Support & Connections Ltd

Support & Connections Office

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?	Inspected but not rated

Summary of findings

Overall summary

We inspected the service on 6 January 2017 and the visit was announced. We gave 48 hours' notice of our inspection because we needed to be sure somebody would be available.

Support and Connections Office provides personal care and support for people in their own homes. At the time of our inspection one person was receiving personal care and support. The provider told us that they were not looking to support a large number of people in the future and would remain small so that they could provide a quality service.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The person using the service felt safe with the support offered from staff. Staff knew their responsibilities to support people to remain safe including notifying the registered manager of any concerns. Risks to the person's health and well-being were assessed to give staff guidance about how to support them to reduce the likelihood of harm. No accidents or incidents had occurred. The provider had processes in place for staff to follow should they need to. The provider had a plan to support people to remain safe during emergencies, such as the loss of the person's regular staff due to illness.

Staff numbers were sufficient to make sure that the person using the service received their care calls. New staff employed by the provider were checked for their suitability. This was to ensure that people were protected from those who should not work in the caring profession.

Staff were not currently required to offer their support to administer medicines. They had received training to administer people's medicines and felt confident to do so. The provider had procedures for staff to follow should people require assistance with the handling of their medicines in the future.

Staff had the required skills and knowledge to support people. They received guidance and training relevant to the support that was required to be undertaken. For example, staff received training in the Mental Capacity Act 2005 (MCA).

Staff knew about a person's food preferences and their eating requirements. The provider had made available to staff members information on health conditions that supported them to promote a person's health and well-being.

Staff knew to ask the person for their consent when care and support was offered. Staff understood their responsibilities under the MCA including supporting people to make their own decisions.

Staff were kind and offered their support in a caring manner. Staff knew how to protect people's privacy and dignity. The preferences of the person using the service were known by staff including their wish to be as independent as possible.

The person using the service was involved and contributed to the planning and review of their support. The care and support offered was in line with their preferences.

Staff arrived at the agreed times. The person received care centred on them as an individual and spent their time in ways that were important to them.

The person using the service knew how to make a complaint should they have needed to. The provider had made information on how to complain easier for people to understand by using pictures.

The person receiving the service and their relative felt that the service was well-led. The provider had plans to seek feedback on the service.

The provider had aims and objectives for the service that were known by staff. This included placing people at the centre of their care and support.
Staff felt supported and received good support from the registered manager. Staff understood their responsibilities including reporting the poor practice of their colleagues should they have needed to.

The registered manager was aware of their registration responsibilities including notifying CQC of significant incidents that occurred. The provider had some checks on the quality of the service. For example, checks on the approach and knowledge of staff members. The registered manager told us that checks on care records would occur in the next three months.

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.

Staff knew their responsibilities to support people to remain safe. They knew the signs that could indicate a person was at risk of abuse. Risks to a person's health and well-being were assessed to reduce the likelihood of an accident or incident occurring.

The provider followed their recruitment processes to check the suitability of prospective staff.

Staff did not assist with the administration of medicines. The provider had procedures in place if this was required in the future.

Is the service effective?

Good

The service was effective.

Staff received training and guidance so that they had the required skills and knowledge.

Staff asked for consent before providing care and support. The person using the service was supported to make decisions in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act.

Staff knew about the person's preferences and offered their support to enable them to eat well. Staff promoted the health and well-being of the person they supported.

Is the service caring?

Good

The service was caring.

Staff were kind and offered their support in a caring manner. They knew how to protect people's dignity and privacy.

Staff knew the person they were supporting including their background and levels of independence.

The person receiving the service was involved in decisions about

their care and support. The registered manager had made information on advocacy services available.

Is the service responsive?

Good

The service was responsive.

Staff provided their care and support at agreed times and were punctual.

The person receiving the service contributed to the planning and review of their care and support. They received support based on their preferences.

The person knew how to make a complaint should they have needed to.

Is the service well-led?

