

Collaborative Care Solutions Limited

Collaborative Care Solutions

Inspection report

The Burnham Business Centre Dorney House
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Slough
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Date of inspection visit:
21 September 2023
27 September 2023
03 October 2023

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Collaborative Care Solutions is a domiciliary care agency providing supported living services. The service delivers personal care in 5 settings across the borough of Slough, to people with mental health conditions and associated needs, to people living with learning disabilities and autistic people. The service also provides treatment of disease, disorder or injury for people carried out by or under the supervision of a qualified registered nurse. At the time of the inspection there were 16 people being supported by the service. We visited 3 settings and reviewed the care and support needs of 6 people who received the regulated activities.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were exposed to avoidable risk of harm as systems to ensure the safe and proper management of medicines were inadequate. Not all staff had their competency to administer medicines assessed in line with best practice guidance.

Since our last inspection care plans and risk assessments continued to lack robust and clear guidance, with incorrect or conflicting information. Not all records demonstrated risk was effectively assessed, monitored or mitigated.

Staff had not always been safely recruited. References had not always been appropriately obtained and we were not assured staff had access to training. Lessons were not always learnt.

The providers monitoring systems were inadequate because failures identified at the inspection were not all known or acted upon.

Right Care

People and relatives provided positive feedback about the skills and experience of staff. People were treated with kindness. Staff were person centred in their approach which promoted people's privacy and dignity.

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.

People told us they were supported effectively with food and drink and had choice and involvement.

Right Culture

Governance systems remained inadequate, and the service was not well-led. The provider failed to carry out their regulatory responsibilities and did not have adequate oversight of the service. The provider had not submitted all relevant statutory notifications when incidents had occurred, as required. The provider lacked robust assessments and controls to protect people and keep them safe.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for the service under the previous provider was inadequate (published 27 January 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 27 January 2023. Following this inspection and the inadequate rating of key questions Safe and Well Led, the service remains in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report. The provider and management team were responsive to the concerns we shared and took immediate action to reduce the risk to people using the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 61 Langley Road on our website at www.cqc.org.uk.

Enforcement and Recommendations

At this inspection, we identified continued breaches in relation to Regulation 9 (Person centred care), Regulation 12 (Safe care and treatment) Regulation 13 (Safeguarding service users from abuse and improper treatment), Regulation 17 (Good governance), Regulation 18 (Staffing) and Regulation 19 (Fit and proper persons employed) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also a continued breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Collaborative Care Solutions

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 4 inspectors 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

Service and service type

This service provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

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

At the time of our inspection there was no registered manager in post. The new manager had joined during the inspection period and they intended to register with the Care Quality Commission.

Notice of inspection

The first day of the inspection was unannounced. We provided a short period of notice for the second and third inspection dates. This was to gain consent to visit people in their supported living houses. Inspection activity started on 21 September and ended on 16 October 2023. We visited the location's office on 21 September and 3 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and had feedback from 5 relatives about their experience of the care provided. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with 10 members of staff including the general manager, clinical lead consultant, team leaders and care workers. We also spoke with the newly appointed operations consultant, manager and clinical lead.

We also received feedback from 4 social care professionals who have worked with the service.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 6 staff files in relation to recruitment. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly identify, assess and manage risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvements and the service remained in breach of the regulation

- The provider did not always ensure information about risks and safety was comprehensive or up to date. Risk management plans did not fully address known risks relating to a person's mental health. For example, 1 person's care records identified a history of risks. There was no risk assessment relating to these in the person's care plan. Therefore, there was not sufficient guidance for all staff to respond to the risks if the person experienced another episode of their mental health recurring. This lack of written guidance about signs of the risks meant not all information was available for staff to be aware. The failure to update the person's records could also have posed a risk to others.
- Some risk assessments were not updated in a timely manner, or lacked sufficient detail to help staff understand and respond to risks. For example, we found conflict in how the current level of risk had been rated for certain areas of a person's life. This meant we could not be assured guidance for staff was clear and up to date. Risk assessments did not always consider any associated risks for care staff supporting people, such as gender of staff when supporting people with personal care.
- Risk assessments did not always have sufficient detail about how staff should implement preventative risk management measures. There was limited information about what to do if diversion tactics failed. We were therefore not assured that the risk management plan included sufficient detail to assist staff in responding to incidents.

