

Luton Borough Council

Colwell Court (Domicillary Care)

Inspection report

104 Colwell Court, Colwell Rise
Wigmore, Luton
Bedfordshire
LU2 9TW
Tel: 01582 547798
Website: www.luton.gov.uk

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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 

Overall summary

We carried out an announced inspection on 28 May 2015.

The service provided care and support to adults in their own homes. People supported by the service were living with a variety of needs including chronic health conditions, physical disabilities and dementia. At the time of the inspection, seven people were supported by the service.

The service has 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.

Summary of findings

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities to seek people's consent prior to care being provided.

Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff. They were supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The provider had effective quality monitoring processes in place.

Summary of findings

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.

There was sufficient staff to meet people's individual needs safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Good



Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Good



Is the service well-led?

The service was well-led.

The provider was involved in the day to day management of the service.

Quality monitoring audits were completed regularly and these were used effectively to drive improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Good



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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 28 May 2015 and it was conducted by one inspector. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office.

Before the inspection, the provider completed 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 improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the manager and four care staff. We also visited and spoke with three people who used the service. We sent emails to six health and social care professionals who worked closely with the service, but we only received one response.

We looked at the care records for three people who used the service, the supervision records for three staff and the training records for all the staff employed by the service. We also reviewed information on how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe. They said that they had no concerns about the conduct of the staff and their ability to provide care safely. One person said, “I feel safe because I am confident that the staff know what they are doing.” Staff told us that they provided safe care. A member of staff said, “People are safe because care is not rushed. We support people at a pace they can manage, otherwise we could injure them or ourselves.”

Staff described the arrangements in place to access people’s homes. They said that they had strict guidance on the use of people’s key safe codes and we saw evidence that people had consented to this. One member of staff said, “Even when we use the key to access a person’s home, we knock at the door and announce our arrival so that they do not think that we are an intruder.” They also said that the size of the service meant that people knew all the staff well and they were expecting them when they visited. Another member of staff said, “It is always important for us to visit people as close at their agreed times, so that they are expecting us. This will make them feel safe within their home.”

The provider had up to date safeguarding and whistleblowing policies that gave guidance for the staff on how to identify and report concerns they might have about people’s safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Information about safeguarding was displayed in the office and included contact details for the relevant agencies. We noted that staff had received training in safeguarding people. They demonstrated good understanding of these processes and were able to tell us about other organisations they could report concerns to. Staff told us that they were confident that the manager would deal appropriately with concerns, if any were raised.

The care records showed that care and support was planned and delivered in a way that ensured people’s safety and welfare. As part of the service’s initial assessment process, an environmental safety risk assessment had been completed. This helped the staff to identify and minimise any potential risks in the person’s home. A record was also kept of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of reoccurrence.

There were also personalised assessments for each person to monitor and give guidance to staff on any specific areas where people were more at risk. These assessments included those for risks associated with people being supported to move and risks of developing pressure area skin damage for people who were mainly cared for in bed. This maintained a balance between minimising risks to people and promoting their independence. We noted that the risk assessments had been reviewed and updated regularly or to reflect any changes in people’s needs.

There was enough staff to support people safely. One person told us that they were always supported at the times they needed support. They also said, “They are always here on time. I have never had to wait to be supported.” There was an effective system to manage the staff rotas and the provider had an ongoing recruitment programme so that they covered any vacancies as they occurred. One member of staff said, “We have enough of us to support people. We work extra hours at times to cover for leave and sickness.” The manager told us that they had recently reduced the use of occasional (agency) staff and this was evident in the records we looked at. They also said, “We have been able to keep consistent staff to maintain continuity of care.” We noted that the provider had effective systems in place to complete all the relevant pre-employment checks including obtaining Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that they were given their medicines as prescribed. We saw that people’s medicines were managed safely and administered by staff who had been trained to do so. The medicines administration record (MAR) had been completed correctly with no unexplained gaps. The medicines were stored securely within each person’s home and where necessary following a risk assessment, these had been locked in a cupboard to keep the person safe. There was a system in place to return unused medicines to the pharmacy for safe disposal. Audits of medicines and MAR were completed regularly as part of the provider’s quality monitoring processes and any issues identified were rectified promptly.

