

Coldbrock Healthcare Ltd

Coldbrock Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Coldbrock Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection 16 people were receiving a regulated activity.

At the time of the inspection 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.

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

The registered manager and provider had implemented quality assurance and monitoring systems to improve the outcomes for people. However, these systems were not fully embedded and were not fully effective, including at addressing the shortfalls we identified on inspection. More time was needed to allow whole service improvement and sustained good outcomes for people.

Improvements were made to the recruitment processes. However, more improvements were needed to ensure the provider operated safe staff recruitment practices.

Since our last inspection, the registered manager and provider had ensured risks to people's care were fully assessed, planned, or documented.

People and their relatives were complimentary about the support they received. Comments included: "I find the carers quite good we can have a laugh and a joke with them. They are very polite and friendly." and "Mum's happy with the care and the carers she has a good laugh 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 and update

The last rating for this service was requires improvement (published 25 August 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made, however the provider was still in breach of the regulations.

Why we inspected

We carried out an announced focused inspection of this service on 04 July 2022 and 08 July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 17, and requirement notices in relation to Regulation 12 and Regulation 19 Care Quality

Commission (Registration) Regulations 2009, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also received information of concern in relation to people's personal care since our last inspection.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For the key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings of this inspection.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to staff recruitment and good governance, at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Coldbrock Healthcare

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service prior notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 14 November 2022 and ended on 21 November 2022. We visited the location's office on 14 November and 15 November 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 reviewed information we had received about the service. We reviewed

all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke to 7 staff members, including the provider, the registered manager, the care coordinator and 4 care staff.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed. We gathered feedback from 2 people and 2 relatives of people who use the service.

After the inspection

We reviewed the evidence sent by the provider electronically. This included the service's staff training data, information related to staff recruitment and other information related to the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question remains the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made regarding safe recruitment practices. However, not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Safe procedures were not followed when new staff were recruited to ensure they were safe to provide care to people. Interview records were in place to support the registered manager's decisions to employ staff, but records did not always show that recruiting managers had explored the previous employment histories of staff and their suitability to work for the service. There were gaps in some employment histories.
- Records did not show how the registered manager and provider had assessed the risk to people when they were unable to complete checks on an applicant's employment history. This meant additional safeguards were not in place to ensure staff were of good character.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed with the provider the improvements required in relation to gaining staff's full employment history and ascertaining if there are any gaps in employment which may need exploring. The provider took this on board and will incorporate in the recruitment process going forward.
- Systems were in place to plan and manage the timings of people's care calls and the staff who supported them. The registered manager and provider supported care visits when there were staff shortages.
- The provider told us that the service was in a good position in relation to staffing levels.

Using medicines safely

At our last inspection we found medicine administration records were not always completed and this had not been addressed through the provider's monitoring systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were made in relation to medicine administration records. However, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 of the

- Some improvements had been made since the last inspection in recording when staff administered people's medicines, and by introducing an auditing system to monitor the electronic administration records.
- Where people were prescribed 'as required' medicines, such as pain relief, these were identified on the electronic medicines administration system. However clear protocols were not in place in relation to these medicines, to provide staff with clear instructions about how and when to administer these medicines.
- "As required" time sensitive medicines, such as pain relief, were not always administered with the required minimum time gap in between administration. For one-person, four-hour time intervals between paracetamol doses had not been maintained. This put people at increased risk of harm.
- Audits of medicines had been implemented and were carried out, however these were not effective in picking up the concerns we have identified in relation to the "as required" medicines.

We found no evidence that people had been harmed, however accurate, complete and contemporaneous records in respect of people's "as required" medicines were not always maintained and this had not been addressed through the provider's monitoring systems. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the registered manager took immediate action to mitigate further risk in relation to the administration of Paracetamol with the required minimum time gap.
- Staff received medicine training and their competency to administer medicines was assessed.
- People's care documentation contained information in relation to their medicines and risk assessments were in place for people who required support with their medicines.
- The service had a system in place to alert the management team if medicines were missed or late, and also when medicines had been administered. The registered manager told us that if they received alerts of missed or late medicines they would contact the staff straight away.
- People we spoke with told us that they had received their medicines as prescribed. One person told us: "The carers put on my creams and give me any tablets, they don't forget and I wouldn't let them forget, they stay with me and make sure I have taken them."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection the manager had reviewed and rewritten people's risk assessments and risk management plans. Assessments were detailed and contained clear information on the support people required to remain safe.
- Staff were able to describe how they would support other risks to people, such as catheter care.
- Environmental risks were assessed. Measures were put in place to ensure the personal safety of staff where they were working on their own in people's homes.
- Supplies of PPE were available to all care staff who understood its correct and safe use. People and their

relatives we spoke with confirmed staff were wearing the correct PPE when supporting them. Comments included: "They still come in wearing their gloves, masks and aprons which I feel is a good thing. It's keeping us safe."

- Staff knew how to report incidents to their managers. They had access to an on-call system which provided support outside office hours.
- The provider and registered manager told us about leaning since our last inspection such as only taking on care packages they know they can safely manage, growing the business at a "slow pace" to focus on quality and about the changes they have made to the staffing team.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and the staff we spoke with demonstrated an understanding of how and when to raise safeguarding concerns.
- People and their relatives we spoke with told us they felt safe whilst being supported by staff. Comments included: "I do feel safe with them. They make sure I have everything I need and they make sure my home is secure when they leave, if I have run out of anything they let my daughter know so she can get it."
- Accidents, incidents or concerns were reported by staff to the managers and recorded on the electronic system. Staff confirmed they had access to managers via an on-call system if they needed to raise concerns or seek advice outside of office hours. This meant any concerns were managed in a timely manner.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection, systems had been identified and implemented, however quality assurance and monitoring systems were not fully embedded and were not fully effective at addressing the shortfalls we identified on inspection. People's medicines records were not always accurate, complete and contemporaneous. While this placed people at risk of harm, people had not been impacted by these shortfalls. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Since our last inspection the registered manager and provider had implemented systems to monitor the quality of the service they provided. Whilst improvements had been made, the registered manager was aware that further improvements were required in the area of recording and record keeping. However, more time was needed for some actions to be completed and embedded before we could judge that the provider's actions had been effective in making and sustaining improvement. For example, the provider's audits had not identified the concerns we found in relation to medicines and recruitment.
- A weekly programme of auditing was implemented including medicines auditing. However this was not effective enough to identify the issues we have found during the inspection related to the administration of time sensitive medicines and the lack of clear documentation related to "as required" medicines.
- A weekly system of gathering feedback from clients was implemented, however the service was not consistent in recording when unsuccessful attempts have been made to contact people.
- Feedback from people and their relatives with spoke with was mixed in relation to their views being sought by the service. Comments included: "Can't say I hear from the office and I haven't had any requests for feedback about the company or the care. If I had any concerns or complaints I would tell my daughter and she would deal with it." and "someone does ring every so often and asks questions."
- The registered manager told us that daily notes related to people's care were audited weekly, however these were not detailed and did not identify some of our findings from inspection. For example, we have found several gaps in the recording of the daily notes for one person.

- The provider and registered manager told us that they monitor staff's punctuality to calls and the length of time of the visits by auditing the electronic call monitoring system. However this was not recorded to highlight the findings of our inspection. It was also not evident how this was being monitored in the absence of an electronic call monitoring system for some of the clients.
- The registered manager had delegated some of the quality assurance tasks and they showed us some examples of their oversight of these audits by following on actions. However this process was not always consistent and effective as the registered manager did not identify the issue we found in relation to medicines and daily notes.

The provider had taken action to implement systems to monitor the quality of the service, however these were not fully embedded and not always effective in monitoring the quality and safety of the service and to ensure records were properly and accurately maintained. This placed people at risk of harm. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the lack of oversight and monitoring which contributed to the breach; we received some positive feedback from the people we spoke with in relation to staff's punctuality and consistency: "They [staff] come in and do what they are supposed to do, they [staff] know what they are supposed to do and they [staff] spend the right amount of time." and "They [staff] turn up on time usually, I don't really mind if they are late and I get to see the same faces."
- The provider and registered manager told us about the improvements they recognised were needed in relation to staffing and the action they had taken to improve this. The service had recruited new staff and organised the workforce based on geographical areas and service need.
- During the inspection, the provider was implementing an electronic sign in system for the clients who were not provided with an electronic monitoring system by the funding authority so staff could sign in and out when they attended care visits. This helped to monitor the punctuality and length of calls, and alert the management team if staff were late where this system was not previously available.
- The manager understood requirements in relation to duty of candour and had an open and honest approach.
- We saw evidence of how the service dealt with complaints in line with their policies and procedures. One person's relative told us: "Raised our concerns to the office and they responded well."
- The registered manager kept up to date with best practice by being a member of forums with other care professionals. These forums allowed for information sharing, professional updates and discussions around how to implement best practice guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff we spoke with were positive about the support they receive from the registered manager and provider.
- The service held staff meetings. Staff we spoke with said they attended staff meeting.
- Feedback from people and their relatives in relation to the support they received from staff was positive. Comments included: "The carers always talk to mum, they ask her this and that. Making sure she is ok and happy with the way things are being done for her." and "I find the carers to be friendly and kind, they are polite and respectful. They are very nice to me always and it's good to have them."
- The registered manager told us they maintained good working relationships with partner agencies and showed us an example of effective partnership working with a health and social care professional.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. Accurate, complete and contemporaneous records in respect of each person's care were not always maintained.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Safe staff recruitment practices were not in place to reduce the risk of unsuitable staff from being employed.</p>