Systems had not been established to identify, assess and mitigate all risks to the health, safety and welfare of people using the service. This increased the risk of people experiencing avoidable harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We updated the provider at the time of inspection about our findings so they could take immediate action during and after the inspection.

- People felt their risks were managed safely. Comments included, "Aware of my risks and staff support me to keep safe when I become distressed and may put myself at risk."
- Relatives felt people were kept safe. Comments included, "[Person] does not know how to prioritise (their)

safety and will make attempts to engage in risky behaviour which would put (them) at considerable risk. Staff are proactive and supportive and do an outstanding job in safeguarding [person]. This gives us immense relief and a sense of peace which was not the case before [person] moved to Collaborative Care Solutions."

Staffing and recruitment

At our last inspection, the provider had not ensured there were sufficient numbers of suitably recruited staff. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvements and the service remained in breach of the regulation.

- The provider did not have a system in place to assess how many staff were needed to support people's assessed needs. For example, how many hours of staff support people needed, and to ensure other requirements were met such as time for administration, record keeping and communicating.
- Rotas were not suitably maintained and accurate. The hours per shift were not defined and it was not clear which staff were on a sleep-in shift or a waking night shift. Staff names on the rota were not included on the staff list or the training matrix.
- New staff completed a 5-page in-house induction checklist. We saw one staff member had completed the checklist over 1 day and another staff member had completed the majority of it over 1 day. This did not provide assurance about the quality of the induction provided as limited time would have been available to be trained into all of those areas in 1 day.
- Recruitment checks were not always carried out as required. Not all staff employed in the service had sufficient evidence to demonstrate they were of good character, had the qualifications, competence, skills and experience which were necessary for the work to be performed by them. For example, a new member of staff did not have the required reference check in line with the provider's policy on recruitment. This stated a minimum of two references were required, one of which must be from their current or last previous employer and one to show that the person is of good character.
- Checks are needed for professional staff that are required to be registered with a relevant body specific to their area of expertise, for example the Nursing Midwifery Council (NMC). Staff working in the service who came under this requirement, had not been checked to ensure they were able to perform the work required, ie clinical input. There was no confirmation that a Disclosure and Barring Service (DBS) and an NMC check had been completed to ensure the safe recruitment of a member of staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The lack of these checks meant there was a risk staff employed were not of good character or suitable for the role.

The provider had failed to ensure persons employed were of good character and had the qualifications and skills to perform their work. The failure to do this placed people at risk of avoidable harm. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We updated the provider at the time of inspection about our findings so they could take immediate action during and after the inspection.

- People felt supported by care staff in the service. One person said, "There are 2-3 staff on shift. Waking night staff so can talk to them if feeling in a crisis. So generally there is always staff available including nighttime, but sometimes I might have to wait if they are a little busy."

Using medicines safely

At our last inspection, the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvements and the service remained in breach of the regulation

