

Todd Property Management Limited

Colbalt

Inspection report

7b Eastfield Place
Rugby
Warwickshire
CV21 3AT

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07 November 2016

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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

The inspection took place on 7 November 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service. The service was last inspected on 28 July 2015, when it was known as 'Holly House'. We found they were meeting the Health and Social Care Act 2008 and associated Regulations.

The manager had been in post for one year and had been registered with us since July 2016. 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.

The service is a supported living service which provides personal care and support to people in their own homes. The provider owned one property where people had private tenancies with the provider and shared the building. The provider also rented other properties, where people had private tenancies. At the time of our visit, 7 people received personal care from the service.

People told us they felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. People's medicines were managed, stored and administered safely.

There were enough suitably trained staff to deliver care and support to people. Staff received an induction and a programme of training to support them in meeting people's needs effectively.

The registered manager understood the principles of the Mental Capacity Act (MCA) and was in the process of working with the local authority to review any deprivation of people's liberties. Staff respected people's decisions and gained people's consent before they provided personal care. It was not clear on people's records if they required support to make decisions.

People told us staff were kind and caring and had the right skills to provide the care and support they required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences. People knew how to complain about the service they received. People had fulfilling lives because they were engaged in activities that were meaningful to them.

People felt able to contact the registered manager if they needed to. Staff felt supported and were encouraged to share ideas to make improvements to the service. There were processes to ensure good standards of care were maintained for people, however these were not all effective, because there were inaccuracies on one person's care plan.

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.

People were kept safe because risks to people's individual health and wellbeing were identified and staff followed support plans to minimise these risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for and supported by staff who had the relevant training and skills for their roles. The registered manager understood the principles of the Mental Capacity Act (MCA) and was in the process of working with the local authority to review any deprivation of people's liberties. Staff respected people's decisions and gained people's consent before they provided personal care. People's nutritional needs were taken into account and people were referred to other healthcare professionals when their health needs changed.

Is the service caring?

Good ●

The service was caring.

Staff provided a level of care that ensured people had a good quality of life. People were positive about how caring the staff were. Staff respected people's privacy and dignity and encouraged people to maintain their independence in accordance with their abilities.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and had a good understanding of people's individual needs, preferences and how they liked to spend their time. People had fulfilling lives because they were engaged in activities that were meaningful to them. People were

involved in planning their care. Health professionals were positive about the care provided. People knew how to complain about the service they received.

Is the service well-led?

The service was not consistently well led.

There were some processes to ensure good standards of care were maintained for people, however these were not all effective. People were satisfied with the service and felt able to contact the registered manager if they needed to. Staff told us they felt supported and they were encouraged to share ideas to make improvements to the service.

Requires Improvement ●

Colbalt

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.

The inspection took place on 7 November 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the inspection visit we sent surveys to people who used the service to obtain their views about the quality of care they received. Surveys were returned from two relatives and three members of staff. During our visit we spoke with three people who used the service and a health care professional. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors. We also spoke with the registered manager, the provider and three support staff. Following our inspection visit we contacted two relatives.

Many of the people who used the service were happy to talk with us about their daily lives, but they were not able to tell us in detail, about their care plans, because of their complex needs. We reviewed four people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records and the provider's quality assurance checks.

Is the service safe?

Our findings

People we spoke with told us they felt safe because they received care from staff they knew well and trusted. One person told us, "I can phone staff up if I need them out of hours." A relative told us they felt their family member was safe because, "[Name's] always happy to go back there [to the service]." Everyone who used the service that responded to our survey told us they felt safe from abuse or harm from the staff. People told us they felt comfortable talking with staff or a manager if they felt unsafe.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with the managers. A member of staff told us if they had a concern about anyone's safety they would, "Report it to the manager." Another member of staff explained how one person needed support to manage their behaviour to keep them safe. They told us the registered manager had shared information with them to help them understand how best to support the person and this had helped them to maintain the person's personal safety.

Records showed concerns about potential abuse had been appropriately reported to relevant agencies such as the local authority and action was taken by the registered manager to keep people safe. However, part of the registered manager's responsibilities are also to ensure all events that might mean a person was at risk of harm, are notified to us. We found that not all events had been referred to us during the previous 12 months. We discussed this issue with the registered manager and the provider, who gave us their assurances that notifications would be made in future.

A health care professional we spoke with provided positive feedback about the way staff managed risks. They explained how they worked with staff to manage the risks around one person's behaviour to keep them safe. They said staff had involved the person in creating a plan to help minimise risks and talked to the person about their responsibilities to manage their behaviour. They told us, "The manager contacts me if there are any concerns." The manager told us there had been a positive change in the person's behaviour since they had been involved in developing the plan. We spoke with the person and they were able to tell us how they kept themselves safe, which reflected the information in the assessment of their personal safety.

