

Mrs Victoria Lee Jobson

# Collingwood Care Services

## Inspection report

The Tower, Highbury College  
Tudor Crescent  
Portsmouth  
Hampshire  
PO6 2SA

Tel: 02392385407

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 7 and 12 July 2016. Forty eight hours' notice of the inspection was given because the service is small and the manager was often out reviewing people's care needs and supporting staff. We needed to be sure they would be in.

Collingwood Care Services is a domiciliary care service which is set up in partnership with Highbury College and provides end of life care and personal care to adults, who live in their own home. At the time of the inspection there were nine people using the service and seven people were receiving end of life care. There were eight care staff who delivered this service which included one team leader and two lead care workers. There was also a registered manager and a business manager who were also the provider of the service.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt they received safe care from staff and staff knew how to keep people safe. Risk assessments were in place to identify risks to people and provide guidance for staff on how to balance risks. Staff were aware of the importance of monitoring people's skin integrity on a consistent basis at the end stages of their life. There were enough staff to meet people's needs. However safe recruitment and medicine practices were not always carried out.

Staff were supported well and provided with training and supervisions to help them meet people's needs. Additional training was provided to help support people in the end stages of their life. Although staff had not received training on Mental Capacity Act (MCA) 2005; staff demonstrated an understanding of their roles and responsibilities under MCA and could put them into practice to protect people. People receiving the service at the time of inspection did not lack capacity.

People were supported to receive healthcare services and were involved in decisions about their nutrition and hydration needs.

People and relatives were positive about the care and support received from staff. Both the registered manager and business manager knew people well and spoke about them in a kind, caring and respectful manner. Compliments had been received in the form of thank you cards and complimentary emails. People who were able to be involved in their care felt involved in their care and consented to this. Relatives were consulted about people's care at the end of people's lives because they were unable to communicate. People's privacy and dignity was respected and promoted.

People's needs were assessed and relatives were involved in the assessment of people's needs when the person requested their involvement or when the person was at the end of their life and was unable to

communicate their needs. People did not have a care plan stating how they would like their care to be provided. However people received care in the way that they wanted and were given choice. Complaints had not been received into the service.

People and staff had high praise for the registered manager and business manager. Notifications had been sent to the Commission. However the registered manager failed to complete and return their Provider Information Return when requested. Although feedback about the service had been sought recently from people and incidents and accidents had been analysed; audits to monitor the quality and safety of the service were not in place. Staff and people's records were not always made available.

We found breaches in three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People felt they received safe care from staff. Staff knew how to keep people safe. However safe recruitment and medicine practices were not always carried out.

Risk assessments were in place to identify risks to people.

There were enough staff to meet people's needs.

### Is the service effective?

**Good** ●

The service was effective.

Staff felt supported and received regular supervisions and on-going training. Additional training was provided to help support people in the end stages of their life.

Although staff had not received training on Mental Capacity Act (MCA) 2005, they demonstrated an understanding of their roles and responsibilities and could put them into practice to protect people. People receiving the service at the time of inspection did not lack capacity.

People were supported to receive healthcare services and were involved in decisions about their nutrition and hydration needs.

### Is the service caring?

**Good** ●

The service was caring.

People received care that was kind, caring, respectful and dignified.

People were involved and consented to their care. Relatives were included in discussions about people's care at the end of people's lives because they were unable to communicate.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People's needs were assessed; however people did not have a care plan stating how they would like their care to be provided.

Complaints had not been received into the service.

**Is the service well-led?**

The service was not always well led.

People and staff had high praise for the registered manager and business manager. Notifications had been sent to the Commission.

However the registered manager failed to complete and return their Provider Information Return when requested. Audits to monitor the quality and safety of the service were not in place. Staff and people's records were not always made available.

**Requires Improvement** 

# Collingwood Care Services

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 12 July 2016 and was announced. Forty-eight hours' notice of the inspection was given because the service is small and the registered manager was out reviewing people's care needs and supporting staff. We needed to be sure they would be in.

The inspection was undertaken by one inspector.

Before the inspection we examined information we had received about the service including notifications. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection we asked the provider to complete and send a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

During the inspection we spoke with two people who used the service and two relatives. We spoke with two staff members, the registered manager and business manager.

