

# Colne Valley Equitable Care Society Limited

# Co-operative Care Colne

# Valley

## Inspection report

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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

Co-operative Care Colne Valley is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 13 people, this included older people and people living with physical disabilities.

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.

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

There were systems in place to minimise risks to people, including infection control. People and relatives consistently told us the service was safe. People received support from a consistent staff team, who knew how to safeguard people from the risk of abuse. Staff were trained to administer medicines safely and were assessed regularly to make sure they were competent.

Staff received regular supervisions and ongoing training, to ensure they had the right knowledge to support people effectively.

People were treated well by caring and compassionate staff. People and their relatives were involved in decisions about when and how they were supported. Staff knew how to maintain people's dignity and privacy and promote their independence.

People received personalised care, which was responsive to their needs. Staff felt confident in delivering care in line with people's preferences. People's relatives said they felt able to raise concerns, should they arise, and the provider had a system in place to manage and respond to complaints.

The service had an open and positive culture. Staff and the management team were committed to providing good quality, person-centred care to people. The registered manager had a system in place to assess the quality of the service, in order to drive improvement.

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.

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

This service was registered with us on 23 October 2020 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?**

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** ●

# Co-operative Care Colne Valley

## **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 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

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

#### 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 the service 48 hours' 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 11 October 2022 and ended on 24 October 2022. We visited the location's office on 17 October 2022.

#### What we did before the inspection

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

#### During the inspection

We spoke with people and 9 relatives about their experience of the care provided. We also spoke with 9 members of staff including, the nominated individual, the registered manager, the care co-ordinator and 6 care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment, training and staff supervision.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures.

# 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.

### Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Staff had electronic access to thorough information about people's risks; however, written care plans did not always reflect the same level of detail.
- One person's care record did not adequately show the risks associated with equipment they used to support with mobility. Additionally, guidance around the person's catheter care was limited. We discussed this with the registered manager, who evidenced the person's risk assessments had been amended in a timely manner.
- Staff we spoke with told us risk assessments for people were very thorough and gave them enough information to support people safely.

### Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from the risk of abuse.
- People and relatives consistently told us the service was safe. Comments included, "I am safe, [the staff] are honest people and they know what they are doing", "It's very holistic care, [person] is vulnerable and [the staff] keep them safe" and "I do feel that [person] is really safe."
- The provider had a safeguarding adults' policy in place, which was accessible for staff. Staff received training about how to safeguard adults from abuse and were aware of their responsibility to report concerns immediately.
- When necessary, the registered manager made referrals to the appropriate agencies, such as the local safeguarding authority and CQC.

### Staffing and recruitment

- There were enough staff employed to safely meet people's needs.
- We reviewed electronic records which showed the number of different staff supporting people was kept to a minimum, in line with people's preferences. This promoted continuity of care. Feedback from people's relatives about staffing levels was consistently positive.
- The provider had a robust system in place to recruit new staff. The staff personnel records we reviewed contained the appropriate background checks, including DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager had a system in place to monitor the timeliness of calls each day, ensuring calls were not missed or delayed.

### Using medicines safely

- The provider had systems in place to ensure people received their medicines safely.

- Medication administration records were completed in full and demonstrated people received their medication as prescribed. People and relatives spoke positively of the support they received with their medication.
- Staff responsible for administering medication received training and their competency to manage medicines was assessed during regular spot checks. Staff consistently told us they had their practice observed.
- The guidance in people's care records in respect of 'as and when required' (PRN) medicines needed some improvement. This was to make sure staff had enough guidance about how and when to support people with these medicines. This was brought to the attention of the registered manager, who addressed this issue immediately during the inspection.

#### Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection.
- Staff had access to personal protective equipment (PPE), which they used and disposed of appropriately when supporting people. One person told us, "[Staff] wear gloves, a mask and aprons."

#### Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Staff knew when and how to report accidents or incidents, which resulted in appropriate action being taken.
- The registered manager used opportunities, where the standard of service may have fallen short of expectations, to identify where lessons could be learned. This information was shared with staff through bulletins and team meetings.



# 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

- The provider had a process in place to ensure people's needs were assessed prior to their care and support commencing. Outcomes for people were identified and their care and support reviewed.
- People's preferences for how they would like their needs to be met were recorded, along with their likes and dislikes, life histories, as well as their religion and sexuality.

Staff support: induction, training, skills and experience

- Staff were supported to develop skills, knowledge and experience to deliver effective care. This was through regular supervisions, observations to review staff practice and appraisals.
- New staff underwent an induction, which included a mandatory training programme, shadow shifts and observations of their practice.
- Staff spoke positively of the support they received from the management of the service and their colleagues. Comments from staff included, "I have support from [registered manager] and the team, by working together we get everything done" and "I feel supported and well looked after by the team."
- Relatives had confidence in the abilities of the staff team. Comments included, "I feel [staff] have the skills and knowledge, they are really good with [person]" and "Staff have the knowledge and skills they need, there ethos is strong holistic care. Caring for the whole person."

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

- Not everyone required support with eating and drinking. People who did were happy with the support they received with food and drinks.
- Care records we looked at detailed people's needs around nutrition and hydration, including their personal preferences.
- Staff were knowledgeable of people's likes and dislikes and used this information to support people with food and drinks, to ensure they remained in good health.

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

- Staff continuously monitored people's health and wellbeing.
- Care records we looked at showed the service worked proactively in partnership with other professionals involved in people's care. People and relatives told us staff supported people to access healthcare services such as; Occupational Therapists, GPs and Chiropodists, when necessary.
- Referrals were made to healthcare services in a timely manner. One health professional told us, "A referral came through following a deterioration in a client's mobility, which the service identified. My advice was

followed really well during the assessment. When I did a review of the client, there was evidence the service had been following my advice, which was really positive."

