manager understood their responsibility to apply for community DoLS.
- The registered manager was obtaining evidence of people's appointed representatives, to ensure the correct people were consulted when decisions needed to be made in people's 'best interests'.
- Staff were working within the principles of the MCA . Staff obtained people's consent and supported people to make their own decisions where possible.

Is the service caring?

Our findings

Our findings - Is the service caring? = Good

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.. This meant 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 and their relatives told us, or indicated to us with gestures, they felt staff cared about them. People showed relaxed and open body language when interacting with staff, which meant people felt comfortable in the company of staff.
- The management team explained how they had worked hard to ensure their service helped people to thrive in their home environment. Staff shared the management's caring ethos and told us, "I really enjoy my role, supporting people to maintain their independence."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel confident to express themselves.

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood the meaning of people's gestures and behaviours and knew how people preferred to communicate.
- People were asked about their individual preferences and these were acted on. For example, people were asked how they wanted to spend their time, and with whom.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff acted in a way that maintained their privacy and dignity.
- Staff explained how they encouraged people to be independent because it helped them to remain in their own homes and improved their wellbeing.
- The provider ensured people's personal information was treated confidentially. Records were locked away in the office location and could only be accessed by authorised staff. People had a copy of their own care plan which meant they had access to information about them at any time they needed it. Close gap
- Where staff had access to people's care records on electronic devices, records were password protected, so only authorised staff could access the information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant 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

- People told us staff knew them well and were positive about how responsive staff were to their needs. The staff team were consistent, and people knew who would be supporting them.
- Care plans contained personalised information and gave direction to staff that was specific to each person
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support.
- People were included in the review of their care plans in ways that suited their individual needs. People's family were invited to reviews where people had consented and told us these were carried out regularly.
- Where it was included in people's care arrangements, people were supported to attend community events, community day centres, and activities of their choice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers'.

- People's communication needs were recorded in their care plans. The registered manager told us if people needed information in particular formats, they would ensure these were made available.
- Staff used a range of communication techniques to engage with them about their daily wishes, such as picture cards and agreed words and symbols.

People had access to their care records, which were in easy to read format and some people communicated with staff using electronic devices such as telephones and computers.

Improving care quality in response to complaints or concerns

- We viewed records of complaints made about the service. No formal complaints had been raised.
- The provider's complaints procedure was accessible to people in their homes.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- Care staff were trained to support people at the end of their lives. The registered manager explained care staff were experienced and worked alongside other organisations, such as community nurses, to provide responsive end of life care.
- People's wishes and preferences for their end of life care arrangements had been recorded, where people

wished to share these with the provider.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- On the first day of our inspection visit care records were not accessible in the office location, as the location was under re-decoration. However, they were easily accessible to staff in people's homes which were close to the office location. On the second day of our inspection visit we found the office location had been re-decorated and people's care records were located back at the registered office location. The registered manager confirmed people also retained a copy of their care records in their home.
- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- The registered manager understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely. The provider information return sent to us by the registered manager, reflected our findings of the service during our inspection visit.

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

- People and staff were positive about the leadership of the service. Staff said the registered manager was approachable and they would not hesitate to contact them if they had any concerns.
- Staff told us they felt supported by each other and by senior staff. The registered manager was supported by a deputy manager, who worked alongside staff to monitor their performance and check their competency, as well as provide support and information to staff regarding their caring duties. One staff member said, "My manager is easy to talk to and very approachable."
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff in handover and daily records.

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

- People told us they were encouraged to share their experiences of the service by completing regular surveys, in review meetings, and when they met staff on a daily basis. People's feedback was collated and analysed to make improvements to the service.

Continuous learning and improving care

- We found the provider had made improvements to the way it monitored the quality of the service. Checks were carried out by senior staff on a range of issues, including medicine records and care plans. Records showed actions were taken to make improvements to the service, following the checks.
- The provider and registered manager were committed to making improvements to the service and had obtained advice and support from external agencies, for example, Skills for Care. They shared best practice with staff to help improve the service.
- Team meetings were utilised to communicate updates and required changes to staff. These included updates on individual's needs. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Working in partnership with others

- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.