The registered manager told us they wrote people's risk assessments as they became aware of potential risks. They said, "I write risk assessments by observation and using information from staff and families." When asked, staff knew about individual risks to people's health and wellbeing. A member of staff explained how they involved people in assessing risk. They told us, "We listen to what people's views are and explain to them what the dangers could be."

Records confirmed that risk assessments had been completed and care was planned to take risks into account and minimise them. For example, a member of staff told us about one person whose mobility had deteriorated and they required increased support to move about safely. They explained how the person's environment had been reviewed and they had been moved to a ground floor bedroom to reduce their risk of falling.

Incidents were recorded and actions were taken to protect people and keep them safe. However, it was difficult to see how some incidents had been reviewed and what improvements had been made to keep people safe. For example, one person had experienced a fall. Records showed no evidence that any changes were made to their care following the incident. We discussed this with registered manager who explained they had spoken with staff following the incident to give them advice about how to support the person, but they had not updated the person's care plans to reflect any changes in their support. The registered manager gave us their assurances the person's care plans would be updated accordingly.

There were sufficient staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People told us they had regular staff that they knew well. Staffing was worked out using rotas, which identified when planned activities took place and times when people needed more support. A member of staff told us, "We have more staff put on the staff rota if it is a busy time, for example a trip or people's appointments."

Most staff were recruited safely and the registered manager checked they were of good character before they started working at the service. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records. However, one member of staff did not have a DBS check on their file. We discussed this with the registered manager and the provider who were already aware and have confirmed since our inspection visit, that the outstanding check has been successfully obtained.

Staff administered medicines to people safely and as prescribed. Staff had received training to administer medicines safely. Staff recorded in people's records when medicines had been taken and they signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were returned to the office every four weeks and the senior support worker explained how they checked the MAR sheets on a daily basis for any errors. Staff knew what action to take to protect people if there was a medicine error.

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. A relative told us, "The staff are excellent." Everyone who used the service that responded to our survey told us their care and support workers had the skills and knowledge to give them the care and support they needed.

The registered manager and the provider were in the process of arranging training to support staff development and to meet people's care and support needs. Staff had last received training in 2015. A new training programme was planned to include for example, falls awareness, epilepsy awareness, infection control and health and safety. Staff were positive about training, they told us they felt supported by their manager to access it. One member of staff told us, "If we feel that something comes up we find challenging, we can speak up and ask for support if we are not feeling confident."

New staff received an induction when they first started working at the service. This included working alongside more experienced staff so they could get to know the individual needs of the people using the service. Induction training included the Care Certificate. The Care Certificate is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting according to nationally recognised guidance for effective induction procedures.

Staff told us they had supervision meetings. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The registered manager told us, "Staff can request things in supervision. I get to spend time with people on an individual basis. I encourage staff to do qualifications." A member of staff explained their manager used supervision to discuss strengths and weaknesses in their performance at work and talk about how things could be done better. They said, "We discuss any problems and how we could do things better."

Staff were encouraged to develop within their roles and study for nationally recognised care qualifications. Staff told us they felt well supported by the registered manager to study for care qualifications to help them develop within their role. For example, one member of staff told us they were doing a diploma in management and were supported to do this by their manager.

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.

Staff understood the requirements of the MCA. The registered manager told us all the people currently using the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances. They

said everyone had an appropriate person, either a relative or independent advocate, who could support them to make these decisions in their best interest. An advocate acts on behalf of a person to obtain their views and support them to make a decision in their best interest. We found there were no documented mental capacity assessments, so people's capacity to make decisions was not clear. We discussed this with the registered manager and the provider who assured us they would review 'people's capacity' and how they made decisions and amend their care plans accordingly. Following our inspection visit, they told us they were working with the local authority to review people's care and would apply to the Court of Protection for authorisation of any deprivations where identified.

We found that where people may not have had capacity to make complex decisions, they had been made in their best interests and people such as family and health professionals were involved in supporting people to make decisions. For example a best interest decision about a health treatment had been made for one person. The decision had been recorded in their care plan and involved appropriate people including health professionals. The registered manager explained how staff had worked alongside the person, the health professional and their relative, to support them in their decision to have treatment. The person's relative was positive about the care provided and told us, "A member of staff supported us the whole day," when the person received their treatment.

Staff knew they could only provide care and support to people who had given their consent. A member of staff told us before they entered people's bedrooms or flats they, "Always knock on people's doors." One member of staff told us how they gained consent from someone whose verbal communication was limited. They said, "If we knock on [Name's] door and they do not want any help, they will escort us out [of their room]."