- People were at risk because staff did not always manage medicines and associated equipment safely. We found concerns in relation to the ordering, records, storage and disposal of medicines.
- Medicines were not consistently managed safely as per the provider's policies. The service used certain medicine equipment to deliver people's medicines. We found the equipment contained a number of expired items such as blood glucose test strips, which were still being used by staff. We also found there was no records of quality or date checks being carried out for blood glucose monitors in use for a person. This put people at risk of equipment not being safe or suitable for its purpose, due to the manufacturer's expiry not being followed.
- There was limited information on a record called, 'Medication Taken Away from the Service' to evidence a person had got the required medicines to manage their serious health condition during their absence from the service.
- There were limited medicines records to evidence that prescribed creams or ointments had been applied as required. The expiry date had been exceeded for a cream still in use for 1 person. The cream was also not on the person's current Medicine Administration Record (MAR). This meant the MARs did not match the current medicines in stock at the home and were inaccurate.
- The service was not always clear about its responsibilities and role in relation to medicines. Staff had not received the necessary medicines training and had not been assessed to ensure they were competent to administer medicines safely. For example, a delegated healthcare task was required for 1 person, however, we did not receive any documentary evidence of training or competency for this task. The provider sent a training matrix 15 days after the request to provide evidence of medicines training. However, this did not contain sufficient information. An action plan had been completed prior to the inspection which stated the 'service to commence competency assessment for staff administering medication'. This provided further evidence that staff had not had their competency assessed at that point to ensure safe administration of medicines.
- Staff did not always follow relevant national guidelines in relation to non-prescribed medicines (PRN) managed for people. Where there were individual risks associated with medicines with a PRN dose prescribed, there was not always evidence these were administered as prescribed and in line with the service user's agreed protocol or in their best interest. We saw examples of a PRN medicine given without any evidence this was in line with the guidance on the protocol. This meant there was a risk people showing distressed behaviours could receive inappropriate administration of PRN medicines.

Systems had not been established to ensure safe and effective administration of medicines. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We updated the provider at the time of inspection about our findings so they could take immediate action during and after the inspection. They took immediate action to train and assess staff competency for the delegated care task. They had a newly recruited clinical lead who had just started working in the service who would oversee medicines management going forward.

- People felt supported with their prescribed medicines. Comments included, "Medicines are managed by

staff and I get them on time" and "There have never been any mistakes as I am very clued up on my medication so I would catch it myself if there was anything wrong with it." Staff told us, "Our medication record is being improved upon and training level increased."

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to ensure there were robust systems and processes in place to protect people from potential or actual abuse. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvements and the service remained in breach of the regulation.

- Safeguarding was not always given sufficient priority and people were therefore not always safe and protected from avoidable harm, abuse, or neglect. Safeguarding policies and procedures were not fully embedded. Not all incidents related to safeguarding had been fully investigated to ensure actions were taken to keep service users safe from potential further incidents. We reviewed 3 safeguarding referrals, one of which was only partially completed and did not include the concern identified. The service did not supply internal investigation documentation we requested during the inspection, to enable us to corroborate actions the service told the local authority they had taken.
- Not all staff were up to date in safeguarding training and practice. We saw that 5 out of 22 staff had not had face-to-face safeguarding training as stated was required on the provider's staffing matrix.
- The provider's safeguarding policy and procedures stated upholding people's rights and making sure diverse needs were respected and met, but people's care records included terminology which did not always reflect respect in line with people's protected characteristics and highlight people's strengths. The policy stated the 'term "vulnerable adult" was in itself contentious' and went on to say, 'By labelling adults "vulnerable" there is a danger that they will be treated differently. The label can be stigmatising and result in assumptions that an individual is less able than others to make decisions and to determine the cause of their lives. In this way, the term can level too subtle forms of inappropriate discrimination.' However, we found the word, 'vulnerable individual' was used throughout people's records. This terminology did not promote equality values.

Systems and processes had not been established or operated effectively to prevent a risk of, or actual, abuse or to investigate allegations of abuse and improper treatment. This was a continued breach of regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We updated the provider at the time of inspection about our findings so they could take immediate action during and after the inspection.

- People said they had no concerns about their safety. Comments included, "I feel safe and cared for by all members of staff. They are looking after my safety and well-being" and "Feel very safe. Collaborative Care Solutions saved me. I rely on them a lot. They are a family to me. Collaborative Care Solutions goes above and beyond in all aspects to keep me safe."
- Staff were confident about managing safeguarding. Comments included, "There are policy documents in place which narrate and guide in any emergency situation what to do and where to call for quick support" and "I will discuss it with my manager and if not satisfied I will use Collaborative Care Solution's whistleblowing policy."
- A relative said, "We are informed of [person's] wellbeing and state of mind and are supported in ensuring we are kept up to date and how staff are supporting [person]. Their mental health and wellbeing can quickly deteriorate but the interventions and support by [provider and staff] is swift and focused on reassuring

[person], making him feel safe, secure and working through his episode.

