

True Colours Inclusive CIC

# True Colours Inclusive CIC

## Inspection report

Bengal Street  
Leigh  
WN7 1YA

Tel: 01942673495  
Website: [www.truecoloursincic.co.uk](http://www.truecoloursincic.co.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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

True Colours Inclusive CIC is a supported living service providing personal care to one person at the time of the inspection.

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

Safeguarding policies and procedures were in place and being followed. Appropriate risk assessments were in place and accidents and incidents were being recorded. Medicines were managed safely. Infection prevention control (IPC) practices were being followed and the service had a good stock of personal protective equipment (PPE). The service was adequately staffed, though safe recruitment procedures had not always been followed. We made a recommendation the service reviews their recruitment procedure.

The service were considering the needs and choices of the person and supported the person to maintain a balanced diet. Staff received supervisions, but these were not happening in line with their policy. The service worked closely with a variety of professionals. Staff received necessary training on their induction, but some had not received regular refresher training. Staff understood the mental capacity act and signed consent to care forms were in place. We made a recommendation for the service to review their training and supervision policy.

Equality and diversity was respected, and staff supported the person to be as independent as possible. The person was able to express their views and regular meetings were held in which they were involved.

The service provided person centred care and a detailed care plan was in place. The person was supported to take part in activities and make everyday choices. Communication needs were being met through various different ways of communication. Complaints were recorded and handled in line with their policy. Although no one was in receipt of end of life care, the service had an end of life policy in place.

Some concerns were identified around the governance of the service, as the audits in place did not identify the issues mentioned above. Confidential information was stored securely. Regular meetings were taking place between the service and the person. However, no feedback surveys had been sent out to staff, family or the service user. Staff spoke positively about the management. A whistle-blowing policy was in place and any incidents or concerns were reported to the local authority and CQC. Lessons learned were taking place.

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. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The person was given choices and the service promoted independence where possible. The staff knew the service user well and person-centred care was being provided. The service was supportive, and staff spoke positively about the manager and told us how they supported the service user to take part in various activities which was focussed around service user choice.

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

#### Why we inspected

This service was registered with us on 3 June 2019 and this is the first inspection.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# True Colours Inclusive CIC

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to a person living in their own home, so they can live as independently as possible. The persons care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at personal care and support.

The service had a manager registered with the Care Quality Commission. This means 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 it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 29 April 2021 and ended on 04 May 2021. We visited the office location on 29 April 2021.

#### What we did before inspection

We reviewed information we had received about the service since registering with the Care Quality Commission. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person who used the service, one relative and one professional who worked closely with the service about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers. We reviewed a range of records. This included one person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staffing levels were adequate, however, recruitment processes were not always safe.
- Systems and processes were not always robust when the service recruited staff. The service had not completed all necessary recruitment checks before some staff's employment had started. Since the inspection the service have implemented a more robust paper trail and an audit to ensure the necessary paperwork is in place before any new starters are recruited.

We recommend the provider reviews their process for recruitment, to ensure they are working in line with guidance.

- We reviewed a sample of staffing rotas and sufficient staffing levels were in place. Staff told us the service had enough staff. One staff member told us, "There is enough staff yes."

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff told us they had received safeguarding training and were able to provide examples of what they would report.
- We saw examples of learning taken from accidents, incidents and occasions where restraint was used. Actions were taken to mitigate any identified risk and to reduce the potential of re-occurrence.
- Risks were appropriately assessed and identified, and any emerging risks were acted upon.

### Using medicines safely

- Medicines were safely managed.
- Medicines administration records (MAR's) were in place and were audited monthly. However, the audit could be more robust to include a full details and outcomes of what was found on each audit.
- Medicines policies and procedures were in place and staff were up to date with their medicines training.

### Preventing and controlling infection

- The service was ensuring safe infection control procedures were being followed.
- The provider's infection prevention and control policy was up to date and had been reviewed since the COVID-19 pandemic.
- Staff told us about how they used personal protective equipment (PPE). One staff member told us, "We

have had [infection control] training and we had COVID training. We use PPE and there's enough of it yes. Most of us have had our second vaccine too, the management have been really supportive with that".

