

Care2Connect Ltd

Care2Connect

Inspection report

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09 May 2019

10 May 2019

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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: Care2Connect is a domiciliary care agency which provides personal care to people living in their own homes in the community. On the day of the inspection the service was supporting 140 adults with a range of health and social care needs. Support was tailored according to people's needs to help them to live and maintain independent lives and remain in their homes. Not everyone using Care2Connect was receiving regulated activities; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People received safe care from confident, polite and well-trained staff and were very happy with the service they received. Everyone we spoke with spoke highly of the staff and their caring attitudes and professionalism. People told us that they liked the staff and that staff were always cheerful and happy to help. One person told us, "I have the same person and we get on very well, we have a little chat before they leave."

People felt safe and relatives told us that knowing the care staff were visiting brought them peace of mind so that they no longer worried about people when they couldn't be there. One person said, "It's definitely safe." and a relative told us, "I have no worries about the safety [of my relative]."

Personalised care was planned with the registered manager and the care plans created with input from people and relatives. Care plans were reviewed regularly. Staff used the care plans for routine care information and also background information to help them understand the person they were caring for.

People felt independent as they were able to remain in their own homes. The care they received followed the care plans that had been agreed but was flexible enough that people had choice about their lives.

Care was delivered in a timely manner, and where staff arrived late, for example due to traffic or a longer than normal stay at a previous call, the staff always stayed the full time allocated, contacting the office to ensure people could be told about the delays.

People told us they were listened to and could ring the registered manager to request changes to their care. Where people had cause to complain the registered manager acted promptly to solve the issue.

Staff were confident in their roles and had clear policies to follow, one staff member told us, "Everything here is in black and white, so you don't make mistakes." The registered manager was very supportive of the staff.

Rating at last inspection: At the last inspection the service was rated Good. The last inspection took place 14

March 2017

Why we inspected: we carried out this inspection as a scheduled inspection based on the previous rating.

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

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 ●

Care2Connect

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 checked 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.

Inspection team: The inspection team consisted of two inspectors.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger adults with various disabilities.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service two days' notice of the inspection because it is a home care service and we needed to ensure that the registered manager, and other staff we needed to talk to, would be in the office.

Inspection site visit activity started on 8 May 2019 and ended on 10 May 2019. We visited the office location on 8 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We made calls to people and their relatives on 9 and 10 May 2019.

What we did:

Before inspection we reviewed the information we held about the service. This included safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also looked at the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During inspection we looked at audits, four people's care plans, four staff recruitment records, recent surveys, training records, accident records, and a variety of policies and procedures. We spoke to five people

and two relatives of people using the service. We also spoke with five members of staff including four care staff and the registered manager.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- People told us there were enough staff. People felt safe with the staff that visited them. One relative told us, "I have no worries with the staff."
- Staff stayed long enough to complete all the necessary care on a visit without rushing. People told us that sometimes staff were late to the visit but that this did not affect the care and that the staff always stayed for the full time. A relative said, "They don't always arrive on time but that doesn't matter as [person] is always in. They come for half an hour and always stay the whole time." A person told us, "They stay for the time they say, and they always ask me before they leave if there is anything else they can do for me."
- Staff were recruited safely, and records showed this. The registered manager followed robust recruitment procedures, past employment histories were checked, background checks were carried out and references were obtained.
- People that required more support, for example needed lifting or were at a risk of falling, had visits from two care staff.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. Staff understood the various types of abuse and knew what to do if they suspected a person was at risk of harm.
- Staff were taught during their induction training how to spot abuse.
- Staff understood their duty to people in their care and told us they would be confident to speak up and talk to the manager if they had any concerns about people's care.

Assessing risk, safety monitoring and management

- People and staff were kept safe and informed about any risks with visits. Detailed risk assessments were completed for both the inside and the outside of people's homes that staff visited. Risk assessments looked at such things as slip or fall risks, or risks due to inadequate lighting. Staff had access to documentation around risks at homes, and had personal alarms, torches and mobile phones.
- Risk assessments were completed for use of equipment in the homes. Staff were trained in using equipment before they were allowed to use it and the training was documented.
- Plans for staff travel were in place to ensure people would not miss care in the event of severe weather.

Using medicines safely

- People were supported with their medicines. Staff had training in administering medicines and in recording medicines given. Staff knew what to do if medicines were missed and had clear policies to follow.
- People had varying needs with their medicines and staff were able to offer either assistance, prompting or administration of medicines. One person told me, "The girls see me take my medicines at breakfast time."

- Staff were taught ways to cope when people refused important medication and told us they would ask people three times to try and convince them to take medicine before recording it as not taken and would then inform the office so that it could be documented. Staff were aware which medicines were time specific which were not and could be given later. Staff knew the importance of recording when a medicine was given to inform other staff.

Preventing and controlling infection

- People were protected from the risk of infection. The service had clear infection control policies.
- Staff were trained in infection control during their induction and knew how important hand washing and being clean was.
- Staff used protective gloves and aprons when giving personal care and understood the importance of changing gloves and washing hands when changing between types of care. One staff member told us, "I wash my hands before and after every call, I change my gloves frequently and use hand gel. I always have a clean uniform."

Learning lessons when things go wrong

- Staff knew what to do in the event of an accident, and accidents were recorded in detail. Staff were able to share information at staff meetings.
- Accident records were studied to identify patterns. Where similar incidents were repeated, the registered manager identified the reasons and staff were given further training.

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

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

- People had their needs assessed by staff before they started using the service. Care plans were designed around individuals and included personal likes and dislikes. One care plan specified that the care staff must like cats as the person was very fond of her pet.
- Staff found the care plans helpful and told us they read them. One member of staff said, "I rely on the care plans, as I'm a floater, so I pick up different calls. They have enough information in them, so I know what to do and the office gives us information before we go in."

Staff support: induction, training, skills and experience

- Staff were supported by the registered manager. Staff were given a thorough induction programme and were not sent out on visits alone until they felt confident and had been assessed as competent.
- One staff member told us, "This place has given me the best training I've ever had. The new staff get a good induction and we have a mentor system whilst new people are shadowing to build their confidence and answer any questions."
- Staff continued to be well supported after their initial training had finished. One staff member told us, "There's fantastic support, if I have an issue, I only have to call. The on-call are always there too."
- Staff had the right skills for the job. There was a clear recruitment and training process.
- The registered manager ensured that staff had the required skills at interview and told us how she had an informal chat first to ensure staff understood the importance of the caring role.
- Staff were supported by the registered manager. Staff had regular supervisions and appraisals and told us that these were useful and helpful.

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

- Where required, staff supported people with food and drink. People could make their own food choices and staff were happy to help prepare food if necessary.
- Where people were at nutritional risk, staff used food and fluid charts to monitor their intake.
- People told us that they could do their own shopping, or have relatives help, or the staff could do it. It was very flexible, and people felt it gave them enough help while allowing them to remain independent. One person told us, "I will put a pie in the oven if I want one, the girls will do the potatoes and the sprouts. They do the washing up, they don't leave a mess for the next girl. They work well as a team."
- Staff were encouraged to take time to eat with people if it was felt that people would eat better with company.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure people received effective care. For example, where a person had complex needs around their diabetes, the care staff liaised with the GP and with the local hospital and their social worker to ensure the person received effective care.
- People were matched to staff that they had things in common with. People told us that while they did not choose the staff they saw; the staff were always kind and effective. People were comfortable with the staff so that care could be carried out in an effective manner. One person told us, "all the girls are lovely, I get to know them, they are all angels to me."
- Staff ensured that people had their medicines by ordering repeat prescriptions from the pharmacy.
- People were supported by staff to attend medical appointments.
- People received effective care that had a positive effect on their lives. One person told us that their GP had encouraged them to keep the care visits as they were helping them to retain their independence. They told us, "I'm getting better and my doctor says I should keep the carers even when I'm well."

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 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. For people in the community who need help with making decisions, an application would be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found the registered manager understood their responsibilities in relation to the act.
- Staff ensured they treated people with respect and always obtained consent to care. People and their relatives were involved in the creation of their own care plan in which they laid out what they wanted done on each visit. People's capacity was considered in care plans.

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

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 overwhelmingly positive about the care they received. People said, "I'm very pleased I've got them. First thing they do is make me a cup of tea." And, "We have time to have a natter, I can't fault the girls at all." A relative said, "All the staff are lovely, nothing is too much trouble."
- People felt comfortable and relaxed with the care staff they had. People had a choice over the gender of care staff that provided personal care, and the manager matched care staff to people with characteristics in common.
- Staff were trained in equality and diversity and understand the importance of treating everyone equally. One staff member told us, "I've not seen any discrimination."
- The service had supported people with protected characteristics with their care and the registered manager was confident that people were always treated equally by care staff.
- The registered manager told us they were supporting a worker during Ramadan, by ensuring their shifts fitted with their eating and worship needs, enabling them to work comfortably during a time of fasting.

Respecting and promoting people's privacy, dignity and independence

- People were happy with the care they received and felt that personal care was given with dignity. One person said, "Yes, they are so nice, when they are washing you, you don't know they are there. I talk to them, but if I didn't I would hardly notice them.", and another said, "I'm a very private person and didn't want carers at first but now I'm very happy with them."
- Staff respected people's privacy and dignity and told us they were careful to close doors and draw curtains before giving personal care. A staff member told us when giving person care they always, "Keep the person covered as much as possible, ask consent, and explain what I'm doing."
- Staff encouraged people to be independent. A staff member told us, "I encourage people to do as much as they can, like make their own tea."
- Staff understood the importance of confidentiality and were sure to protect people's privacy. Staff told us, "I don't talk about work outside of work." And, "I don't mention people's names."

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

- People were able to make choices about their care; people's views were sought by staff people's decisions were followed.
- A staff member said, "I always offer choice. I reel off what's in the fridge, and ask people what they want to wear. One person wants to eat healthy, so she asks for yogurt on her cereal.", and one person told us, "They [staff] say things like, "would you like me to do that?" and are helpful."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in their own care, they were visited by staff to assess their needs and plan actions they would need from the service. A person told us, "Someone visited me. I'm 86 soon and then I might need more care, I shall be able to ask them to extend visits or change the care."

- People were welcomed and supported by staff from the day they enquired about care. A welcome introduction pack containing information in plain English, and in an easy to read format. The pack included details of how to discuss religious and cultural requirements, and how to make complaints.

- People's care was consistent. Care was allocated to a team so that when a member of staff was away the care was continued in the way the person was used to.

- Travel time was kept to a minimum by the office team ensuring that staff visited people with a minimum of preventable delays. Rotas were planned to include travel time and staff felt that the time allocated was sufficient. One staff member told us, "The travel time on my rota is fine on the whole. If it isn't, I'll phone the office and they'll change it."

- Care plans were clear and easy to understand. Staff used the care plans to ensure care was given in line with what was required. Care plans were reviewed regularly, and people told us they could request changes and know they would be respected.

- Person-centred care plans were used, enabling staff to care for people in a way that was specific to their needs. People's preferences were recorded, including around food choices.

- Care plans allowed staff to gain a strong relationship with people as they included life and personal histories, so staff could know more about the people they cared for. Staff told us that they read the care plans and that they talked to people about their lives. A member of staff told us, "The care plans have all the information we need, in them. We get to know people and build up relationships with them."

- People received care in the way they wanted it, because care plans were personalised. The registered manager told us, "The tasks may be the same, but each person wants things done a different way."

Improving care quality in response to complaints or concerns

- People had some concerns around the times they received care. Care was not always given at the time it was scheduled. However, people said that this did not impact on their care and was usually resolved quickly. One person told us, "I have complained a few times, I ring up and they sort it then, or the next day" another said, "No, I'm not one to complain unless something is really bad. I haven't had reason to complain."

- When complaints were received about times the staff did their best to ensure the rota allowed care at the times people wished. In one case a person wanted a particular member of staff to visit at a particular time, this was not possible, so the registered manager discussed with the person which was the more important factor, the staff member or the time. The person agreed that the staff member was the more important, so the time of the visit was changed. The care then continued, and the person was happy with the outcome.

- The service used an electronic rota system, but this was not updated in real time. The registered manager told us that moving to a real time updated system was planned and that this would help to keep people informed about any delays to a care visit.

End of life care and support

- People were supported to make decisions about end of life care and their wishes were recorded in their care plans.
- People were supported by staff during their end of life care and the service liaised with the local hospice when necessary.

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

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

- The registered manager was very passionate about care and instilled that passion in her staff.
- The registered manager's positive and caring attitude had an impact on staff. One member of staff told us the best part of the job was enabling people to continue living independently, "I like being able to keep people in their home."
- Regular audits were carried out and the registered manager and office staff routinely monitored visits, times and outcomes. The registered manager carried out spot checks on the home folder and the daily log book to ensure care was being given at the required standard.
- People were able to give feedback at any time, but specific questionnaires were also sent out to people. One person told us, "I did a survey before Christmas."
- Responses to the surveys were positive and looked at several areas, such as kindness, respect, appearance, professionalism, efficiency, reliability and punctuality. The only concerns raised were around punctuality and we saw that this was being addressed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Whistle-blowers were protected. The registered manager told us that staff were always safe to bring issues to her, and she was clear on the whistleblowing policy.
- The registered manager ensured that names of staff reporting any incidents were not shared and were kept private. Staff have been happy to come to the manager to report issues.

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

- The service employed staff from a variety of backgrounds, this was a positive way to provide personalised care by matching staff to people with similar beliefs or home lives.
- Staff told us they felt supported. The registered manager was usually available and was keen to ensure that the staff were happy so that the service would run smoothly. One staff member told us, "When my grandad was ill they went out of their way to make sure I had time off and was OK."
- The registered manager told us that staff often sort small issues amongst themselves but that she was happy to help with anything and staff frequently came to her to discuss problems.
- Social media accounts were being used to inform people of changes, improvements and general information.

Continuous learning and improving care

- We saw details of complaints being responded to appropriately and notifications being sent correctly to the CQC and Local Authority for safeguarding. After one complaint, a care worker was stopped from going back into a person's home.
- Missed calls and medication errors were documented and audited to look for patterns and trends.
- Quality reports are sent to the board each month for review and feedback. Details within the report includes; complaints, compliments, missed calls, medication errors, safeguarding referrals, quality monitoring, and customer reviews.
- Staff rotas and the timing of care had been noted as needing some changes and the registered manager was looking at the best way to do this supporting both staff and people who used the service.

Working in partnership with others

- Staff at the service worked with other healthcare professionals on a regular basis. We saw in care plans and in other documentation when staff had called on GPs or arranged and supported trips to health appointments.
- The registered manager worked closely with the local authority to provide care for people that is what they wanted and felt happy with as well as what they needed.
- People were able to have medicines and continence products ordered for them by staff, and staff were happy to collect shopping for people and accompany them out.
- The registered manager told us that staff worked with nutritionists when people were at risk.
- Staff benefited from external training packages, including by the fire and rescue services. The registered manager also arranged meetings with the Alzheimer's Society and Mencap to improve the knowledge of care staff.
- To keep up to date on caring news, the registered manager attended regular carer forums run by the local council. They were also provided with care news updates from specialist papers and magazines and Skills For Care and the United Kingdom Homecare Association.