We reviewed a range of records about people's care and how the service was managed. We looked at care plans for five people which included specific records relating to people's health, choices, end of life care and risk assessments. We looked at daily reports of care, incident and safeguarding logs, complaints and compliments, policies and procedures, service quality audits and minutes of meetings. We looked at recruitment records for five staff and supervision and training records for eight members of staff.

We asked the registered manager to send us information after the visit. This information was received.

# Is the service safe?

## Our findings

People and their relatives confirmed they and their relatives received safe care from staff. When we asked people and their relatives if they or their relative was safe when receiving care we received positive comments such as, "Yes without a doubt." "Yes I do." and "Oh yes." People and relatives were encouraged and confident to raise concerns about care, although they had none at the time of speaking with them. People and their relatives confirmed there were enough staff to meet their needs and keep them safe. However safe recruitment and medicine practices were not always carried out.

Staff recruitment records did not always contain the documents to show all the necessary checks had been carried out. We looked at recruitment files for five staff members and of the five records viewed four staff member files did not contain all the documents necessary to demonstrate they were of good character. For example, one staff member's recruitment file did not contain evidence of their identity, such as a passport, driving licence or birth certificate. The providers recruitment policy dated April 2015 states, "All applicants will be required to establish their identity, using photographic evidence (photographic drivers licence, passport." The provider's recruitment policy dated April 2015 also states, "the offer (of employment) will be subject to the receipt of two satisfactory references, requested two references were to be obtained; however only one character reference was present on this staff members file.

Another staff member's recruitment file contained four character references. Three were from the same person who was also an employee of the service at the time of completion. The information contained within these three references was contradictory. The fourth reference had been completed for a different service.

For a third staff member one reference was present in their file which was completed by a family member who also worked for the service, and gaps in employment had not been explored or written down. There were no references on file for a fourth staff member.

All five staff recruitment files did not contain interview notes. However all five staff did have Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

A failure to ensure information was available to assess the good character of persons employed is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Schedule 3 of the Health and Social Care Act 2008.

There was a procedure in place for supporting people with their medicines; however risks to people receiving support with their medicines had not always been assessed. For example, the registered manager said staff supported people with their medicines and occasionally left the medicines out for the person to take at a later time. This practice was in line with the provider's medicines policy dated April 2015. However, this meant people may be at risk of not receiving their medicines in a timely manner. The registered manager advised us they would remove this section from the policy and review their practice.

People were supported with their medicines from a Monitored Dosage System (MDS). An MDS is a

medication storage device designed to simplify the administration of pills and capsules. The registered manager informed us for one person the pharmacy had refused to provide an MDS because their medicines changed frequently. This meant staff were supporting this person from a non-tamperproof MDS which was filled by the person's relative or a staff member. The registered manager and business manager advised this was the only option and had not completed a risk assessment identifying the possible risks to staff and the service user. The registered manager and business manager said they would look into this and speak with the pharmacy again to try and reduce the risks of medicines mismanagement.

Two people and one relative said they did not have any concerns with how the service managed their medicines. One relative said their relative had previously refused to take their medicines and the service did not do anything about it. The relative confirmed this concern had been resolved and there is a system in place between the relative and service to ensure the person received their medicines. Care staff confirmed they supported people with medicines from an MDS and demonstrated a good understanding of safe storage, administration, management, recording and disposing of medicines.

A failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff confirmed they would report any concerns to the registered manager or business manager and were confident both would deal with their concerns. Staff were aware of other professional services they could report concerns to if they felt they were not dealt with appropriately by the registered manager or business manager. Staff had received on-going training in safeguarding and records confirmed this. Safeguarding concerns had not been received by the service; however both the registered manager and business manager understood their responsibilities in dealing with reports of potential allegations of abuse and notifying the Commission.

Risk assessments were in place to identify risks to people and provide guidance for staff on how to balance risks such as monitoring of people's skin integrity, mobility and the environment. For example, one person's moving and handling risk assessment asked if the person was able to perform a task independently. This person's risk assessment identified they were able to roll themselves from either side of the bed independently whilst one staff member prompted them to do so. The moving and handling risk assessment also identified the person was unable to sit up in bed independently and therefore an electric hospital bed was used to assist the person from lying to sitting up in the bed.