- Staff were up to date with their infection prevention control training.
- The service had good stocks of PPE which was suitable for the setting.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported and received appropriate training, but not all staff were up to date with this.
- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. However, not all staff were up to date with refresher training. Since the inspection the registered manager has scheduled refresher training for any staff which required it, to ensure staff were up to date with the most current processes and procedures.
- Staff supervisions and appraisals were taking place, but not in line with policy.

We recommend the service reviews their training policy and supervision and appraisal policy and works in line with these.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's needs, and choices were assessed.
- The care and support required from staff had been captured as part of the initial assessment process and was recorded within their care plan.
- The service encouraged the person to make choices and supported them to be as independent as possible.
- The service had an equality and diversity (EDHR) policy in place, and staff completed EDHR training.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The person was supported with meals and necessary healthcare referrals were made.
- Oral healthcare was discussed with the person and details around required support were recorded.
- Referrals were made to other healthcare professionals as required or requested.
- Dietary preferences and allergies were recorded. The service supported the person to make choices regarding food and involved in grocery shopping to ensure the persons preferences were taken into account.
- The service user enjoyed going to the gym and staff supported them to do this when possible.

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, 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.

- Staff had completed training and were knowledgeable about the Mental Capacity Act and the meaning of this.
- Signed consent forms were in place within the care plan. This documented where the person had given their permission to receive care and support from True Colours CIC.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect. This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- Equality and diversity was respected.
- The service had an equality and diversity policy in place.
- All staff we spoke with told us they would be happy for their relative to be supported by True Colours CIC.
- Staff supported the service user to be as independent as possible and respected their privacy and dignity.

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

- The person was able to express their views.
- Regular meetings were held involving the person, to ensure they were happy with the service being provided.
- The person was involved in planning their own care.
- The service had accessed an advocacy service in the past, to help support the person when needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person received person centred care which met their preferences.
- A care plan was in place containing information to guide staff about the persons health conditions and background.
- A copy of the care plan was available at the persons own home.
- The care plan was person centred and detailed the persons history, likes and dislikes.
- Staff were aware of the persons choices and preferences.
- The person was supported to take part in activities when they wanted, which included going to the gym, going on holiday, accessing day centres, shopping as well as activities within their home.
- Staff also involved the person in day to day tasks, including budgeting, grocery shopping, cooking and cleaning of their home.

Meeting people's communication needs; Improving care quality in response to complaints or concerns; End of life care and support

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.

- The persons communication needs were being met.
- The service used communication cards and encouraged the person to write how they were feeling if they did not feel they could verbalise this.
- A central log of complaints was maintained, along with details of the responses provided.
- A complaints policy and procedure was available, and this explained the process people could follow if they were unhappy with the service they received.
- Nobody was in receipt of end of life care at the time of the inspection.
- The service had an end of life policy in place.

# 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. This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We identified some concerns around the governance of the service.
- Recruitment processes were not always followed. Staff supervisions and training was not always up to date. These issues have been discussed in detail in the safe and effective key questions.
- The audits in place did not identify the issues mentioned above.
- Confidential information was stored securely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The service had regular meetings with the person to ensure they were happy with the service provided, however no staff, relative or service user surveys had been carried out.
- The service engaged regularly with staff to ensure they were up to date with important changes.
- The service worked in partnership with the local authority, various other agencies and health professionals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they enjoyed their roles and staff worked well together. One Staff member told us, "Yes I think it (True Colours) is lovely. I enjoy that I am helping someone who needs it, it's like a family."
- Feedback about management and leadership was positive. Staff comments included "I always feel I can go to my manager for anything. They lift us and tell us when we are doing a good job, we do feel valued." and "My manager is very approachable, If I have any problems I can tell her, I am 100% certain that if she can't support me with it, she will find someone that can."
- The person knew who the registered manager was, and the registered manager regularly visited their home to see how their care and support was progressing.

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: Continuous learning and improving care

- The provider reported accidents, incidents and concerns to the local authority and CQC in a timely way.
- A policy was in place to encourage staff to be open and honest when things go wrong. A whistleblowing policy was also in place.
- The provider completed lessons learned for incidents which happened in the service, to ensure

continuous learning took place.