- A professional commented, "Generally, the client's feedback is that they feel safe, there are enough staff on duty to ensure their safety and if /when they want escort when going out, staff are always available to escort them. The building is always safe and there is an in and out book for visitors. Appointments have to be made for visits, but they are also flexible for any unplanned visits. Whenever there is a need to raise safeguarding concern, the proper procedure is being followed."

Preventing and controlling infection

At our last inspection, the provider had failed to follow the guidance in relation to Covid-19. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvements and the service was no longer in breach of the regulation

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff told us, "Collaborative Care Solutions is very careful with infection prevention. Infection prevention paperwork is completed daily, PPE level is reported and occasional outside help is sought" and "With regards to hygiene, we ensure that a daily checklist and weekly infection control audit are followed."

Learning lessons when things go wrong

- The provider did not learn lessons when things had gone wrong. Safety concerns had not been consistently identified or addressed quickly enough. The systems to record and report safety concerns, incidents and near misses were not effective to ensure improvements were made.
- Please refer to the well led section of the report for more details.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection, the provider had failed to ensure they worked collaboratively with people to reflect their views, meet their needs and reflect their preferences. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvements and the service remained in breach of the regulation

- The provider did not always effectively carry out care and/or treatment in line with people's assessed needs. For example, a person had equipment to support their condition. Staff were unclear when this equipment should be used and it was evidenced that it was not being used in line with its prescribed use. We asked the nominated individual to review this further, and received an updated care plan to state staff should encourage use of the equipment "as prescribed" but there were no details of what this was on the person's care plan. It stated the person "chooses to wear it when (they) want to". This put people at risk of not receiving care to meet their needs.
- Systems and processes to monitor care plans and risk assessments did not evidence that reviews were being carried out collaboratively to ensure people's care and treatment was up to date and accurate. There was limited evidence of ongoing engagement with people about their care and support plans. A relative told us, "Not sure if there is a care plan, but expect so. I was not asked to contribute or have my view asked for."
- There was not always evidence that people were enabled or supported to participate in making decisions to reflect their preferences in relation to their care to the maximum extent possible. For example, there was no documentary evidence to show whether a person had agreed to have an item stored in the office safe. There was no evidence of a mental capacity assessment about this action or a record of the person's informed consent for the removal of the item.
- People's care plans lacked meaningful detail about the level of independence or support required with daily tasks. Information was vague such as 'support me if required,' This was not in line with what staff told us about the support this person needed.
- Information about people's needs were not accurate within care records. For example, there was information on a diagnosis for a person but there was no supporting information about how the diagnosis had been made. This meant the person's needs were potentially not supported in line with current evidence-based guidance, standards and best practice to achieve effective outcomes.
- The provider had not always followed best practice guidance in relation to supported living services. For example, ensuring people's tenancy rights are being met in line with guidance. A relative said, "There was no consultation or consideration (about potential move) if this was suitable for [person]. It may be a better

option but unprofessional that I and my relative were not communicated with."

The provider had not ensured the care and treatment of people was appropriate, met their needs and reflected their preferences. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We updated the provider at the time of inspection about our findings so they could take immediate action during and after the inspection.

- People told us they had felt involved in their care and support planning despite this not being reflected in documentation.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff were effectively inducted, trained and supported to be able to meet peoples' needs. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvements and the service remained in breach of the regulation

- The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support in line with people's needs. This was because staff training and development was not always up to date or in line with best practice.
- The provider's training matrix showed gaps in face-to-face training as required by their policy. For example, one policy stated staff needed to be skilled in de-escalation and in managing behaviours that challenge, including training in person centred care and positive behaviour support. The training matrix viewed showed staff had received eLearning modules in managing behaviours that challenge, violence and aggression and restraint. However, there was no face-to-face training recorded in respect of de-escalation, managing behaviour that challenged or in positive behaviour support. Therefore, we were not assured that the provider had assessed whether staff had the skills and competencies to safeguard people and themselves during such an incident.
- The service did not have a consistent approach to supporting staff to maintain knowledge of best practice. The provider's training matrix showed only 4 out of 22 staff had completed the care certificate training or had an equivalent national vocational qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

The provider failed to ensure staff were effectively inducted, trained and supported to be able to meet peoples' needs. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We updated the provider at the time of inspection about our findings so they could take immediate action during and after the inspection.

