

Collingswood Care Limited

# Collingswood Care

## Inspection report

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Tel: 01752546529

Date of inspection visit:

21 January 2020

22 January 2020

30 January 2020

11 February 2020

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19 February 2020

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Collingswood Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older people within Plymouth.

At the time of the inspection the agency supported people with physical disabilities, sensory impairments, mental health needs, and people living with dementia. The service also provided care and support to people who were at the end of their life.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the agency supported 58 people with personal care.

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

People told us staff were kind and caring and were supported as individuals. People's care plans recognised the importance of their individuality and staff received training in equality and diversity.

People told us they felt safe when staff entered their homes, staff had a uniform and identification badge, so people could identify them on arrival. People told us staff mostly arrived on time, but if they there was a delay they would be informed.

People felt staff had the skills and training to meet their needs, and they were treated with respect and their independence was promoted.

People received an assessment of their needs prior to using the service. Assessments were used to create individual care plans so staff would know how people wanted and wished their care to be delivered. However, care plans were not always personalised and made statements without further details. Records showed, people were supported to maintain good health and were referred to appropriate health professionals as required.

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 happy with the support they received with their medicines. Staff received training in medicines administration and had an assessment of their ongoing competency.

Staff received training in infection control. Spot checks of staffs practice helped to ensure they were putting their training into practice.

People's communication needs were assessed, and they were detailed within their care plans, and shared appropriately amongst staff. Records could be produced in different formats, such as large print as required.

People and relatives felt the service was well managed. The registered manager was very visible and had a 'hands on' approach within the organisation.

We recommend that people's care plans are personalised to ensure they reflect their nutritional preferences, and how a person wants and prefers their care and support to be delivered.

More information is in Detailed Findings below.

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

Rating at last inspection (and update)

This service was registered with us on 07/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Collingswood Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service two working days' notice of the inspection. This because we needed people and staff to be fully informed an inspection was taking place, and for the registered manager to arrange phone calls to people who used the service. We also wanted to ensure the registered manager and/or provider would be in the office to support the inspection.

Inspection site visit activity started on 21 January 2020 and ended on 11 February 2020.

#### What we did before the inspection

We looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from stakeholders such as the local authority and members of the

public.

We also contacted Plymouth City Council adult social care commissioning team, and Healthwatch Plymouth for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

We used all of this information and people's feedback to plan our inspection.

During the inspection

We contacted (by telephone) 8 people and/or their relatives who used the service for their views.

In addition, we spoke with seven members of care staff, and the registered manager who was also the provider.

We looked at four staff recruitment files, four care plans for people who used the service, four recruitment files, policies and procedures, complaints, and compliments.

After the inspection

We received feedback from a social worker, and we continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff entered their homes.
- Safeguarding policies and procedures were in place. Staff received training in recognising signs of abuse and had a good understanding about what action to take if they were concerned someone was being abused, mistreated or neglected.
- The registered manager and deputy manager had completed a managerial local authority safeguarding course, which meant they had a greater understanding of their safeguarding responsibilities.
- Staff had a uniform and identification badge, so people could identify them on arrival.

Assessing risk, safety monitoring and management

- People had risk assessments in place in respect of their health, social care needs, and their environment. Action was being taken to create new risk assessment templates, so people's records were more detailed.
- Staff were confident about the risk assessments currently in place, with one member of staff telling us, "It tells me what the person is suffering with, be aware of, so I know before I go into their home."

Staffing and recruitment

- People told us staff mostly arrived on time, but if there was a delay they would be informed.
- People/and or their relatives told us they generally saw the same staff. They told us, "I have two carers, I always know at least one of them." And, "He gets a list at the beginning of the week with carers names. It does change sometimes, and they maybe not quite on times sometimes, but they keep us informed."
- People were recruited safely in line with the providers recruitment policy.
- Staff told us they had enough traveling time, but if they felt they did not, they could share their concerns with the registered manager, so action could be taken to rectify it.
- There was a lone working policy which helped to keep staff safe.
- The provider had an emergency staffing contingency plan which was put into place, in the event of adverse weather or staff sickness.

Using medicines safely

- People told us they were happy with the support they received with their medicines.
- Staff received training in medicines administration and had an assessment of their ongoing competency.
- Staff told us people had detailed care plans and risk assessments in place relating to medicines management.
- One person, who had been struggling to store their medicines safely had been helped to source better storage.

- Body maps were in place when topical medicines (creams) were used by people. These helped staff to know where to apply them. One member of staff told us, they felt proud to have helped to heal the skin of one person, which meant they were not in pain anymore.

#### Preventing and controlling infection

- Staff received training in infection control. Spot checks of staffs practice helped to ensure they were putting their training into practice.
- Staff told us they always had access to personal protective equipment (PPE), such as gloves and aprons.