Is the service effective?

Our findings

People told us that staff had the right skills and knowledge to support them appropriately. One person said, “They do their best.” A friend of the person told us that staff were very good at what they did adding, “They are good with [friend]. They are 100%.” Another person told us, “They give me the support I need.” Staff told us that they provided the care people needed to maintain their health and wellbeing. One member of staff said, “I always provide good care. I go 110% to make sure that people are well cared for and happy.”

The provider’s training programme included an induction for all new staff, including them working towards attaining the care certificate. Staff told us that this had been effective in helping them acquire the right skills and knowledge necessary to support people well. The manager kept a computerised record of all staff training which made it easier to monitor any shortfalls in essential training, or when updates were due. This enabled staff to update their skills and knowledge in a timely manner. All staff said that the training they had received was sufficient to enable them to carry out their roles. One member of staff who had been recently employed by the service said, “The induction is very good. I have done most of the training and the remaining training has been booked for the next month. It was really useful for the other staff to introduce me to the clients.” Another member of staff said, “I have worked in the care sector for many years, but I always seem to learn something new when I attend training.” Staff told us that they were able to request additional if this was necessary to meet each person’s individual needs and the manager confirmed this. For example, a member of staff told us that district nurses had shown them how to care for a person with a stoma bag.

Staff told us that they had regular support through staff meetings and they could speak with the manager whenever they needed support. They said that they worked well as a team and there was good communication. There was evidence of regular supervision in the staff records we looked at. These meetings were used as an opportunity to

evaluate the staff member’s performance and to identify any areas they needed additional support in. One staff member said, “The team leader is very supportive and we can have supervision anytime we need to discuss work issues.”

People were supported to give consent before any care or support was provided. The staff understood their roles and responsibilities in relation to ensuring that people consented to their care and support. One member of staff said, “I always make sure that people are happy for me to support them before I provide care. It wouldn’t be fine to force anyone to accept the support they didn’t want.” There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made in conjunction with people’s relatives or other representatives such as social workers, to provide care in the person’s best interest.

Some of the people were being supported to prepare their meals. The staff were mainly required to warm and serve already cooked meals, and prepare drinks for people. People told us that this was done with care and staff respected their choices. One member of staff said, “I have someone else who does my shopping, but staff make sure that I have something to eat or drink each time they visit.” Staff told us that they reported to the manager if they had any concerns about people not eating or drinking enough. They said that where necessary, this was also discussed with the person’s relatives and their GP so that appropriate action could be taken to support the person.

People were supported to access additional health and social care services, such as GPs, dieticians, and district nurses so that they received the care necessary for them to maintain their wellbeing. Records indicated that the provider responded quickly to people’s changing needs and where necessary, they sought advice from other health and social care professionals. We saw that a person living with diabetes was having their insulin injections administered by district nurses on a daily basis. A member of staff said, “We will always call the person’s GP if they tell us or we notice that they are not looking well.”

Is the service caring?

Our findings

People told us that staff were friendly, caring and kind. One person said, “They are really nice and loving people.” Another person said, “They are lovely.”

When we visited people’s homes accompanied by a member of staff, we observed positive interactions between staff and people. Staff were kind and caring towards people and there was a happy and friendly atmosphere. While supporting people, the staff gave them the time they required to communicate their wishes and it was clear that they understood people’s needs well to enable them to provide the support people required. One person said, “They are always patient and give me the support I need.”

People said that they were involved in making decisions about their care and support needs. They told us that they had been involved in developing the care plans and staff took account of their individual choices and preferences. The care records contained information about people’s needs and preferences so that staff had clear guidance about what was important to people and how to support them appropriately. Staff demonstrated good knowledge of

the people they supported, their care needs and their wishes. One member of staff said, “It is really good to build a rapport with people and make sure that they are always happy with the care.”

People told us that staff provided care in a way that respected their dignity and privacy. Staff also demonstrated that they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they would preserve people’s dignity. One member of staff said, “We get to know how people want to be supported and this important for people we support.” Staff were also able to tell us how they maintained confidentiality by not discussing about people who used the service outside of work or with agencies who were not directly involved in the persons care. We also saw that the copies of people’s care records were held securely within the provider’s office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. Some of the people’s relatives or social workers acted as their advocates to ensure that they received the care they needed. Information was also available about an independent advocacy service that people could access if required.

