

Colkara Care and Support Ltd

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Inspection report

Unit 2, Room 11
Sutton Business Park, Restmor Way
Wallington
SM6 7AH

Tel: 07523989546

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Colkara Care and Support Ltd is a supported living service providing personal care and support for up to six people who have a learning disability and/or autism. The service can support people with a secondary diagnosis of a mental health need. At the time of our inspection one person was using the service.

Not everyone who used the service has to receive 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.

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 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 had ownership over the care and support they received and how this was delivered. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life everyday. Staff supported people to achieve their aspirations and goals, and there was a strong focus on supporting people to develop daily living skills. Staff enabled people to access specialist health and social care support in the community, and closely liaised with other professionals involved in people's care. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs and supported them to express their views. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. People were involved in choosing who they received support from and who their key worker was. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People were aware of what restrictions were in place regarding risk management and agreed with the strategies in place in order to keep them and others safe. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People had access to their care plans and understood what they said. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to

recognise and report abuse and they knew how to apply it.

Right Culture:

People received good quality care and support because trained staff and specialists could meet their needs and wishes. Staff placed people's wishes, needs and rights at the heart of everything they did. People were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person and other professionals as appropriate. The registered manager was building links in the community to further integrate the service and people living there. The registered manager was open and approachable. We observed people and staff speaking openly with them.

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

Rating at last inspection

This service was registered with us on 23 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Colkara Care and Support Ltd

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

This inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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 a registered manager in post.

Notice of inspection

We gave short period notice of this inspection to gather people's consent to visit them at the supported living service.

Inspection activity started on 14 October 2022 and ended on 17 October 2022. We visited the supported living service on 17 October 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the person using the service and spoke with three staff including the registered manager and two support workers. We reviewed the person's care records and records relating to staffing and the management of the service.

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 of 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 were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had received training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Staff were aware of the risks to the person's safety and what restrictions were in place via the Mental Health Act 1983 to minimise those risks.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. The person using the service was able to explain to us risks to their safety and the safety of others and what strategies he complied with to minimise those risks.
- The service helped keep people safe through formal and informal sharing of information about risks. There were regular meetings with staff from the community mental health team supporting the person using the service so risk management could be shared.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

Staffing and recruitment

- The service had enough staff to provide effective support at the service and in the community. At the time of the inspection there was a small staff team and the person using the service knew them all well.
- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The person was aware of what medicines they took, when and why. They told us their goal was to move to more independent living and as part of that in the future the staff were going to support them to work towards managing their own medicines.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider stayed up to date with the government's guidance regarding the covid-19 virus and had risk assessments in place to minimise the risks to people and staff from catching the virus.

Learning lessons when things go wrong

- Staff were aware of the incident reporting process and reported them appropriately so they could be investigated and lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. There was a carefully planned transition to introduce people to the service, the staff and support their move from hospital into the supported living service.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
- As part of the assessment process the registered manager considered the mix and needs of people living at the service. At the time of our inspection another person was in the process of moving in. The registered manager had considered how people would get along and whether it was in everyone's best interests for them to live together.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. The registered manager checked what training staff had completed with previous employers. They also expected staff to refresh their knowledge and complete the provider's mandatory training. At the time of our inspection, staff were in the process of completing their training and the registered manager had given them deadlines as to when this needed to be completed by. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions.
- The service checked staff's competency to ensure they understood and applied training and best practice. One staff member said, "Excellent in terms of training. [The registered manager] did a lot of training. It's very helpful."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us they felt well supported by the registered manager and had regular opportunities to meet and speak with them.

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

- People were involved in choosing their food, shopping, and planning their meals. Staff went food shopping with the person and supported them to plan their meals for the week, so they didn't get too overwhelmed by the amount of choice available at the supermarket. However, if the person changed their mind whilst shopping about what they wanted to buy then this was supported and incorporated into their meal plan.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Staff were working with the person using the service to develop their life skills with the aim of moving

towards more independent living., This included cooking skills and knowledge of a healthy balanced diet.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed
- People played an active role in maintaining their own health and wellbeing.
- People were supported to attend annual health checks and primary care services.
- Staff worked well with other services and professionals to prevent readmission to hospital. Staff worked with the person's care co-ordinator and consultant psychiatrist to ensure continuity of care.