Staff were aware of the importance of monitoring people's skin integrity on a consistent basis at the end stages of their life. One staff member said, "We always monitor for pressure sores. If we find any we refer people to the district nurse who will come and dress the wound." Records showed body maps were in place for people who had experienced pressure sores.

People and their relatives said there were enough staff to people's needs and support them safely. Staff confirmed this. People and their relatives said they or their relative had never experienced a missed visit. Staff confirmed this. However people their relatives and staff said that on occasions staff could arrive later than planned to the person due to an emergency with a previous call or heavy traffic. People, relatives and staff confirmed this did not affect people's care or wellbeing. One person said, "You have to allow for some time lapses. They are not enough to worry about, only five or ten minutes difference." People, their relatives and staff confirmed if staff were running late people would be contacted by the manager and informed.



## Is the service effective?

### Our findings

People and relatives were positive about the support people received. They felt staff were experienced and knew them or their relative well. One person said, "They [staff] are aware of everything you need." One relative said, "Staff definitely know what they are doing, they know [relative] really well." Another said, "If they are not sure the staff contact the managers and the managers come in to have a look." A complimentary email received into the service from a relative stated, "[Staff member] has a lot of knowledge and seems to really understand what dementia does to someone's behaviour."

Staff received an induction when starting work at the service. This induction programme included the completion of required training and working with an experienced member of staff to watch and learn techniques to meet people's needs. Staff would also read people's support plans. The registered manager was aware of the Care Certificate and had started to implement booklets for staff to complete over a three month period which mirrored the Care Certificate training and development requirements. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life

Staff confirmed they received regular supervision and were spot checked consistently by the team leader. A spot check is an observation carried out at random. Staff supervisions had been documented however spot checks had not been documented. Staff confirmed they received regular feedback from their spot checks which was provided verbally to them, this could include additional training or refresher training where required. There was a supervision spreadsheet in place to assist the registered manager with monitoring of supervisions. Staff had not been working long enough at the service to have an appraisal.

Staff confirmed they felt well supported and received enough training to enable them to meet people's needs. Staff confirmed they could request any additional training that would help them continue to meet people's changing needs. Of the eight staff members who provided care, records showed three care staff had completed a level 2 qualification in Health and Social Care and one was working towards this qualification. A care worker had completed a level 3 qualification in Health and Social Care and the team leader had been registered on a level 5 Health and Social Care course.

Staff received training which was on line computer-based learning by an external training provider. This included training on safeguarding adults, safe handling of medicines, moving and handling theory, health and safety and infection control. Staff were required to complete knowledge workbooks which assessed their understanding of the subjects completed. Completion of the knowledge books were checked by the registered manager and sent to the external training provider for marking. Staff received practical training on manual handling. Due to the service providing end of life care, staff had completed additional training on pressure sore prevention and awareness, dignity and respect, and death, dying and bereavement. A qualified nurse also provided training to staff on end of life care. A training plan was in place which identified when staff had completed training and when the training was due to be updated.

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.

Staff had not received training on Mental Capacity Act (MCA) 2005. However staff demonstrated an understanding of their roles and responsibilities under MCA and put them into practice to protect people. The registered manager confirmed the people receiving the service at the time of inspection did not lack capacity; however seven of the nine people were at the end stages of their life and families were included in regular discussions about the person's care, due to the person's decrease in communication. The registered manager understood a lack of communication did not mean the person lacked capacity. The registered manager demonstrated an understanding of what to do when a person was deemed to lack capacity. They confirmed they would enrol themselves and staff on mental capacity training.

People were involved in decisions about their nutrition and hydration needs and these were monitored, managed and met by staff. People's care records identified the support required with meals and fluids. People who were at the end of their life did not always want to eat their meals or drink fluids and as a result the service monitored this. Food and nutrition intake logs were completed which provided information on the date and time, type of food and fluids given and amount eaten or drank. Comments were provided as guidance for the next staff member who attended the visit, such as "food, fluid intake good." or "Intake today very low." This prompted the staff member to encourage the person to eat or drink a little more or to contact the GP.