- Staff told us they felt they had the support when they started working in the service and with ongoing training. Comments included, "I had a week's induction reading care plans and risk assessment and the company policy. I shadowed and observed a team leader and a permanent staff for 1 week" and "I received face to face training and online training working with challenging behaviour and I put those in to use when working with residents."

- One member of staff said, "Manager is always available and approachable. My manager helped me to get onto my (professional role) training which I am currently completing now. He is flexible with my needs as an employee."

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection, the provider had failed to identify or meet people's nutritional needs. This was a breach of regulation 14(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvements and the service was no longer in breach of the regulation

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us they had genuine choice and had access to sufficient food and drink throughout the day. People felt actively involved in this aspect of the service. Comments included, "I am very independent. I cook myself, do my own shopping, nearly everything I do myself, I am never left hungry or thirsty" and "Staff take me shopping and I get cooking sessions regularly. Honestly it is restaurant level food, proper chef's and they teach me to cook and it tastes amazing."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection, the provider had not ensured people were supported with their health needs. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvements and the service was no longer in breach of this section of regulation 9

- People told us they felt supported with their health needs. Comments included, "Yes, when you are unwell, they support to arrange doctor's appointment and would take me there if I needed it", "I'm supported to go to GP, and they help organise any relevant appointments" and "When I was in hospital staff visited daily for 2 hours. When I attend A & E staff support me."
- A relative provided feedback that their family member was supported to see other professionals such as the GP, opticians and they were currently waiting to get seen by a dentist.
- A professional said, "The [provider] always follows on from recommendations made. At times, I have noticed that he has also been pro-active and will deal with issues before me highlighting it. He has to rely a lot on his staff to deliver the care, but he seems to have a good vision."

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, the provider had failed to act in accordance with the Mental Capacity Act 2003 and its Code of Practice. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvements and the service was no longer in breach of the regulation

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was mostly working in line with the Mental Capacity Act. We found one area of improvement concerning a person's ability to consent to specific decisions in respect of their care. We found no assessment of their capacity to consent had been undertaken. The provider had taken this action to protect the person. We informed the provider of the need to undertake appropriate assessments and if best interest decisions were made that these were clearly documented.
- People felt they were not overly restricted. Comments included, "I have always been involved in my decisions and have had control of my choices. If there was something they thought was unsafe they would try to persuade me not to make that choice by showing why it may not be a good idea, but they can't stop me walking out the door and never have. I have never been restricted unnecessarily" and "They always involve me in my decisions. I have never been restricted, so can't complain."
- There were no Court of Protection authorisations in place at the time of the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we did not rate this key question and it remained good. At this inspection the rating has remained 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

