

Mrs Victoria Lee Jobson

Collingwood Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 12 June 2017 and was announced.

Collingwood Care Services is a domiciliary care service which is set up in partnership with Highbury College and provides end of life care and personal care to adults, who live in their own home. At the time of the inspection there were five people using the service. People were not in receipt of end of life care. There were six care staff who delivered care to people along with the provider and the business manager.

The service was run by the registered provider, who also acted as the manager. 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.

At our last inspection in July 2016 we found the provider did not always follow safe recruitment and medicines practice. At this inspection we found safe recruitment and medicines practices had been followed.

At our previous inspection in July 2016 we found care plans in place did not contain information on how people would like their care to be provided and as a result the provider did not maintain accurate, complete and contemporaneous records. At this inspection we found the provider had partly met this regulation. Care plans were in place; however information relating to moving and handling support was not sufficiently detailed or accurate in people's care plans.

At our last inspection in July 2016 we found the provider did not have audits in place to monitor the quality and safety of their service and they had not submitted a Provider Information Return (PIR) upon request. At this inspection we found the provider had met part of the regulation. The provider had submitted a PIR when requested, however audits continued to not be in place to monitor the quality and safety of their service.

Incident and safeguarding information was not recorded to help the provider assess the overall safety of the service.

Safeguarding concerns had not been received about the service; however staff and the provider knew what to do when safeguarding concerns had been identified.

There were enough staff to meet people's needs and support them safely.

Staff were skilled and experienced to support people and knew them well. Staff received an induction when starting work at the service which covered recognised standards of care. Staff received updated training and supervisions.

Staff had an awareness of the Mental Capacity Act 2005 and how this related to people they supported. People did not lack capacity at the time of the inspection for decisions relating to the care they were being provided..

People were supported with food and drink when required and were supported to have access to external health and social care professionals when necessary.

Staff were caring and respected people's privacy, dignity, preferences and independence.

People had individual care plans, were involved in their care planning and had choice and control over decisions about their care. Staff were punctual, there was good continuity of care workers and people were not rushed.

Complaints had not been received into the service. The service had displayed the rating from their previous inspection.

We found a breach of one Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe

Incidents were reported and dealt with but were not recorded to help with assessing the overall safety of the service.

Risk assessments were in place, however moving and handling information was not always sufficiently detailed or accurate to ensure all staff knew how to support people safely.

Recruitment and medicines practice were safe, there were enough staff to keep people safe and staff knew how to keep people safe from harm.

Requires Improvement ●

Is the service effective?

The service was effective

Staff felt supported, received an induction, regular supervision and on-going training.

Staff demonstrated an understanding of their roles and responsibilities in relation to the Mental Capacity Act 2005.

People were supported to receive health and social care services and were involved in decisions about their nutrition and hydration needs.

Good ●

Is the service caring?

The service was caring

People received care that was kind, caring, respectful and dignified.

People received care which met their preferences and were supported to remain as independent as possible.

Good ●

People were involved in decisions about their care.

Is the service responsive?

The service was not always responsive

People had an assessment and care plan in place but information contained in people's care plans was not always accurate.

People knew how to make a complaint about the service, but no complaints had been received.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Audits to monitor the quality and safety of the service were not in place. People's records were not always accurate or sufficiently detailed.

Staff felt well supported by the provider and were confident to question practice if needed.

The Provider Information Return had been completed and the previous inspection rating had been displayed on an external professional's website.

Requires Improvement ●

Collingwood Care Services

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 12 June 2017 and was announced. Forty-eight hours' notice of the inspection was given because the service is small and office staff and the manager may be out reviewing people's care needs and supporting staff. We needed to be sure they would be in.

The inspection team consisted of one inspector 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.

Before the inspection we asked the provider to complete and send 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 any improvements they plan to make.

Before the inspection we reviewed the provider's PIR, previous inspection reports, safeguarding records, and other information received about the service. We had not received any notifications from the provider since the last inspection in July 2016. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with three people who used the service and four relatives. We also spoke with three care staff, the provider and business manager.

We reviewed a range of records about people's care and how the service was managed. We looked at care plans for three people which included specific records relating to people's health, choices, care plans and risk assessments. We looked at daily reports of care, incident and safeguarding logs, complaints and compliments, policies and procedures, service quality audits and minutes of meetings. We looked at recruitment records for four staff, supervision records for three staff and training records for six staff.

Is the service safe?

Our findings

At our previous inspection in July 2016 we found safe recruitment practices were not always followed. Staff recruitment records did not always contain the documents to show all the necessary checks had been carried out. Interview notes were not always present, references were not always obtained, applicant's identity was not always checked and gaps in employment history were not always explored. We found this to be a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan telling us how they would meet this regulation. The provider sent us an action informing us they would be compliant with this regulation by 1 October 2016.

At this inspection we found the provider had met this regulation. The business manager said they had recruited a number of applicants since the last inspection; however they had not remained with the service and left prior to the recruitment process being completed. One applicant was in the process of being recruited at the time of this inspection and records demonstrated the appropriate checks were in the process of being completed.

The provider said they had revisited staff files to ensure the appropriate checks were in place and were clearly documented. We viewed three staff members' recruitment files that had been recruited prior to the last inspection in July 2016. A starter form had been added to these files which included all the information relating to recruitment checks completed by the provider. The starter forms clearly documented Disclosure and Barring Service checks (DBS) and references had been received prior to staff starting work and gaps in employment history had been explored. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At our previous inspection in July 2016 we found safe medicines practices were not always followed. Risks to people receiving support with their medicines had not always been assessed and people were not always being supported with their medicines safely. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan telling us how they would meet this regulation. The provider sent us an action informing us they would be compliant with this regulation by 1 October 2016.

At this inspection we found the provider had met this regulation. The provider's policy on medicines had been reviewed and amended following the last inspection. The policy stated that support with medicines would be provided via a nomad system. A nomad system is a type of monitored dosage system (MDS) which is tamper proof and filled by a pharmacist. The provider confirmed the person who was being supported from a non-tamper proof MDS was no longer in receipt of their service.

A medication risk assessment form had been put into place by the provider to help them assess risks to people when they received support with their medicines from care staff. At the time of the inspection none of the five people were receiving support with their medicines from care staff. Documents, staff and people confirmed this. Where people were being supported with their medicines by relatives this was documented clearly in the person's care plan.

Safeguarding concerns had not been received about the service; the manager and records confirmed this. The provider said they had raised a safeguarding concern to the local authority following reports from care staff about the treatment and conduct of a person using the service by someone who was not a care staff member. This confirmed that staff were alert to concerns and followed correct reporting procedures. However records were not in place to demonstrate the concern raised and action taken by the provider. We have addressed this concern further in the well led section.

Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. People and one relative said there were enough staff to meet people's needs and support them safely. Staff and the provider confirmed this.

The provider told us of a further incident which had been reported by staff and the appropriate action which had been taken to ensure the safety of the person in receipt of personal care. However this incident had not been documented. Although the provider had supported staff to take the correct action in keeping the person safe, they told us they had not identified the concern as an incident and as a result had not documented this incident. This meant that audits which analysed the safety of service delivery would be incorrect. We have addressed this concern further in the well led section.

Risk assessments were in place to identify risks to people and provide guidance for staff on how to manage risks such as monitoring of people's skin integrity, mobility and the environment. However when people required support with moving and handling sufficient detail was not provided to instruct staff on how to safely support people with transferring from one piece of equipment to another. For example, one person's care plan said, "[Persons name] likes to be helped up after their lie down." There was no information contained within the care plan on how the person required this support and their moving and handling risk assessment did not include this information. Another person's care plan stated they liked to be, "hoisted from their bed to into a wheelchair," without any information in the moving and handling risk assessment or care plan on how this person should be supported with a hoist and transfers.

People who received support with moving and handling did not express any concerns and all staff had received training with moving and handling. This meant people could be at risk of receiving unsafe support with their moving and handling because there was a lack of sufficient detail in care plans and risk assessments to support them safely. The provider said they would review the moving and handling risk assessment and introduce a moving and handling profile which would contain more information about the support people required.

During the inspection the business manager created a moving and handling profile as a result of our concern. The provider confirmed they would review people's care plans who were in receipt of moving and handling and complete the new profile.

People and one relative confirmed they and their relative received safe care from staff and they had no concerns about the care they received from the service. One person said, "Yes, I feel safe." One relative said, "They (person) are very safe." Another person told us they had "never doubted their safety."

Is the service effective?

Our findings

People and relatives were positive about the support people received. They felt staff were experienced and knew them or their relative well. One person, who had experience of previous care providers, said, "I'm far more relaxed with them (Collingwood Care service). I can't and I won't grumble, they are very good and always do everything to the best of their ability." Another person said, "Yes, they are skilled and experienced. New people [staff] are all well trained." One relative confirmed staff were "prompt" and knew what they were doing for their relative.

Staff received an induction when starting work at the service. This induction programme included the completion of required training and working with an experienced member of staff to watch and learn techniques to meet people's needs. The provider was aware of the Care Certificate and had implemented booklets for staff to complete over a three month period which mirrored the Care Certificate training and development requirements. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.

Staff received training; which was online computer-based learning by an external training provider. This included training on safeguarding adults, safe handling of medicines, moving and handling theory, health and safety and infection control. Staff were required to complete knowledge workbooks which assessed their understanding of the subjects completed. Completion of the knowledge books were checked by the provider and sent to the external training provider for marking. Staff received practical training on moving and handling. A training plan was in place which identified when staff had completed training and when the training was due to be updated.

Staff said they felt well supported and received enough training to enable them to meet people's needs. Staff confirmed they could request any additional training that would help them continue to meet peoples changing needs. One staff member said, "They (management) keep you up to date and make sure your standards don't drop."

Staff and records confirmed they received regular supervision. Staff supervisions also included observations of the care they provided and feedback that was given. All staff members said they had received a spot check and confirmed they had received updates and feedback on their performance after the spot checks had been completed. A spot check is a test made without warning on a randomly selected staff member to assess their practice.

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.

Staff had not received training on Mental Capacity Act (MCA) 2005. However staff and the provider

demonstrated an understanding of their roles and responsibilities under MCA and put them into practice to protect people. The provider confirmed the people receiving the service at the time of inspection did not lack capacity and people had consented to their care plans.

People and their relatives did not express any concerns about nutrition or hydration. Those that required support with eating and drinking were supported by care staff to have sufficient food and fluids.

The service regularly contacted external health and social care professionals, such as Occupational Therapist's (OT), Physiotherapist's, District Nurses', Older Persons Mental Health services and GP's. Records kept and observations made during the inspection demonstrated this.

Is the service caring?

Our findings

People and relatives felt staff were kind and caring. One person said, "The carers have a good attitude and are caring. I'm happy." Other comments included, "Carers are friendly, homely". "Open and chatty." "They are very caring."

The provider knew people well and visited them regularly to ensure they were happy with the care they were receiving from staff. People and their relatives said office staff were polite, courteous and respectful when visiting them and speaking with them on the phone. One person said. "They are open, always open and they always ask you if you are okay or whether you want them to do something different or change."

Two compliments had been received by people and their relatives in the form of thank you cards. One thank you card expressed gratitude and thanks for the help given to a relative over a period of time. The second one said, "Thank you to all our good and caring friends at Collingwood. We send you all a huge thank you for all your loving care over these months."

People felt involved in their care and felt they made decisions about their care. People and one relative told us they or their relative were able to make their own decisions and that their preferences were always taken into consideration. Care plans demonstrated people's preferences were taken into consideration when their care plan was written. For example, one person's care plan said, "[Person's name] likes to have a full body wash and clothes put on before they clean their teeth." Another person's said, "[Person's name] likes to get dressed after their wash. [Person's name] does not like baths or showers and prefers a full body wash." Staff confirmed they provided care in accordance with how people wanted their care to be provided.

People confirmed staff supported them to keep their independence. One person said, "The carers never rush me, they encourage me." Care staff said they promoted people's independence by encouraging and supporting them to complete some personal care tasks they were able to do.

People's care plans were written in a way which promoted people's independence. For example, one person's care plan stated, "[Person's name] is able to mobilise herself with their Zimmer frame and can make their own foods and fluids." Care staff stated they supported people to do as much for themselves as possible.

People's privacy and dignity was respected and promoted. People told us they felt staff respected their privacy and dignity at all times. One person said, "I feel I am treated with dignity and it is appropriate as it is my house." Staff said they respected people's privacy and dignity by closing doors and asking relatives to leave the room when they provided personal care to people.

Is the service responsive?

Our findings

At our previous inspection in July 2016 we found care plans in place did not contain information on how people would like their care to be provided and the provider did not maintain accurate, complete and contemporaneous records. We found this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan telling us how they would meet this regulation. The provider sent us an action plan informing us they would be compliant with this regulation by 1 October 2016.

At this inspection we found the provider had partly met this regulation. We have addressed this further in the well-led section of the report. People's care needs had recently been reviewed and people had individual care folders which contained a care needs assessment, care plan, risk assessments and completed daily logs. People's care plans included their likes and dislikes, personal histories, such as medical conditions, cultural and religious needs and how they would like to be supported. However information relating to moving and handling support was not always accurate. One person's care record contained incorrect information relating to the support they required with hoisting equipment. The provider said this person did not require the use of a hoist all the time. The provider confirmed they would review the care records to ensure they contained clear and sufficient information to enable the person to be supported correctly.

People were involved in their care planning, they confirmed they had a care plan and had choice and control over their care planning and decisions about their care. Relatives were only involved in the assessment of people's needs if the person requested their involvement. Care staff confirmed there was always a care plan available in the person's home.

People confirmed staff were punctual and would stay for the allotted time or occasionally longer to ensure their needs were met. People said they had good continuity of care workers, were not rushed and staff knew them well. Records confirmed this.

No complaints had been received into the service. People, staff and records confirmed this. One relative said, "No complaints, I have had contact with the manager and they always have a positive reaction". Another relative said, "Feedback is good." People knew how to make a complaint and staff confirmed they would support people to make a complaint when necessary.

Is the service well-led?

Our findings

At our last inspection in July 2016 we found the provider did not have audits in place to monitor the quality and safety of their service and they had not submitted a PIR upon request. We found this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan telling us how they would meet this regulation. The provider sent us an action plan informing us they would be compliant with this regulation by 1 October 2016.

At this inspection we found the provider was still not fully meeting this regulation. The provider had submitted a Provider Information Return when requested, however audits were still not in place to monitor the quality and safety of their service. Documents showed that feedback about the service had been sought from people in January 2017. One survey had been received which showed a positive response about the service; however no other surveys had been received and the provider had not used the feedback to inform the overall quality of the service delivery.

Although complaints and safeguarding concerns had not been received about the service being provided, audits were not in place to assess the overall safety of the service. The provider told us there had not been any incidents since the last inspection. However upon discussion with the provider they informed us of two incidents which had occurred since the last inspection. The provider told us of the action they had taken to ensure the safety of people however this information was not recorded and used to analyse and improve the quality and safety of their service.

Daily reports of care had been completed and sent into the office. The provider said they reviewed the daily reports and actioned any concerns. Daily reports viewed did not identify any concerns however there was no evidence to demonstrate that the information had been read or analysed by the provider.

People's care records were not always accurate and did not contain sufficient detail about how people's support with equipment should be completed. The provider said they would review people's care plans to ensure they included accurate information about the care being provided. One person told us they felt the service was "not quite as organized as it is a small company," and was, "a bit weak at paperwork."

A failure to have accurate and complete records relating to people's care and a failure to have systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people was a continued breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014.

The provider was present at the time of inspection and demonstrated a good understanding of the service. The provider said they liked to be approachable to staff and people, keep communication open and felt as though they worked alongside staff to support them and make effective decisions about people. Staff confirmed the provider was, "Open and supportive." One staff member said, "Communication is good, very good, we are always updated and the manager is always available 24/7." Another staff member said, "They are always there, if there is a problem [the provider] deals with it."

Staff were supported to question practice, were confident that if they raised any concerns they would be dealt with by management and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management.

Notifications had not been received by the Commission since the last inspection. The Commission did not need to be notified of the two incidences which had occurred since the last inspection. The provider demonstrated a good understanding of when notifications of events needed to be sent to the Commission.

The service had displayed their rating from our previous inspection on an external professional's website as they did not have a website of their own.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have a system and process in place such as regular audits of the service provided to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)</p> <p>The provider did not maintain accurate records in respect of each service user. Regulation 17(2)(c)</p>