People were supported to receive healthcare services if and when required. People had access to health care professionals when they needed them such as District Nurses (DN), occupational therapists, physiotherapists, sensory loss teams, hospice nurses or GP's etc.

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## Is the service caring?

### Our findings

People and relatives were positive about the care and support received from staff. We received comments such as, "I think it (the service) is marvellous." "They (staff) are very patient with [relative]." "Caring company." "Extremely friendly, lovely and respectful." One relative stated, "If I ever needed a carer I would have them, I would use them myself."

Both the registered manager and business manager knew people well and spoke about them in a kind, caring and respectful manner. People and their relatives confirmed they had spoken with and met both the registered manager and business manager and felt they were very kind and caring people.

Seven compliments had been received in the form of thank you cards and complimentary emails. These were displayed on a notice board in the office. One thank you card expressed a relatives 'huge thank you' for the "loving care over these painful months." Another thank you card said, "Thank you to all the support you gave us at this difficult time." A third thank you card said, "Thank you so much for the marvellous care and support you gave [relative name] and wonderful support and kindness." One compliment received by email stated the service had a "wonderful" staff member and the relative had been delighted with the service.

People were involved in their care. They said they liked their relatives to be involved in their care and one person said, "We all work together." People confirmed staff let them do as much for themselves as possible. For example, one person told us staff only supported them with washing the areas of their body they were unable to reach. Staff confirmed they always ensured people were involved in their care and only supported them with the things they were unable to do.

People's privacy and dignity was respected and promoted. People told us they felt staff respected their privacy and dignity at all times. When we asked one person if staff respected their dignity and privacy when they were being supported with care they said, "Oh yes they definitely respect my dignity." Staff confirmed they always made sure they respected people's privacy and dignity by closing their bedroom doors and curtains before commencing with personal care tasks. Staff stated they did not share information about people they cared for unless they had concerns about people's care and welfare. Staff confirmed they would only pass concerns onto management.

Relatives confirmed people were supported with dignity and respect at the end of their lives. They confirmed people were supported to be comfortable, clean and presentable at all times and the service worked well with health professionals during this time. One relative said, "They (staff) are lovely." Another said, "They go above and beyond and that's what you need at this difficult time."

People and relatives confirmed they and their relatives were spoken to in a professional and respectful way by all staff working at the service. One person said, "They (staff) always use [first name] with my approval. I do not want to be called [title] [surname]. They (staff) asked to call me [first name] and I said yes."

Staff demonstrated a good understanding of the difficulties presented to the person and relatives at the end

stages of the person's life, One said, "Families are not always accepting that the person is passing away." Staff had attended a number of bereavement training courses to help them support people and their relatives at the end of the person's life. Staff were supported by the registered manager and business manager when dealing with people who were at the end of their life. People and their relatives confirmed their views were taken into consideration and staff and the registered manager and business manager always listened and always acted on their views. One relative said there was good communication at all levels.

## Is the service responsive?

### Our findings

People's needs were assessed by the registered manager, business manager or team leader. Relatives were involved in the assessment of people's needs when the person requested their involvement or when the person was at the end of their life and was unable to communicate their needs.

People had individual care folders which contained a support needs assessment, risk assessments, completed daily logs and food and fluid charts but did not contain a care plan stating how they would like their care to be provided. For example, one person's support needs assessment tool stated the person required full help with washing dressing and grooming, however a care plan was not in place to describe how this care should be given in line with the person's preferences. Another person's support needs assessment was mostly blank with very limited detail to describe what the person required support with and how they would like their care to be provided.

People said they received care in the way that they wanted and stated care staff always gave them a choice and involved them in their care. One person said the care staff knew them well and knew what they liked. Relatives confirmed people were given the support they wanted; the way people wanted it. Relatives who were involved in the assessment of people's needs felt their relatives received the care requested. Staff felt they knew people well and knew how they liked their care to be given, however they confirmed people's care plans were not detailed enough and did not specify how people wanted their care. As a result they would have to ask the registered manager or the person. The registered manager stated care needs were verbally discussed with care staff and the service was small enough to ensure people had a regular care worker. This meant that although people received care which met their needs and reflected their preferences people may be at risk of receiving care which was not personalised if a staff member was not informed of the person's preferences or the person or relative was not able to tell them.