Some people received food and drinks prepared by staff and some people were supported by staff to help prepare meals to support their independence. Two people told us, "Staff make the food for people who have difficulty. I make my own. I choose what to get and when we go shopping I have a budget which I am careful to stick to" and "Staff will help me if I need it." Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. A member of staff explained how people were involved in choosing what they would like to eat for the following week. They told us, "We do shopping lists with people. We promote healthy eating and do meal plans so we can decide what they would like. Their preferences are in their care plans."

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. One person told us, "Staff help me book health appointments and write them down in the diary and remind me." Records showed people were supported to attend routine health appointments to maintain their wellbeing such as a dentist and optician. The registered manager told us one person had complex needs and received support from a number of different professionals. They explained how staff supported the person to manage interactions with different services. This helped to reduce the person's anxiety and caused the least impact to their wellbeing.

Is the service caring?

Our findings

People told us staff treated them with kindness. Two people told us, "Staff are nice" and "I am happy living here, it is going well." A relative told us, "I think the staff are lovely, they have a lot of fun with [Name]." Everyone who used the service that responded to our survey, told us they were happy with the care and support they received and said their care workers were caring and kind. A health professional we spoke with told us, "There is a nice feel to the service. I have a good rapport with the staff. They are person centred." A member of staff told us, "I absolutely love working here, it's rewarding. I feel like I'm making a difference. I like seeing people happy and smiling."

A relative explained how staff supported people who used the service to have caring relationships, which improved the quality of their lives. They told us, "Staff have nurtured relationships between residents, which is lovely." The registered manager said, "We like to think of people as extended family... Everyone is treated equally."

When staff supported people in shared areas, such as the registered manager's office, we saw there was good communication between them. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. A relative explained how staff communicated with their family member who had limited verbal communication. They said, "Staff know [Name] well. They use a mixture of Makaton and [Name]'s own signs." Makaton is a language using signs and symbols to help people to communicate. A member of staff explained how they communicated with another person with limited communication skills. They said for example, "We use pictures for choosing trips."

On the day of our inspection visit we saw staff supported people to express their views on their care, during the morning meeting. Staff told us people who used the service met every day to agree the day's activities. They used a whiteboard with pictures to help people's understanding. Staff encouraged everyone at the meeting to join in and choose activities for that day. People were talking and laughing about a party they were all going to attend at the weekend and discussing their fancy dress costumes.

The registered manager told us people were asked about their preferences when they joined the service. They told us, "Everyone has different needs and wants, so care is tailored to that person." A member of staff told us, "We treat people as equals and we give people choices." They explained when important decisions were made, for example deciding on a trip, they held a meeting and tried to get people involved. They said, "We listen to people's views."

Everyone who used the service that responded to our survey, told us their care and support workers always treated them with respect and dignity. One person told us, "Staff respect my privacy and I can ask to be left

alone." A relative told us staff always spoke in private about personal issues. A staff member explained how they showed respect for people's dignity when they supported them with personal care. They said, "We only assist people if they need help."

Is the service responsive?

Our findings

People told us they were happy with the care and support staff provided. Two people told us, "I enjoy living here. Staff help me to be independent" and "If I need any help, I ask for it." A member of staff told us, "We get quality time with our customers and we do what they want to do."

A health professional we spoke with told us how the support one person received had improved their quality of life. They said, "They [staff] are tailoring their service for [Name]. The support they are putting in place is allowing [Name] to be independent." Staff explained how they provided care to meet this person's needs. They told us how they had agreed changes to the person's care with them and how this had helped the person to manage their behaviour. The registered manager told us, "We sit and explain the reasons why some behaviour is not acceptable." Staff told us how their relationship had improved with the person by listening to them. We spoke with the person about how staff supported them and they told us they could ask staff for help when they needed it.

Care plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. Plans included people's personal history and preferences. Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. One member of staff told us, "We know what people's needs are and we work round what their capabilities are."

People's views about their care had been taken into consideration and included in care plans. One person told us they looked at their plans with staff and were asked for their opinion about the care they received. Staff told us care plans were written and reviewed by senior staff. The registered manager told us they were in the process of arranging care reviews meetings with people's representatives. They explained that informal discussions were held with people to review their care needs and care plans were updated when people's needs changed.