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 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.

- Staff empowered people to make their own decisions about their care and support. The person was involved in care decisions and had ownership of the care they received.
- The person was aware of what restrictions and conditions were in place under the Mental Health Act 1983 that they were required to adhere to in order to continue to receive care in the community.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. The person using the service chose which staff member he wanted as a key worker and met with them regularly.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff were patient and used appropriate styles of interaction with people. We saw when the person was unsure about how to express themselves, they asked staff for support and help in explaining what they wanted to say.

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

- People felt listened to and valued by staff. People were given time to listen, process information and respond to staff and other professionals.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. The person using the service was involved in their care. They explained to us each of their care plans in place and what they meant. They had signed their plans to indicate they agreed with them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. The staff were working with the person using the service to identify different experiences they wanted to try at the service and in the community, this included investigating opportunities for work.
- Each person had a skills teaching plan which identified target goals and aspirations and supported them to achieve greater confidence and independence. The person was very clear about their identified goals and what they wanted to achieve in life and from their stay at Colkara Care and Support. Staff were knowledgeable about these goals and had a clear step by step plan about how they were going to support the person to achieve their desired outcomes.
- Staff knew when people needed their space and privacy and respected this. Staff respected that the service was the person's home and respected when they wanted space and privacy in their room. They did not enter the person's room without their permission, unless there were safety concerns. A staff member said, "[The person] doesn't like to be disturbed to much when he's in his room."

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

- Support focused on people's quality of life outcomes which were regularly monitored and adapted as a person went through their life. Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff discussed ways to ensure people's goals were meaningful and spent time with people to plan how they could be achieved. The person using the service was in control of the care and support provided. They worked with staff to discuss what they wanted to achieve and how this was to be supported.
- Staff provided effective skills teaching because it was tailored to individual people. There was a strong focus on developing life skills at the service, including supporting people to develop their cooking skills, undertake their own laundry and work towards managing their own medicines.

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.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff adjusted the language they used to ensure the person using the service understood what was being said. The person asked for support from staff when they were trying to communicate more complicated aspects of their care and support, and staff were able to do this in a way they understood. We also saw that care plans were written in a manner that the person understood. They were able to read out their care plan and explain to us what each aspect meant.

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 undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. The person using the service was able to access the community unsupported, but staff were available should they require support and were exploring with the person different leisure and recreational interests.
- The person told us they were looking forward to more people coming to live with them. They had met the person who was due to move in soon after our inspection and were looking forward to the social stimulation and friendship that would offer.

Improving care quality in response to complaints or concerns

- People could raise concerns and complaints easily and staff supported them to do so. The person using the service felt able to speak openly with staff. They were aware of the complaints process and would approach the registered manager if they had concerns they wanted to raise. They were very clear if it was a concern they were raising or if they wanted it investigating in line with the provider's complaints policy.

End of life care and support

- Whilst no-one at the service at the time of inspection had any life limiting illnesses, staff had begun to discuss with the person any specific wishes they had regarding end of life care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff and other professionals had to say. One staff member said, "[Name] is a really good manager. You can talk to him about anything."
- Managers worked directly with people and led by example. They had built a good rapport with the person using the service and we observed the person comfortably approaching the registered manager for support or to engage in conversation.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A staff member working night shifts told us, "[The registered manager] is available on call if we need any support."

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The registered manager undertook regular spot checks to ensure the person was receiving high quality care and staff were adhering to the provider's policy and procedures. Where improvements were identified as being required, action was taken.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

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

- People and staff worked with managers to develop and improve the service. There was regular communication with the person using the service and adjustments could be made to service delivery to

ensure a personalised service was provided.

- Staff regularly met and were asked to complete satisfaction surveys to obtain their views on service delivery and identify where they felt improvements could be made. The registered manager had an action plan in response to the survey findings to address any concerns raised, including facilitating opportunities for staff bonding as and when the staff team expanded.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to promote positive outcomes for the person using the service and support their wellbeing.
- The registered manager was building relations with neighbours to further integrate the service and ensure people felt part of the local community.