People had not been with the service long enough for their care needs to be reviewed. People who received end of life care were not with the service for very long and consequently their changing care needs were not documented. However people and relatives confirmed the person's needs were met on a daily basis. One relative said, "As my [relative] deteriorates we are in constant communication with the service about changes to their care." Staff confirmed they always knew what to do for people when their needs changed. This meant people received care which was responsive to their needs but this information was not documented.

A failure to maintain accurate, complete and contemporaneous records in relation to each service user is a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014

The Commission had received a concern about the service on 20 January 2016 informing us staff did not wear uniforms and dressed inappropriately. Both the registered manager and business manager were not aware of the complaint but recalled an incident with similar details which had occurred between a person and staff member around this time. There was a complaints policy in place and both the registered manager and business manager demonstrated a good understanding of how to deal with complaints. No other

complaints had been received into the service. People and relatives confirmed they knew how to complain and did not have any complaints about the service at the time of the inspection.

## Is the service well-led?

### Our findings

People and staff had high praise for the registered manager and business manager. We received comments such as, "10 out of 10." "Absolutely brilliant, couldn't wish for better bosses." "Really good bosses, very supportive, always there and always available." One person told us they thought the registered manager and business manager were the best people to run the service because they knew what the person needed.

Prior to the inspection we asked the provider to complete and send a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. However this was not submitted at the time of the inspection. Our records showed the PIR was requested and due for return from the provider by 10 June 2016. At the inspection on 7 and 12 July 2016 we reminded the registered manager of their responsibilities regarding the completion and submission of the report which was required under Regulation 17(3). The registered manager said they believed the previous deputy manager had sent the PIR when requested. We asked for the information to evidence the PIR had been completed and sent to the Commission to be provided by 12 July 2016. This information was not received.

Audits to monitor the quality of the service were not in place. However feedback about the service had been sought recently from people. Four surveys had been received into the office and the registered manager informed us they were waiting for some more responses before they analysed the information and created an action plan. We saw two people had provided additional feedback on the surveys. One said, "You have provided a first class service from day one and I would recommend yourselves to anyone." Another said, "A five star service."

Audits were not in place to assess the overall safety of the service. However incidents and accidents had been analysed. Monthly incident and accidents statistic tools had been completed identifying the number of incidents and what type of injury was sustained. Records showed one incident had occurred in December 2015 and zero incidents occurred from January 2016 until June 2016. However the incident regarding a person and member of staff in January 2016 had not been recorded. The business manager confirmed they would look into establishing audits for the service.

Records were not always made available. Supervisions were completed; however staff records did not contain this information. The registered manager advised the team leader held this paperwork. We requested to see these documents at the inspection on 12 July 2016 and they were made available. The registered manager did not have records in place which detailed the safe and effective recruitment of staff. Care requirements for people receiving the service were not always documented or available in the person's care file.

A failure to complete and return a PIR and maintain securely records relating to person's employed and relating to people's care is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager at the service, they were present at the time of inspection and demonstrated a good understanding of the service. The registered manager said they liked to be approachable to staff and people, keep communication open and felt as though they worked alongside staff to support them and make effective decisions about people. Staff confirmed the office were very supportive and kept them updated on information about people and passed on positive feedback received. One said, "Information is passed onto staff and everyone knows what everyone is doing. Communication between us is really good."

Staff were supported to question practice, were confident that if they raised any concerns they would be dealt with by management and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management.

The registered manager demonstrated a good understanding of when notifications of events needed to be sent to the Commission.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure the proper and safe management of medicines is a breach of Regulation 12(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to maintain accurate, complete and contemporaneous records in relation to each service user and maintain securely records relating to person's employed Regulation 17(2)(c)(d)(i)</p> <p>The registered manager failed to complete and return a Provider Information Return. Regulation 17(3)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager failed to ensure information was available to assess the good character of persons employed. Regulation 19 (1)(a).</p> <p>The registered manager did not operate their recruitment procedures effectively to meet the conditions in paragraph (1). Regulation 19 (2)(a)</p> <p>The registered manager failed to ensure the information specified in Schedule 3 was</p>

available in relation to each person employed.  
Regulation 19(3)(a).