- People told us they were well supported and treated with respect by staff. We received positive feedback from people in the service. Comments included, "Staff support me 100%, couldn't do more for me. There are always staff available to talk to me if I need it. I need to tell staff when feeling agitated", "The staff were very welcoming when I first came here and showed me around" and "Since I have been here, I have always been offered great support from the staff to do things, but I am very independent and am looking to get my own place."
- Relatives were positive about the care their family members received. Comments included, "Collaborative Care Solutions, especially [staff name] has been incredibly helpful and patient with [person] and they help support and guide with kindness and care. [Person] now has stability and trust in the staff and [person] is extremely comfortable and settled at Collaborative Care Solutions" and "All staff show us the family great respect and are always professional and helpful, they really do advocate for [person] and put [person] first."
- Relatives told us they were welcomed and acknowledged by staff when they visited. A relative said, "We can visit [person] without restrictions and can pop in whenever we wish to. We believe we have a strong relationship with staff sharing the same goals in helping [person] stay safe and succeed in life."
- Professionals provided feedback including, "The clients appear to be well cared for. All the clients have an individual care plan and risk assessments. The staff have very good rapport with the clients, and they come across as being very caring" and "My visits to the service have been positive, staff are friendly, welcoming, and happy to answer my questions. I've never been restricted from seeing the person I support. They have gone through files and records with me and been open to suggestions about changes to make. I get regular communication about the person I'm supporting and kept updated with any major events."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they had as much choice and control as possible in their lives. People told us they were supported to express their views and make decisions about their care and support. A person told us, "I feel involved in care. Talked through care plans in place and aware of triggers and risks" and "I feel very much involved in my decisions." We have asked the provider to ensure people's involvement is better evidenced in records.
- People told us they were treated with dignity and respect and their privacy and independence promoted. Comments included, "Collaborative Care Solutions is helping me to achieve my goals and be as independent as possible. Independence is very important to me. The staff are very good to talk to if I am struggling. They are open and non-judgemental. They know my needs and the areas I need support and I am

very thankful for that."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we did not rate this key question and it remained good. At this inspection the rating has remained good. This meant people's needs were met through good delivery from care staff.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they felt involved in developing their care, support and treatment plans. One said, "When I moved in there was a lot of encouragement, I didn't really do much at the time so staff really tried to help me. They listened to me and involved me in my decisions. Whenever I felt a bit stuck, they would help me do things, but now I am in a really good routine. I have never had any problems with staff and they have always treated me really well even though I have met a lot of different staff over the years some of whom never came back, but they were all unique."
- However, care reviews did not always evidence how people were involved to ensure the care and support remained relevant, reflected their needs and was person centred. We have asked the provider to make improvements in their auditing systems in identifying and updating care records under the well led section of this report.
- Relatives felt the service was supporting people well. Comments included, "[Person] has made significant progress and has gained a place in college. This is a massive achievement as [person] re-enters education after six long years away. There was a delay with [local authority] organising transport yet [provider] did not hesitate to organise for staff to drive [person] to and from college so they did not miss the crucial first week" and "What they have done so far is exemplary and we know [person] finally is now on the journey to live his life (safely) and fulfil his potential which before Collaborative Care Solutions was simply unimaginable."
- Staff knew people well, including their likes and dislikes and people told us they were supported in line with their preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported. One person said, "The care plan includes the support I need. I have a visual aid to show staff if I'm distressed and can't verbalise what support I need."

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

- Staff encouraged people to take part in social activities relevant to their interests and hobbies.

- One person told us, "I have always been encouraged to get out and about and do things, we are really like a family here. It was the staff who got me started on my fitness journey, I go to the gym twice a day and have weights in the garden. I used to play football with the other resident and still do sometimes. The places I have been in before were terrible and this is the best house, I have been in." Another person said, "I really love bowling and go regularly; I often go out for a coffee with the staff quite a lot and sometimes go to [pub] for a meal. There is an art and crafts box which I can access anytime. The staff are really nice to me. I play games and listen to audiobooks, but I like to stay in my room a lot."
- Staff knew the importance of, and made sure people maintained personal or community relationships that were important to them. One person commented, "Staff at Collaborative Care Solutions always treat my family members with respect when they come to visit me which I am happy about. My family is always welcomed by the staff." This helped protect people from the risk of social isolation and loneliness as social contact and companionship was encouraged.

Improving care quality in response to complaints or concerns

- People knew how to give both formal and informal feedback about their experiences of care and support, including how to raise any concerns or issues. People who used the service told us, "I can raise any issues with anyone. Things are dealt with straight away", "There is an anonymous complaint box, no one would know it was if you're not seen putting your note in the box. I have raised a complaint before (described issue). I was really annoyed with it and complained to [provider] about it and it was dealt with very quickly and it never happened again. I was happy with the outcome and the fact it was dealt with so fast. I have never had to complain about anything else apart from that" and "Staff help sort things out if you feel anything is out of place."
- Family members felt confident that if they complained, their complaint or concern would be explored thoroughly and responded to. A relative told us when they had concerns before they went straight to the provider and were happy with response.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection, the rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection, the provider had failed to ensure their quality assurance and monitoring systems were effective in identifying and managing risks to people's welfare and safety. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvements and the service remained in breach of the regulation.