Is the service responsive?

Our findings

People who used the service had a wide range of support needs. These had been assessed and appropriate care plans were in place so that they were supported effectively. People's preferences, wishes and choices had been taken into account in the planning of their care and had been recorded in their care plans. One person said, "I am happy with the care I receive. All my needs are met and it is good to have someone help me to do those things I am no longer able to do for myself." Another person said, "I get the support I need. I can do most things myself, but that bit of support helps."

There was evidence that care plans were reviewed regularly or when people's needs changed. Staff told us that as a small service, they had got to know everyone's needs very well because they regularly supported everyone. This enabled them to provide consistent care that people required. One member of staff said, "We put people at the centre of everything we do. We assess their care needs and make sure we do our utmost to meet these. People rely on our support to remain living in their own homes and I am proud that we help them to achieve this."

There is a day centre service located within the housing complex where people who used the service lived. People were encouraged to attend this in order for them to pursue

their hobbies, interests and socialise with others. Some people told us that they attended the daycentre, but others chose not to do so. One person said, "I go to the daycentre sometimes when there is an activity I am interested in. I do not get out much now because I can't walk very well. I have someone who does my shopping for me and they clean my home too." Another person said, "I am never lonely really. Staff visit me four times a day so I always have them to speak with." Another person showed us pictures they painted when they were younger. They said that they had enjoyed painting, but were unable to do that now. However, they enjoyed listening to music and reading.

The provider had a complaints policy and procedure in place and people were aware of this. People told us that they would feel comfortable raising any concerns they might have about the care provided. They said that they would in the first instance, speak with the care staff and then the manager if necessary. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. One person said, "They are all good to me. I have nothing to complain about." There were two recorded complaints from a relative of one person about items of clothing that were missing following being sent to be laundered. The manager had responded to these quickly and had also met with the complainant to discuss ways of effectively managing this in the future.

Is the service well-led?

Our findings

The service has a registered manager. Staff told us that the manager provided stable leadership, guidance and the support they needed to provide good care to people who used the service. There was also a team leader who provided the day to day leadership and support to the staff. A member of staff told us that the manager was very approachable and a good source of advice and support when they needed it. Another member of staff said, “We get a lot of support and we can always discuss any issues with the manager or team leader as they arise.”

The manager promoted an ‘open culture’, where staff, people or their relatives could speak to them at any time, without a need to make an appointment. Staff told us that they were encouraged to contribute to the development of the service so that they provided good quality care that met people’s needs and expectations. We saw that regular staff meetings were held for them to discuss issues relevant to their roles. They said that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people’s needs safely and effectively. One member of staff said, “We have good rapport within the team and we support each other to be as good as we can be.”

There was evidence that the provider worked in partnership with people and their relatives, as well as, health and social care professionals so that they had the feedback they required to provide a service that was safe and appropriately met people’s needs. The manager met regularly with the housing scheme managers so that they took collective action to ensure that people received the support they required. Minutes of the most recent meeting on 22 April 2015 showed that they wanted to increase people’s attendance at the day centre and suggestions were made as to how this could be improved.

The provider also completed quarterly surveys of people who used the service and the results of these were incorporated into the annual quality assurance report. The report completed in November 2014 showed that people were happy with the quality of the service provided and staff that supported them. Although, some people said that they were not always told if they were changes to their usual service delivery, people we spoke said that they were always supported in accordance with their care plans. A person told us, “The service is always good. It couldn’t be better” Another person said, “I always get the support I need at the right times.” People’s positive comments were supported by the view of a professional from the local authority who had recently inspected the service. Their report indicated that the care provided was good and appropriately met people’s needs.

A number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included checking people’s care records and staff files to ensure that they contained the necessary information. Where issues had been identified from these audits, the manager took prompt action to rectify these. For example, when a missing signature was identified on a medicine administration record (MAR), they always checked with the member of staff and the medicine stock to ensure that the medicine had been given. There was also evidence of learning from incidents and appropriate actions had been taken to reduce the risk of reoccurrence. Robust records were kept in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored.