

Luton Borough Council

# Colwell Court (Domicillary Care)

## Inspection report

104 Colwell Court  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Colwell Court (Domiciliary care) provides care and support to people living specialist 'extra care' housing. The service provides support to older people, people living with dementia and people with a physical disability living in their own flats. At the time of our inspection there were 2 people using the service.

### People's experience of using this service and what we found

People were safe from the risk of harm and abuse and were supported by staff who understood safeguarding procedures. There were sufficient and appropriately trained staff in place to support people.

Risks were assessed, monitored and mitigated. Care plans were clear and provided sufficient guidance to staff to keep people safe and outlined people's preferences. This included information about people's medicines.

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.

There was a positive culture within the service, people, relatives and staff were complimentary about the management of the service.

The provider had clear quality assurance systems in place and a robust service improvement plan to further drive improvements and develop the service. People were asked to provide regular feedback about their experience using the service which fed into the improvement plan.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 06 October 2017)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Colwell Court (Domiciliary care) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Recommendations

We have made a recommendation about recruitment records.

## Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Colwell Court (Domicillary Care)

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service. We also spoke with the registered manager, a team leader and a support worker. We looked at 1 person's care plan, risk assessments and medicines records. We also looked at staff recruitment files, quality audits, policies and training records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse and people felt safe. One person told us, "I'm absolutely safe here, the [staff] are so good."
- Staff received safeguarding training and understood their responsibilities around reporting any concerns. One staff member gave us some examples of abuse and said, "We have to report anything to our managers and there is a phone number we can ring too if we are concerned."
- The provider had policies and procedures in place to protect people.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and plans were in place to mitigate any risks, including any environmental risks.
- Care plans contained assessments to identify risks and keep people safe, for example, moving and handling assessments.
- Accidents and incidents were recorded and reviewed by the registered manager; any follow up actions were completed as required.

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 MCA 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 Mental Capacity Act (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.

- We found staff were working within the principles of the MCA. People's capacity to make their own decisions had been considered and people told us staff gained consent before delivering care.
- Staff understood their responsibilities under the MCA and were aware of the process to follow if they believed a person lacked capacity.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were usually on time for their care

calls and attended promptly when they activated their pendant alarm to call for support.

- The provider completed appropriate police and criminal records checks; however, details of the check were not always clearly recorded. We also found details were not always clear about staff employment history.

We recommended the provider ensures recruitment processes are robust, full employment history is captured, explored and recorded, and details of required checks are recorded.

- Right to work checks were in place. References were obtained and verified. Where staff had completed formal qualifications, this was evidenced in their file.

#### Using medicines safely

- Medicines were stored and administered safely by staff trained to do so. People received their medicines as prescribed by their G.P.
- Where people were prescribed their medicines 'as required', there were clear protocols in place and a record of why the medicine had been given.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- Staff received training in infection prevention and control which included correct use of personal protective equipment.
- The provider had policies and risk assessments in place to reduce the risk of infection.

#### Learning lessons when things go wrong

- Incidents were reviewed by the registered manager to ensure actions taken. These were analysed for any themes and trends and any learning was shared with the wider staff team.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider promoted a positive culture within the service. One person told us, " [Staff] are just amazing, they are all so good, I can't fault any of them." A relative said, "The actual care [person] gets from the carers, brilliant, I just can't fault them at all. They go out of their way for anyone in the building."
- People and staff told us the registered manager and senior staff were visible and approachable. A staff member told us, "Management are always around and happy to answer any questions. They are very supportive of us all."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records confirmed managers of the service and the provider understood and acted on the duty of candour. One relative said, "They always contact me and keep me updated"
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people that use it. The provider had notified CQC as required.

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

- The provider had a continuous improvement plan in place which outlined areas for improvements in relation to operational issues and the provider clearly set out their purpose.
- Staff were clear about their roles and understood their responsibilities. One person told us they knew the staff well and would be confident to speak up if they had any concerns.

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

- Views had been sought from people and relatives through surveys. This information was fed back into the service improvement plan. One person said, "I'm often asked what I think about things here and I always make sure I tell them, I want them to know how grateful I am."
- People were also asked for feedback as part of staff observed supervisions and at monthly review meetings. This enabled the provider to gather feedback regularly to drive improvements in the service.
- Relatives were encouraged to get involved. One relative hosted a regular coffee morning for people living in the building which was well attended and people enjoyed.

#### Continuous learning and improving care

- The provider used a robust and comprehensive system to monitor quality in the service. There were a variety of quality audits completed at regular intervals.

#### Working in partnership with others

- The provider worked in partnership with outside agencies to ensure people received the support they needed. This included other healthcare professionals and the local housing team.