#### Learning lessons when things go wrong

- There was an open and transparent culture, which meant when things went wrong the registered manager and staff used it as a learning opportunity. For example, new catheter paperwork had been created and implemented because of an incident that had taken place.
- The registered manager was very visible and had a 'hands on' approach within the organisation, was aware of immerging trends and themes, so timely action could be taken.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment of their needs prior to using the service. Assessments were used to create individual care plans so staff would know how people wanted and wished their care to be delivered.
- Staff applied their learning to help promote good outcomes for people. One person had written to the registered manager to thank them for advice given in respect of stoma care, their letter read: "I have a stoma, and during one visit I was told about an alternative disposable bag system that I have not been aware of. I was encouraged to have a trial of this new system. This trial changed my life... This has increased my confidence and have given me more independence."
- The provider had considered best practice. For example, they had used NHS guidelines to create stoma and catheter care plans, and information sheets for people and staff.

Staff support: induction, training, skills and experience

- Prior to our inspection we were contacted anonymously to inform us staff did not always have the training to be able to meet people's needs. We looked at this as part of our inspection and found the provider had already reflected on this.
- The registered manager told us they recognised the importance of not accepting new packages of care from the local authority, without ensuring staff had the correct skills, knowledge and experience. For example, staff were currently undertaking training in stoma care, so they could safely and effectively support people. A member of staff told us, "She (registered manager) trains her staff well."
- The registered manager was committed to developing their workforce, telling us "We believe in building people... we are doing a lot of upskilling." An ongoing training programme was planned for 2020.
- Staff told us they felt the training they received was appropriate to meet people's needs, and they received good support to enable them to carry out their role. Comments included, "Really great support, [registered manager] is all for progression", and "Supervision is really useful... you get some positives back from it."
- New staff undertook an induction to the organisation, which was in line with the Care Certificate. The Care Certificate is a national induction for staff working within the health and social care sector. The induction programme was in the process of being revised in response to staff feedback.
- People felt staff had the skills and training to meet their needs. One person told us "Never had carers before, but I think they are wonderful", another commented "I am very pleased with the care I receive, and I would not be able to live independently in my home without their support."

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

- Staff told us if they were concerned someone was not eating and drinking enough they would report their

concerns (with the person's consent), to their family or GP. Records were used to help monitor patterns.

- Staff were creative in their methods to try and encourage people to eat. One member of staff told us, "I know if you put it on a big plate she won't eat it, but if you put it on a smaller plate, she will eat it...because she is always frightened about eating too much."
- People's care plans did not always detail their nutritional likes and dislikes. The provider explained how they were in the process of making changes to the design and content of people's care plans, to help ensure they were more person-centred.

We recommended that people's care plans are personalised to ensure they reflect their nutritional preferences.

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- Records showed people were supported to maintain good health and were referred to appropriate health professionals as required.
- People had 'hospital passports' which was a summary of their needs, so that in the event they were admitted to hospital, staff would immediately know what their needs were.
- Staff told us they contacted occupational therapists when they could see a person could benefit from the use of specialist equipment. For example, staff told us how moving and handling equipment now meant one person was able to get out of their chair more easily.
- The providers office had disability access.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat a healthy and balanced diet. A member of staff told us how they had talked to one person about eating more fibrous foods, to help with their health.
- The registered manager had introduced a new health and wellbeing champion to the service. Their role was to disseminate relevant information to the staff team, to help promote people's health and wellbeing.
- A member of staff told us how they participated in chair exercises with people, telling us "It gets people laughing and we get a little bit of movement, especially for people who are bedridden."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

- People and relatives told us staff asked for their permission before supporting them or contacting their GP.
- People's care plans contained information about their mental capacity to make decisions.
- Staff told us they always asked people for their consent before supporting them, explaining to us how they

asked, "Can I do, would you like me to do that for you?."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring, commenting "Kind and caring and very gentle. I have problems with my leg and they are very mindful of it", "They are lovely." And, "They are very good, very understanding. I am in my 80s and most of the girls are in their 20s, we still can have nice conversations and a bit of a laugh. I feel like I can talk to them about anything. I look forward for them coming every morning."
- People had taken the time to write to the provider to say, "thank you" and to share their views about the staff. One card read: "I can find no words adequate enough to express my thanks for all your help you gave me over the week. ... all I can say is a heartfelt thanks for your efforts."
- A comment from the recent 2020 quality survey read: "I find all the carers all very respectful, caring and gentle. ... makes my life so much easier."
- Staff spoke fondly of the people they supported, describing people as being "Lovely" and telling us how they always ensured they were cheerful when they arrived at a person's home.
- People were supported as individuals. People's care plans recognised the importance of their individuality and staff received training in equality and diversity.

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

- People received an annual review of their care plan, which involved their family and social worker. Comments included, "We have both been involved in creating a care plan", and "I was involved. We had review few months ago...they came in and checked it all."
- Staff told us they involved people as much as they could with their care. One comment included, "We always try to get them to do something, a little more every day."

Respecting and promoting people's privacy, dignity and independence

- People and/or relatives told us they were treated with respect and their independence was promoted. One relative told us, "They always pull the curtains when he's on a commode."
- One person had written to thank staff, because with staff's encouragement it had resulted in a dramatic change in their life. Their letter read: "They (staff) have helped me get my life back...I have gone from not being able to do anything, having to use a hoist to transfer, to walking with crutches most of the time, to sometimes with nothing at all. I am also able to do things for myself now, but most of all be a mummy again and look after my daughter by myself. I honestly cannot thank them enough."