#### 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

- The service was working within the principles of the MCA. The registered manager was aware of their legal responsibilities under the MCA.
- Care records we looked at demonstrated people's capacity to consent to their care had been assessed and best interest decisions were made where required.
- Staff had a good understanding of the principles of the MCA. Feedback included, "[Staff] ask permission before they support me. [Staff] always do what they can for me."

# 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 were treated well by kind and caring staff.
- Feedback from people and relatives about the service was consistently positive. Comments included, "Without a doubt, [staff] are very caring", "[Staff] are extremely kind and caring" and "[Staff] are very caring and conscientious."
- Care records described people's individual daily routines and any preferences they had about how their care was delivered. Records also showed people had been given the opportunity to state their sexuality or religious beliefs, if they wanted.
- Where people requested only female or male staff to provide personal care, this decision was respected by the service.

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

- People were supported to express their views and make decisions about their care, as far as possible. A person told us, "Staff communicate with me well. They talk to me; they ask me questions."
- People and their relatives were involved in decisions about when and how people were supported by staff. People's relatives consistently told us they were involved in planning and reviewing their relative's care. Comments included, "I was involved in planning, and I get regular feedback" and "I find [the service] very good at reviewing the care."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, dignity and privacy.
- People and relatives consistently told us that staff provided care and support in a manner that respected people's privacy and dignity. Comments included, "[Staff] respect [my relative] and the family, they are great", "[Staff] would make sure the blinds are closed" and "Absolutely, [staff] treat me with respect."
- Staff we spoke with gave examples of how they supported people to maintain their independence. A staff member told us, "We allow people to do what they can do and help when they need help. It's about making sure you give the right level of support, not too much or too little."
- People's relatives were confident staff supported people to be as independent as possible. Their comments included, "[Staff] encourage [person] to dress themselves" and "[Staff] let [person] do as much as they can."

# 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

- Care records were maintained electronically and in paper format. They described people's individual daily routines in detail. These included people's individual preferences for how their care should be delivered, to ensure staff had enough information to meet people's needs safely.
- This information was accessed by staff electronically but was not always transferred into people's care plans. The registered manager responded promptly and positively to the feedback given and provided immediate assurances that people's care plans had been updated for consistency.
- The service was responsive to people's needs. One person told us, "I get the support I need. I couldn't do without [staff]." A health professional also told us, "[Registered manager] was very responsive and willing to help."

Meeting people's communication needs

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

- People's individual communication methods and needs were recorded during the assessment process and guidance for staff, where necessary, was included within care records.
- The registered manager confirmed information could be made available in a range of formats, for example, in large print.
- Feedback from people's relatives about staff communication was consistently positive. Comments included, "I like the way [staff] communicate with [person]" and "[Person] speaks very little and [staff] seem to understand what [person] wants."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and suitable process to be followed if a complaint was received.
- People's relatives consistently told us they had not needed to raise any complaints or concerns about the service, but felt able to approach the registered manager, if needed. One relative told us, "I can talk to [registered manager] about anything. I have had a couple of meetings because [registered manager] likes to know everything is going well."

End of life care and support

- The service was able to provide end of life support in conjunction with health professionals, where

required.

- At the time of the inspection no one supported by the service was receiving 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.

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

- The registered manager and staff were passionate and motivated about their roles and understood their responsibilities, to ensure they achieved good outcomes for people.
- The registered manager had a system in place to regularly assess the quality of the service. This helped identify any areas for improvement, which they acted upon promptly. For example, the electronic care management system was used daily to monitor care delivered to people.
- The registered manager was committed to providing a high-quality service to people. They demonstrated how they used quality assurance systems to develop and continuously improve the service.

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

- The service had an open, inclusive and positive culture.
- People and relatives consistently spoke positively about the management of the service and the support they received from staff. One person told us, "[The staff] are brilliant, I asked for a bit of help and I got good people." Comments from relatives also included, "The service is well-managed, especially the staffing and the planning. [Registered manager] knows what is going on", "The service is well-managed, [registered manager] is very personable and easy to talk to" and "I am very happy with [the staff]. It's a Rolls-Royce service."
- Staff spoke positively about the service, their job and told us they felt part of a team. One staff member told us, "I like what [the service] stands for, everyone works together and there is support from the [registered manager]. [The service] is good, they go above and beyond."

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

- The provider engaged with people, their relatives and staff members on a regular basis.
- The service had previously sought feedback from people and their relatives through quality assurance surveys, but feedback had been limited. The registered manager attributed this to the fact they frequently spoke with people and relatives, about their care.
- People's relatives told us they spoke with the registered manager regularly, which allowed them to provide feedback. Comments included, "[Registered manager] is generous with their time" and "[Registered manager] is easy to talk to and responds to my calls."
- Staff were regularly involved through a range of meetings; such as team meetings and one to one staff

supervisions. We saw evidence of staff meetings take place, which demonstrated how staff were engaged in discussions about the service. One staff member also told us, "The managers are very nice and give good feedback at board meetings, as well as asking for our experience and input, which makes us feel valued."

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 registered manager and provider understood their responsibility under the duty of candour. They worked closely with the local authority, to consult and share information, where necessary.
- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

Working in partnership with others

- The registered manager had established good links with local healthcare professionals, the local community and other registered managers. For example, the registered manager was an active member of the local registered manager's network for domiciliary care agencies. The service also sourced knitted squares from a local knitting group, to support one person to knit a quilted blanket.
- We received positive feedback from health professionals who worked with the service. One health professional told us, "[Registered manager] is really thorough and very prompt at responding. I did an assessment recently with the service; the staff member [who supported] was brilliant with the client and had a lovely presence and demeanour with them. I was really impressed."