Inspected but not rated

The person receiving the service was involved in the running of the service.

Staff received good support and knew their responsibilities.

The registered manager was aware of their responsibilities.

The provider had some checks in place to monitor the quality of the service.

Support & Connections Office

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.

The inspection visit took place on 6 January 2017 and was announced. We gave the registered manager 48 hours' notice of our visit because they manage another service and we needed to be sure they would be in. The inspection was carried out by one inspector.

Before the inspection visit, the provider completed 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 improvements they plan to make. We also reviewed the information that we held about the service to inform and plan our inspection. We contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback.

We spoke with one person who was using the service and with one of their relatives. We also spoke with the registered manager and with three support staff.

We looked at one person's care records. We also looked at other records in relation to the running of the service. These included staffing rotas and health and safety procedures. We looked at three staff files to check they were safely recruited and to look at the support and guidance they received.

Good

Is the service safe?

Our findings

Staff and a relative told us that they felt the person using the service was safe. The person's relative told us, "Oh yes, there's no concerns about anything." Staff had received training on protecting people from abuse and knew what action to take should they have needed to. One staff member said, "[Person] would speak up for themselves if something happened. If I had concerns I would pass the information on and I would explain to [person] why I was doing this. I would report it to the manager. There is a form to fill in." Staff knew about the different types of abuse and the signs that someone could be at risk. Staff were confident that the registered manager would take action if there were concerns about people's safety. This included notifying the local authority for them to investigate further should they deem it necessary. In these ways people were protected from abuse and avoidable harm by staff who knew what action to take should it be necessary.

Risks to the person's health and well-being were assessed to support them to remain safe. We saw that the registered manager had completed risk assessments that contained guidance for staff to follow. These instructions helped staff to reduce risks wherever possible. We saw risk assessments in the areas of equipment used and for specific conditions that the person was living with. Staff knew about these. One staff member told us, "There's a risk assessment in place for choking. Food has to be chopped up." This meant that staff knew how to offer their support to maintain the person's well-being.

Staff knew what to do should an accident or incident occur. Staff told us, and training records confirmed, that they had undertaken training in first aid. Staff confirmed that for serious incidents or where there were concerns about a person's well-being they would seek the support of healthcare professionals. The provider had a system in place for staff to record any such accidents or incidents although none had occurred for the person when they had received personal care and support.

The registered manager had considered the continuity of the service in the event of a significant incident such as a loss of staff due to illness. We saw that additional staff had been identified from another of the provider's services to support the person receiving the service should it be necessary. We also saw that there were plans in place for staff to follow should the person need to vacate their home. Staff knew about these plans. The registered manager showed us their business continuity plan which was being finalised at the time of our visit. We saw that they were considering ways to make sure the service could operate for a range of emergency situations.

The person receiving the service told us that the staffing numbers were suitable to provide their care and support. A relative confirmed this and told us, "There's no problem with the amount of staff. [Person] sees different faces from Support and Connections office and [person] loves it." We looked at the staffing rotas and saw that support was planned to meet the agreed call times. We also looked at the daily records of the care and support that was offered to the person. These showed that the calls took place as planned.

The registered manager checked the suitability of staff before they started to work for the provider. We saw that the provider had a recruitment procedure that they followed. The process included obtaining feedback

from prospective staff's previous employers and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. The provider's recruitment records confirmed that these checks had consistently taken place.

The person receiving care and support did not require staff members to help them with their medicines. We saw that the provider had a medicines policy in place in the event that they should support people who required staff to assist them in the future. This policy covered the arrangements for the safe handling of people's medicines including what staff should do if they made an error. We also saw that staff had received training in medicines administration and they told us they felt prepared to offer assistance to people in this area. They also told us that they would support people to manage their medicines where they could to promote their independence as this was one of the central aims of the service.

Good

Is the service effective?

Our findings

Staff told us they received an induction when they started to work for the provider which equipped them with the knowledge and skills they required to offer good quality care and support to people. One staff member told us, "I had an induction. It included reading the policies and procedures and I worked alongside more experienced members of staff." We saw that each staff member had received an induction and included some training such as what to do in the event of a fire. The registered manager told us that one staff member was currently attending training to learn about the Care Certificate so that this could be offered to any new staff members who may require this. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

The person receiving the service confirmed that they thought the staff providing their support had the skills they required. A relative agreed with this. They said, "They are all trained. They know how to support [person]." Staff members told us that the training they received had helped them to understand their role and responsibilities. One staff member said, "The training where we looked at people making their own decisions covered lots of scenarios to get a much better understanding regarding mental capacity."

We looked at the training records of staff and found that staff had received training in topic areas such as equality and diversity, first aid and specific conditions that people could experience such as epilepsy. Each staff member had a training plan to make sure their training was up to date and that they had the required knowledge and skills. This meant that staff received up to date guidance to improve their knowledge and skills.

Staff met with the registered manager to receive guidance and support and to make sure they were working in ways that met the provider's expectations of them. One staff member told us, "We have supervisions approximately every three months. The manager asks about my role and how I am responding to my responsibilities." Staff records showed that staff met with the registered manager. This was to discuss any support they required, issues in relation to the person receiving the service and their knowledge was checked in key areas such as safeguarding people from abuse. In this way staff had guidance and support available to them on how to provide good support to people.

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. We checked whether the provider was working within the principles of the MCA and found that it was.

The person receiving support told us that staff asked them for their consent before they carried out their agreed tasks. Staff understood their responsibilities to ask people for their agreement. One staff member told us, "[Person] can decide what they want to do. It's up to them and their choice." We saw in the daily

notes of the care and support that had been offered from staff that that the person had consented to decisions made about their care. We also saw that the person had signed their support plan to state their agreement with it. This meant that people's right to choose whether to receive care and support was upheld.

Staff members understood their responsibilities under the Mental Capacity Act 2005 (MCA). One staff member told us, "I have to help people to make decisions." Another said, "Just because people cannot verbally communicate does not mean a person cannot make a decision. I would try other communication methods." The registered manager told us that the person receiving the service could make day-to-day decisions for themselves such as whether or not to receive care and support. Although the registered manager currently did not need to assess people's understanding of decisions, staff members understood what they would do should a person be assessed to lack mental capacity. One told us, "It's about the best interests of the person if they cannot decide for themselves. The person should still remain at the centre of the decision though. We could involve their relative, support staff and others." In these ways staff knew their responsibilities to support people to make decisions for themselves wherever possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. The registered manager told us that there were no restrictions on the person's liberty and therefore no applications were necessary.

Staff told us that the person they supported chose their own meals. One staff member said, "[Person] buys the meals and chooses what they want. They plan their own meals and we help [person] to cook it." Another staff described that due to the person having risks associated with their eating, they required their food to be cut into smaller pieces. The person receiving the service told us this was required and we found that this corresponded to the person's support plan. This meant that staff knew about the person's eating requirements. We read in the person's support plan information about their likes and dislikes for staff to be guided by. The person told us that they chose their own meals but that staff knew their preferences.

The provider had made available to staff guidance on how to promote the person using the service's health. We read about their need to have plenty of water. The person who received the service told us that they had enough to eat and drink. We saw that staff members had recorded in the person's care records comments about their health and well-being so that other staff could read about any changes and alter their support accordingly. We saw that the person's support plan contained up to date contact details of their relatives, doctor and other involved health care professionals so that staff were able to contact them where necessary. This meant that people's health and well-being was promoted.

Good

Is the service caring?

Our findings

The person receiving the service told us that staff were kind and caring. They said, "They are alright, they are helpful." A relative told us, "They are very friendly and good to [person]." One staff member described their caring approach. They said, "I'm proud that we help people to develop relationships and make friendships. People with disabilities do not always get the respect in the community and we are helping to change that."

Staff knew about the person's communication requirements. The person receiving the service told us that staff listened to them and gave them the time they required to speak. We saw in the person's support plan that their dignity and communication requirements had been considered. For example, we read that the person required extra time to enable their communication to be understood. Staff knew about this. One staff member told us, "I have to listen very carefully as their speech is not always clear. I repeat back to check my understanding." We saw that staff received training in communication. This meant that staff knew how to alter their communication to meet the requirements of the person they supported.

We looked at how staff had recorded the support they offered in the person's care records. We saw that staff completed these accurately and described the person in ways that were respectful of them. We read how they had asked the person about how they wanted to spend their time as well as checking that the support was useful to them. This showed that staff respected the person they supported.

People's sensitive information was handled safely to protect their privacy. We saw that the provider had confidentiality procedures in place that staff knew about. We saw that people's care records were stored securely in a locked office with access only to authorised staff members. This meant that people's privacy was protected by a provider who had suitable procedures and by staff who followed them.

Staff knew about the person they were supporting. One staff member told us, "I know what [person] likes and things they enjoy. You learn as you go when working with them." Staff members were able to describe the person's like and dislikes and things that were important to them. This matched what the person told us they enjoyed and what was included in their support plan. We read in a person's support plan information for staff about them including their life histories that staff could describe. These included details about their background and significant others in their life. This information helps staff to form good relationships with people. In these ways staff were knowledgeable about the person they supported and what was important to them.

The person receiving the service was involved in the planning of their care. They confirmed that staff always asked them before they carried out care and support. A staff member described how they offered choices to the person they supported. They told us, "We sit together and have lunch. We have a bit of a chat about what [person] wants to do that day." We read in the person's care records that they were able to agree or disagree to the care and support they received. We saw that they had signed their daily care records to show decisions that had been made with staff members. The registered manager had made available information on advocacy services that were available to people should they require additional support to make decisions. An advocate is a trained professional who can support people to speak up for themselves. In

these ways people were supported to receive care and support that was based on their decisions.

The person using the service confirmed that staff assisted them to do the tasks that they could for themselves. We read that they enjoyed learning new skills and their independence was important to them. One of their agreed outcomes in their support plan was, 'To be as independent as possible and to be involved in preparing meals.' The person told us this occurred. Staff could describe what the person was able to do for themselves and what level of support was required. In this way the person using the service received support from staff to retain their skills.

Good

Is the service responsive?

Our findings

People were able to choose when they wanted their care and support. The registered manager told us that the timings of people's calls were planned with them and as they only supported one person currently, they could always be met. A staff member confirmed this and told us, "The support we give is very much led by the needs and demands of the person. It's very flexible." The person receiving the service confirmed that staff did not arrive late and stayed for the amount of time as agreed.

The provider carried out an assessment of a person's needs prior to them receiving a service. This considered their likes, interests and preferences and enabled the provider to assess if they could meet their needs. We saw that this assessment was then used to devise a comprehensive support plan. This included the person's preferences and things that mattered to them. We found that the person receiving the service had their preferences met. We read how they preferred male staff members to provide their care and support and we found that this consistently took place. We read how the person requested support to cook a meal and we were told by them and staff members that this took place. This meant that the person received support based on their individual preferences and support requirements.

The person receiving care and support contributed to the planning of their care. They confirmed that the registered manager had gone through their support plan when it was devised. We saw that their support plan had been signed by them to state their agreement to the planned support. We found that their support plan was centred on things that were important to them. This included the aims and goals the person wanted to achieve such as preparing their own lunch. We read about their likes and dislikes as well as how the person chose to spend their time. Staff told us that this information was used so that people received care and support in ways that were important to them.

The registered manager reviewed the person's support plan with them. We saw that the person's agreed goals were checked with them to make sure they were still important to them. We read the review notes that had documented the person's agreement with them. The registered manager had recorded that the person was satisfied with the support provided and that their family member had agreed.

The person using the service took part in activities they were interested in. They told us that staff helped them to learn new skills that they enjoyed. This included assisting the registered manager with the development of the service. Staff knew how the person liked to spend their time which matched with what we read in the person's support plan. One staff member told us, "[Person] is very sociable and loves going out and about and spending time on their computer learning new skills." The person's relative told us that staff knew their family members' interests and offered their support accordingly.

The person using the service had no complaints or concerns about the care and support they were receiving. They knew who the registered manager was and knew they could discuss any concerns they had with them. When people started to receive the service, the provider had made available to them a complaints procedure that people signed to state they had received. We saw that this was in an easier to read format containing pictures to help people's understanding of the procedure.

Inspected but not rated

Is the service well-led?

Our findings

The person receiving the service and their relative told us that the service was well-led. The person receiving the service said that any changes to their support were discussed with them. A relative told us, "They are a fantastic organisation. They've helped me out when I've needed them." A staff member described how the person using the service was included in developing the service which they felt was one of the many positive things about the provider. They told us, "[Person's name] likes to do things and be busy. Being part of how things are run is important to [person] and the manager encourages this."

The registered manager told us that the service had been registered with Care Quality Commission (CQC) for two years. However, they had only started to support a person in the last three months. This meant that they had not, as yet, sought the feedback of the person's experiences of the care and support they had received. The registered manager told us they planned to undertake this in the next six months. A relative told us that although they had not been formally asked for their feedback they gave it often. They said, "I've spoken to the manager. There's no real comment, it's all good and [person] really likes what 's arranged."

Staff spoke positively about the support they received and about the registered manager. One told us, "I can make suggestions for improvements. So I asked about how we could promote people's independence more. The registered manger listens to me and takes my ideas on board. If we cannot do something they will explain why." Another said, "The support is very good. They are good to work for. They give us feedback on the service and how things are generally." Staff members told us that the registered manager was approachable and they could ask for support and received it when it was required. They also told us that they would recommend the service to their family and friends.

Staff knew what was expected of them because they met routinely with the registered manager to discuss their progress. One staff member told us, "We have regular meetings with the manager. We discuss how we are doing, go over some things like keeping people safe and we discuss what I want to learn." We saw that individual meetings with the registered manager occurred to check that the values of staff were appropriate as well as checking their understanding of the provider's policies and procedures. We also saw that staff meetings occurred. One staff member told us, "Staff meetings are once a month and are helpful as you can share ideas." We saw that staff meetings covered topic areas such as training, people's diversity and how staff could meet these differences and the development of the service. This meant that there were opportunities available for staff members to reflect on their practice to improve the care and support offered to people.

We saw that the provider had made available to staff policies and procedures which they confirmed when we spoke with them. Staff demonstrated a good awareness of the key policies they needed to know about when supporting people. This included the provider's whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have had concerns. One staff member told us, "I might challenge staff if it was something minor. I'd report significant poor practice to the manager. I know there are other organisations I can go to but it wouldn't be necessary. The manager would deal with it."

The provider had aims and objectives about what the service strove to achieve. A staff member described their understanding and one told us, "To provide personal care for people in their own homes. To promote independence and general life skills." We found this was reflected in the provider's aims. We saw that the provider had shared its aims and objectives with the person receiving the service. In these ways there was a shared vision of the service known by staff members and people would know what they could expect.

The registered manager had not needed to inform CQC about significant incidents that had happened at the service as none had occurred. However, they were knowledgeable about the requirement to do so under their registration with us.

The provider was not currently carrying out a range of quality checks of the service as only one person was receiving a service when we visited. They told us that as the person had only been receiving a service for three months, quality checking was not yet required about their specific care and support requirements. They told us that they planned to check the person's care records in the next three months to make sure staff members were maintaining clear records of the care and support they offered and provided. We did see that the registered manager carried out some quality checking. For example, they checked staff members' understanding of their role and responsibilities through both individual and group meetings.