- There was not always a positive and open culture at the leadership level of the service. We had mixed feedback from external partners and stakeholders that the leadership of the service had not always been open and transparent. Comments included, "I found it difficult to get documented evidence from this care provider regarding care provided as well as rent statement, documented medical visits etc. [Provider] will promise to send over documents but it does not usually happen. Not usually responding to emails. There was always a feeling that only [provider] knows the service or is allowed to provide information to outside persons. All information was restricted to [provider's] knowledge and staff seem to have to get [provider's] permission before any decisions. There was no contact telephone number for the service for a long time except [provider's] own mobile number."
- We also received external professionals' feedback about how the service had been managed. Comments included, "The [provider] recently appears to struggle in running several places and as such he has been recruiting management staff to support him. He always listens to recommendations, and he must ensure that his staff receive quality training packages, Mental Capacity Act and Safeguarding and supervision. [Provider] could also benefit from a robust referral and assessment process before accepting a client" and "Collaborative Care were good in the early days and they did manage some of our complex cases. It appeared later that the standard of care may have dropped as they expanded hence the current concerns. I think in the future they probably need to focus more on the provision of a good quality service rather than expansion."
- A relative said she didn't always find the provider approachable or accessible. "He is difficult to get hold of if you do want to speak with him. Don't feel the service is well managed. Communication is poor and staff seem to have little autonomy as everything has to go through provider."
- Staff had not received consistent leadership and support from the provider and were not always clear about their roles and responsibilities. We found staff were carrying out healthcare tasks that they had not been assessed as competent to do so.

- The provider had not created a learning culture at the service, as there was little or no evidence of learning, reflective practice and service improvement since the last inspection.

The provider's quality assurance monitoring systems and processes had not been effective in making the required improvements needed to run a high quality and safe service. This was a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was receptive to the concerns found during the inspection and took immediate action to reduce the risk of harm. The provider had already committed to add additional management resources to improve the quality and safety of the service prior to the inspection.
- At the last inspection, staff had not always felt listened to or valued. This had improved since the last inspection and staff were encouraged with having a new management structure in place.
- People told us they felt well supported by the service. Comments included, "We are like a big family here and I couldn't be happier," "If there is anything I want to do I can always do it. This place changed my life completely and I have only been here for [number of years]." Went on to describe how staff had supported them to lose weight and help with motivation.

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

At our last inspection, the provider's quality monitoring systems were ineffective and records were not managed effectively. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvements and the service remained in breach of the regulation.

- The service had lacked consistent leadership which had led to limited oversight to ensure all regulations were met. Therefore, roles, responsibilities and accountability arrangements were not clear. There had been no registered manager for some time. During the inspection, a manager had started working in the service and was intending to apply to the CQC to become the registered manager.
- Staff were not always clear about responsibilities in their delegated roles. For example, a member of staff responsible for the rotas was not aware there was any limit around the hours staff could work per week and we saw a member of staff had worked excessive hours. The risks around the practice of staff working excessive hours had not been identified and mitigated.
- Multiple breaches of regulation found during the inspection demonstrated the provider was not clear about their role and regulatory responsibilities and was unable to demonstrate they could meet the fundamental standards of care.
- The providers monitoring systems did not identify the action needed to improve the quality and safety of the service. Therefore, not all shortfalls found at this inspection were already known or acted upon. This meant people were exposed to an avoidable risk of harm as governance processes were not always effective.
- Systems to ensure the safe management of medicines were inadequate. Medication audits failed to identify the concerns found with medicines administration records. Therefore, opportunities were missed to improve safety and reduce the risk of harm to people.
- Care plan auditing systems were not robust and would not lead to the timely identification of a change in people's care needs or identify shortfalls in quality. There was an increased risk people's needs would not be met.
- Records were not always legible. Some staff handwriting was difficult to interpret. The provider was in the

process of implementing an electronic care record system which it was hoped would make records clearer.