People lived fulfilling lives because they were engaged in activities that were meaningful to them. People told us how staff arranged birthday parties where their friends and people who were important to them were invited and which they really enjoyed. One person explained how staff supported them with their hobby and how they enjoyed going to the cinema and planning to see new films. On the day of our visit, we saw people enjoyed listening to music of their choice and tapped along with the beat. Other people were supported to bake cakes. Staff described other activities people were interested in, such as a local dance group, discos, trips to the theatre and a holiday. A member of staff told us a newsletter had recently been introduced to share information with people about ideas for improvements to the service, including ideas for activities people enjoyed. A relative told us this was a, "Really good idea."

People were involved in building links with the local community in individual ways that suited their needs. For example, people were encouraged to attend local social clubs and church services. One person was supported by staff to maintain a job. We asked the person about their work and they were very positive about it. A member of staff told us, "We are always looking to see if there are local things on, for example in

the park."

People were supported to develop and maintain relationships with people who were important to them. People told us their relatives visited them regularly and staff told us they encouraged as much contact with people's families and friends as possible. A relative told us staff contacted them if they had any concerns about their family member.

Communication between staff was effective, which ensured people received care which met their needs. A member of staff told us, "We liaise with senior staff about any changes. We have handover which is useful and keeps you in touch with what's going on." Handover records and diaries included any concerns staff had about people's welfare. The registered manager told us, "If anything changes and needs to be discussed, we do this at staff meetings."

People and their relatives said they would raise any concerns with staff. One person told us, "I know how to make a complaint, I would ask the manager for a complaint form." The provider had a complaints policy which informed people how to make a complaint and the timescale for investigating a complaint once it had been received. Staff understood the complaints process and knew how to support people if they had a concern. Complaint forms were available to people in communal areas, however the complaint policy was not accessible. The registered manager agreed to make the policy available to people straight away following our visit. They confirmed there had been no complaints within the last 12 months and no concerns, comments or compliments had been recorded. This meant we could not see how any issues raised by people who used the service had been dealt with, or if any improvements had been made to the service as a result.

Is the service well-led?

Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. Everyone who used the service that responded to our survey, told us they would recommend this service to another person. A member of staff said, "It's like a big family here."

We saw the registered manager and senior staff were accessible to people who used the service. One person told us, "I can talk to [registered manager's Name] easily." A relative told us, "If I needed them [the registered manager], they make themselves available."

Staff told us the registered manager was approachable, they told us they could make suggestions and these were acted on. Two members of staff told us, "There's been a massive improvement since the management changed. Everyone is happy, it's just brilliant" and "I feel there's good communication between staff...I can contact the provider about maintenance issues and things get fixed quickly." A health professional told us, "The manager has been fantastic" and explained they were always provided with the information they required about people's needs.

Staff told us they felt supported by the registered manager. A member of staff told us, "I'm happy with the leadership. The owner comes in quite a lot and they are easy to talk to. The manager is easy to talk to and I can go to them with any problems." The registered manager told us they were supported by the provider and had discussions about their personal progress. They told us the provider was sourcing training for them to learn more about learning disabilities, because they had not worked in this area before starting this role.

The registered manager told us they made sure staff understood their roles through one to one supervision meetings and staff team meetings. There were regular staff meetings and staff told us meetings were useful and they were encouraged to be involved in making improvements to the service. One member of staff told us they had suggested a newsletter and this had been agreed and put in place by the registered manager.

People were invited to provide feedback about how the service was run by completing a survey. The registered manager told us questionnaires had been sent out to people and their relatives in October 2016, however there had been a low response rate and the results had not yet been collated. They explained once the results had been reviewed, they would address any issues on an individual basis and ensure results were shared with people.

The registered manager had notified incidents to professionals about issues where appropriate, such as the local authority. However they had not always provided us with notifications about important events that occurred at the service. We discussed this with the registered manager and the provider who assured us that in future all relevant events would be notified to us straight away. They had completed the provider information return (PIR) which is required by law. The registered manager kept up to date with best practice by receiving updates on legislation from an external company who supported the service by maintaining their policies and procedures. They also attended external events for example, events held by the local authority about issues such as funding and dementia.

Since joining the service the registered manager had completed checks on people's care plans and staff files to ensure they were up to date. However we found checks had not been effective because there were some inaccuracies on one person's care plan. For example, the person's personal details were not correct. The registered manager confirmed the care plans had been reviewed by senior staff every three months and by themselves on a monthly basis. The inaccuracies had not been identified, which meant the review of care plans had not been effective. We discussed this issue with the registered manager and the provider, who assured us they would take action straight away to ensure people's care plans were up to date. The registered manager explained other checks were made by themselves and senior staff to ensure the quality of records, such as daily checks on MAR sheets. These checks were not recorded, so it was difficult to see if any actions had been identified to make improvements to people's care. There were no other checks made on the service by the provider.