# Is the service responsive?

## Our findings

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

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

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

- Prior to our inspection we were contacted anonymously to inform us that people did not always have care plans in place to explain how their needs should be met, and important contact details were not always recorded. We looked at this as part of our inspection and found that because the provider had expanded quickly, care plans for some local authority funded packages of care, were still in the process of being created. However, staff had access to relevant informant before supporting a person.
- Care records detailed important contact details.
- Care plans were not always personalised and made statements without further details. For example, one person's care plan detailed they had a learning disability. However, there was no explanation as to what this meant in the context of their care and support. The provider explained how they were in the process of making changes to the design and content of people's care plans, to help ensure they were more person-centred.
- People's oral health care needs were detailed, so they could be supported effectively.
- People had care plans in place detailing information about what they had done prior to needing support from the service, and/or what their current interests were now. These enabled staff to offer and tailor social engagement accordingly helping to enhance people's quality of life, and to avoid social isolation.
- One person had re-started their love of ballroom dancing, in response to the encouragement of staff.

We recommended that people's care plans are personalised to ensure they reflect how a person wants and prefers their care and support to be delivered.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and they were detailed within their care plans, and shared appropriately amongst staff.
- Records could be produced in different formats, such as large print as required. Yellow paper was used, to help with visual impairments.
- Staff told us how they adapted their own communication to support people effectively. Staff said, "I come down (bend down) to their level", and "It is how you talk to them, you have to adapt your way to the way the

customer understands."

- One relative told us, "They always talk to him and are very kind to him. I'd say that they go out of the way for him. He can't communicate well, but they try to jolly him."

Improving care quality in response to complaints or concerns

- People and/or their relatives knew about the complaints systems and procedures in place.

One person told us, "As far as I can see nothing to improve on. They are absolutely brilliant.

Always on the other end of the phone."

- Complaints were used to help improve and develop the service. The registered manager told us, "We want people to pick up the phone, and we will deal with it."

End of life care and support

- People's care plans where required, contained a section about how they wanted to be supported at the end of their life.

- Treatment escalation plans were in place, and resuscitation wishes were known and recorded.

- Relatives had written to thank staff for caring for their loved one at the end of their life. One card read:

"Thank you for caring for my Dad [...] in such a kind and compassionate way during his final weeks."

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives felt the service was well managed, telling us "I've got nothing but praise for them", "They are good", and "Shortly after he started care he needed to be in the hospital for the weekend. I phoned them to explain and they were excellent and helpful."
- The registered manager described the ethos of the service as "To provide good quality care, person centred care for our clients, and respectful and supportive care for our team." People's feedback confirmed the ethos was underpinned in staff's practice. They registered manager told us, "We are not in it for the money, yes, it is a business, but I love people."
- Staff told us they felt the service was well-led, commenting "I couldn't work for a better company", "It's like a family", "She (the registered manager) has a massive heart", and "If you have got a problem, you can come in and have a chat.... they really do look after you."
- The duty of candour (a legal responsibility to be open and honest with people when something goes wrong), was at the forefront of the registered managers mind. They told us "We are open and transparent."
- The registered manager apologised when things had not gone right and tried hard to change things for the better.

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

- The provider had a quality policy, which described its governance framework as: "regular gathering and monitoring of customer feedback, a customer complaints procedure, training and development for our employees, regular audit of our internal processes, and management reviews of audit results, customer feedback and complaints."
- The registered manager was very visible and had a 'hands on' approach within the organisation. A member of staff told us, "If I didn't think the quality was there I wouldn't stay."
- The management team had a good understanding of regulatory requirements and spoke confidently about being aware of relevant best practice guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were involved in the development of the service. Questionnaires were completed to gauge how people and staff felt about the quality of the service. One person told us, "We had a

survey couple of months ago." Results were being collated February/March 2020 and would be shared with people.

- The provider informed people of the inspection taking place and was sensitive and respectful of those who did not want to be contacted for their views.
- An external professional told us, "The manager has always been the first to introduce herself to new clients before sending in carers, which I think is both more personal for the service user and safer for the worker."
- The registered manager fully valued their workforce. They told us "You work with me not for me...we are a family...I don't call them staff, we are a team."
- Staff were involved in the development of the service. For example, monitoring documentation and care plans had been changed in response to staff feedback.
- The registered manager had created a partnership with MIND (the mental health charity), to offer staff a free confidential counselling service. This had been in recognition of the registered manager wanting to help promote staff's ongoing wellbeing. Staff told us, "She just thinks of her staff all the time", and "...She cares about the wellbeing of her staff."

Continuous learning and improving care; Working in partnership with others

- The provider worked with external health and social care professionals as required, to the benefit of people.
- An external health professional told us, "They are the type of care agency to go above and beyond for the service user, if they see that something is needed they will report back quickly to ensure that is achieved promptly for them."
- There was a culture of learning and reflection.