- People's involvement in decisions about their care, treatment and support was not always clear in their records. There was limited evidence in documentation that people had been involved in reviewing their care and support apart from a signature. This did not evidence a person-centred approach.
- Investigations lacked the full rigour needed and the learning was therefore applied inconsistently.

The service failed to gather and analyse information for the purposes of continually evaluating and improving the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection, the provider had not always notified us of certain incidents which were a legal requirement. This was a breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009. At this inspection, the provider had not made enough improvements and the service remained in breach of the regulation.

- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people.
- The service failed to comply with the requirement to notify CQC of incidents that affected the health, safety and welfare of people using the service. For example, CQC had not received notifications in relation to safeguarding, risk of serious injury and police incidents.
- Accident and incident forms did not prompt staff or managers to consider who else should be informed about events, such as people's representatives, involved professionals or where incidents required a statutory notification to CQC. This meant we could not evidence whether the provider had consistently met their duty to be open and transparent with involved parties when incidents occurred. A mental health professional advised us, "Placement providers are expected to inform [named] CMHT of any such incidents (including self-harming and mental health crisis). Reviewing information on the system and speaking with duty workers, [named] CMHT rarely gets this information directly from Collaborative Care."

The provider had not always notified us of certain incidents which are a legal requirement. This was a continued breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009.

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

At our last inspection, the provider had failed to seek and act on feedback from relevant persons, health and social care professionals and other persons on the services provided, for the purposes of continually evaluating and improving the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvements and the service was no longer in breach of this part of the regulation.

- People told us they felt engaged and their opinions sought. Comments included, "They regularly ask for my opinion and feedback through surveys. I always speak to staff about my views and have a good rapport with them so can tell them anything I need. I am also able to contact the [provider] when I need to and they will normally resolve any issues" and "I am an advocate for the residents here, I somehow got nominated for

it as I get on with everyone here. Whenever anyone has any suggestions, they can tell me and I relay it to the staff."

- Staff said there had been improvements in the service since the last inspection. They felt more engaged with, particularly with the recent new management structure. An anonymous staff survey was taking place at the time of the inspection to seek staff's honest views on what needed to improve and what was going well. We were told by the consultant that this would be used to assess what improvements were needed.
- Staff told us that support from management had become more consistent since the last inspection. Staff also appreciated the new management team. Comments included, "I'm looking forward to working with new management team."
- The provider was receptive to the concerns found during the inspection and took immediate action to reduce the risk of harm. The provider had already committed to add additional management resources to improve the quality and safety of the service prior to the inspection.

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	Regulation 18 Registration Regulations 2009
Treatment of disease, disorder or injury	Notifications of other incidents
	Failure to notify CQC of all notifiable incidents

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014
Treatment of disease, disorder or injury	Safeguarding service users from abuse and improper treatment
	Systems and processes were not effectively established and operated to prevent a risk of, or actual, abuse and neglect of people or to investigate allegations of abuse and improper treatment.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider did not ensure people's care was appropriate and met their needs.
	Regulation 9(1)

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Failure to assess and mitigate risks to people and manage medicines safely
	Regulation 12(1)

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Effective systems and processes had not been established or operated to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. There was a failure to ensure effective governance and quality assurance measures were in place.
	Regulation 17(1)

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and

Treatment of disease, disorder or injury

proper persons employed

Recruitment procedures were not operated effectively to ensure that persons employed were of good character, had the qualifications, competence, skills and experience which are necessary for the work to be performed by them.

Regulation 19(1) (2) (3) (4)

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Legal requirements to ensure there was sufficient and suitably qualified, competent, skilled and experienced persons deployed were not always followed.
	Regulation 18(1) (2)

The enforcement action we took:

We imposed conditions on the provider's registration.